

Social Care Solutions Limited

Social Care Solutions Ltd (Peterborough 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 ●

Summary of findings

Overall summary

Social Care Solutions Ltd. (Peterborough Office) is registered to provide personal care to people living in their own homes and in supported living premises. There were 11 people receiving personal care from the service when we visited.

A registered manager was not in post. However, the manager had submitted an application to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications were being made to ensure that people's rights were protected. Staff were supported and trained regarding the MCA.

People were supported to access a range of healthcare professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual preferences and nutritional needs.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

Sufficient numbers of staff were available and the appropriate recruitment checks had been completed to ensure they were suitable to carry out their role.

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them. People could raise concerns with the staff at any time. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. .

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told.

There were strong links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Sufficient numbers of staff were available and the appropriate recruitment checks had been completed to ensure they were suitable to carry out their role and meet people's needs.

People were supported with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme was in place to ensure they had the appropriate skills to support people using the service.

People had access to sufficient quantities of food and drink.
People were supported to eat a balanced diet.

Is the service caring?

Good ●

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the review of their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place to appropriately respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community and people were able to access local shops, amenities and services.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Social Care Solutions Ltd (Peterborough 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.

This announced inspection took place on 11 May 2016. The provider was given 48 hours' notice because the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the services' office, spoke with seven people who used the service and three relatives. We spoke with the manager, two team leaders and five care staff including an agency worker. We also spoke with two care managers from the local authority to gain their views about how people were being supported.

We looked at four people's care records, records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

People we met told us that they felt safe and were satisfied with the care and support they received. One person said, "Staff have been really supportive and help me with whatever I need." Another person said, "I feel very safe living here and the staff help me to go out and about whenever I want." Relatives we spoke with did not raise any concerns about their family member's safety.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included areas such as moving and handling, bathing/showering and when people were out in the community. We observed staff supporting people safely by following the information within that person's risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available in the service's office. Safeguarding training had been provided for staff and refresher training had been given annually and staff confirmed this to be the case. Evidence of staff's up to date ongoing training was seen in the training records held in the service's office. Staff that we spoke with demonstrated that they were aware of their safeguarding responsibilities and reporting procedures and told us that they would not hesitate in reporting any incident or allegation to their manager. The manager had effectively dealt with safeguarding concerns and we saw evidence of correspondence and investigations to resolve concerns that had been raised.

We saw the medicine administration records (MAR) of people that we visited had been accurately completed and showed that medicines had been administered as prescribed. The level of assistance that people needed with their medicines was recorded in their support plan. MAR charts were monitored by team leaders and the manager to ensure that medicines were accurately recorded and administered.

Medicine training sessions were provided and refresher training was given annually and staff we spoke with confirmed this. Staff received competency checks following training to ensure they were safely administering medicines and further training would be provided where required. We saw that medicines were stored securely and safely.

Regular audits were carried out by care staff to monitor medicine stock levels and ensure that all prescribed medicines had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

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.

Satisfactory recruitment checks were carried out by the provider's personnel department in conjunction with the manager and team leaders. This was confirmed in two staff recruitment records we saw. Staff only commenced working in the service when all the required recruitment checks had been satisfactorily

completed. Information provided in staff recruitment records showed that appropriate checks, which included criminal record checks, proof of identity, and references, had been carried out prior to the member of care staff started work at the service. This showed us that the provider had only employed staff who were suitable to work with people using the service.

Staff we spoke with told us that their recruitment had been dealt with effectively. They had shadowed more experienced staff before commencing work on their own and had completed an induction which included training in mandatory subjects specified by the provider.

The manager told us that the provider was promoting more involvement in staff recruitment nationally from people using the services via a project entitled 'Inclusive Recruitment Toolkit'. This was to enable people to have an input into adverts for jobs and key elements of support that people required. Examples included promoting people's independence and assisting with their daily living.

We saw that there were sufficient numbers of staff to meet people's needs during our inspection. This included being able to assist people whilst at home and to accompany them, where needed, to attend appointments and to assist with accessing the local community and going on shopping trips. Staff we met told us that there was sufficient staffing available to be able to assist people with their care and support needs whilst at home and going out in the community. We saw that the manager and team leader monitored staffing levels and where people's needs changed additional staff were rostered where necessary such as for additional care support, healthcare appointments or social events.

We saw that there was a limited use of agency staff to cover any shortfalls in staffing. The manager told us that the same agency staff was used so that the staff were familiar to people using the service. This was confirmed by agency staff that we met and they told us that they had worked a number of shifts and were aware of people's individual care and support needs.

Is the service effective?

Our findings

People we spoke with told us that they received effective care and support. One person said, "The staff know me very well and help me with what I need and the staff take time out to listen to me if I have any problems."

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

The provider had procedures in place in relation to the application of the MCA. The manager and the staff had received training and were aware of the procedures regarding MCA. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The manager told us that requests for mental capacity assessments for all people using the service had been submitted to the relevant local authorities and that they were waiting for these assessments to be carried out and completed. We saw confirmation from the local authority that they were in the process of organising mental capacity assessments regarding the people using the service.

Staff confirmed that they had received an induction and had completed ongoing training since starting their job role. Staff said that they enjoyed and benefited from a variety of training sessions. They told us that they were supported to gain further qualifications including the Care Certificate and diplomas in health and social care. Examples of training included, administration of medicines, safeguarding people from harm, safe moving and handling, mental capacity, catheter care and epilepsy awareness. Training was monitored by the team leader and manager. Staff we spoke with confirmed that they were informed of dates when they need to refresh or update their training.

Staff confirmed that they received regular supervision sessions and told us that they felt well supported by the manager, team leader and their colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

One person we spoke with said, "It's really good and I am really happy living here and the staff help me with sorting out my money and my meals and cooking." We saw that people were assisted by staff when required with the preparation of drinks and meals. People told us that staff assisted them with cooking and shopping and that menus were sorted out for the week so that people had a good and varied choice of meals. One person said, "The staff do give us lots of choices when we are choosing food for the menu planning every week."

People's dietary needs were assessed and any associated risks were incorporated into their care plan. For

example people who were at the risk of choking. Staff told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed. One person said, "I really enjoy the food and the staff assist me with my shopping – we go along to the local supermarket for the food shopping."

People had regular appointments with healthcare professionals and these were recorded in the daily records. One person told us that, "The staff always help me if I need to see a doctor if I feel unwell." Another person said, "The staff help me with my health and they support me to see my GP and to go to optician appointments."

Healthcare professionals we spoke with were positive about the service and felt that communication was professional and information had been provided when required in an efficient manner. They told us that they communicated well with the staff and discussed any changes and issues regarding people's care and support.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "The staff are really helpful and assist me in my service and help me with budgeting and cooking". Another person said, "The staff are kind and caring and I can discuss any concerns I have." It's very good living here and the staff are really kind to me and very caring." People we met confirmed that they were involved in the planning of their care and support.

We looked at a care and support plan with a person using the service and they confirmed that the details recorded matched their current support needs. We observed staff assisting a person with limited speech and it was evident that they understood their needs by observing and reacting to body language and sounds the person made. A relative we spoke said, "The staff are always kind and caring with my [family member] and I have no concerns." Another relative said, "My [family member] receives good and consistent care."

We observed that when people needed reassurance regarding their concerns the staff were seen to be kind and attentive. We saw that a member of staff listened to a person's concerns well and gave them some good advice to help resolve their issue. They asked the person if there was anything they would like to do to help them.

Observations in the supported living schemes that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the service. People's independence was encouraged and staff supported people to make choices about their lives. This included choosing the meal for the evening and organising a trip out into the local town. The atmosphere in the supported living services we visited was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw staff assisting people with their lunch in an inclusive, sensitive and unhurried manner; they offered a choice of meals and drinks.

People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind, attentive and prompt way. We saw staff assisting one person with their evening meal and arranging a trip for people going out into the local town. People were supported to be as independent as possible with their domestic tasks. These included cleaning and dealing with their laundry.

We found that where assistance was provided it was in a fun and caring way with a lot of good humoured banter. Off-site activities, which included day services and college courses, helped reduce the risk of people becoming socially isolated by being part of the wider community.

Staff we spoke with talked with a great deal of warmth and affection about the people they were supporting. One member of staff, "I love my job and helping people with what they need and encourage them to be as independent as possible." We saw staff speaking with people in a kind and caring manner whilst assisting them. We saw that staff knocked on people's bedroom doors and waited for a response before entering to preserve the person's privacy and dignity.

Each person had a key worker who helped to assist and monitor the person's care needs on a daily basis. Daily records showed that people's support needs were monitored and that any significant events that had occurred were recorded. We saw that some documents in support plans had been produced in a pictorial format where required so that people could be assisted via visual cues to indicate choices they had made about their care and support preferences. This showed us that the provider gave people information in appropriate formats to aid their understanding.

The manager told us that no one living at 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 and support people to make and communicate their views and wishes. People had family members who acted in their best interest.

Is the service responsive?

Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I enjoy going for a walk in to the local town and enjoy staying at home and cooking. I also like going swimming, bowling and visiting the town during the day" We saw that people had been out shopping. One person showed us some clothes they had bought in readiness for a holiday that was planned. People were assisted by staff to regularly go on day trips, attend medical appointments and visit local towns.

There was enough staff on duty, during our inspection, to be able to provide both support to people in their own home and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that, "I go out with staff to visit cafes, shops and other places I like." This showed us that people had opportunities to be involved in the local community and take part in their social interests.

We saw that people's care and supported needs were assessed prior to receiving support from the service. Assessments included the person's background, care and support needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care records showed that people's healthcare needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant healthcare professionals if there were any medical/health concerns such as dietician support.

We saw that care records gave staff detailed information to enable them to provide people with individual personal care and support, whilst maintaining their independence as much as possible. People were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community. There were detailed guidelines for staff to follow so that they were able to safely assist with people's assessed care and support requirements.

Staff we spoke with confirmed that the support plans gave them sufficient information so that they could provide the required care and support. Examples of care and support included assistance with personal care, shopping, social activities, daily living routines, assistance with administration of prescribed medicines and assistance with the preparation of meals.

Care plans had been regularly reviewed and highlighted where care and support needs had changed. We saw that a number of care and support plans were in the process of being updated by the team leader and people's keyworkers to ensure that care and support was current and accurate. Daily notes that care staff had written, described the care and support that had been provided during the person's day and detailed any significant events that may have occurred such as a healthcare medical appointment.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. Staff told us that this was done by using pictorial aids and/or understanding what a person's body

language and facial expressions were telling them. We observed that staff took time to assist people with their choices in a cheerful and attentive manner.

Feedback from a local authority care manager was positive. They told us that no complaints or issues had been raised and that they had received positive feedback from people using the service. A commissioner from a local authority also told us that feedback received from a person using the service had been positive.

The service had a complaints procedure in place which included timescales for responding to complaints. A pictorial version was also in place to aid people's understanding. We saw from the records we saw during the inspection that people's concerns and queries were addressed by staff in a timely, reassuring and attentive way. Relatives that we spoke confirmed that they found the manager and staff to be responsive and proactive in dealing with any concerns or issues, One relative said, "I would feel confident in raising any concerns and feel that the manager would listen and resolve any issues regarding my [family member].

Is the service well-led?

Our findings

People we spoke with expressed their satisfaction with the service and did not 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." Some people we met were unable to tell us their opinion of the support provided but observations showed that staff provided an open and enabling atmosphere to help people express themselves so they could be assisted effectively.

People who use the service were asked for their views about their care and support and their views were acted on. People told us that they had regular contact with the services' manager and the management team. There were regular 'tenant meetings' and people told us that they discussed issues such as menu planning, social events and refurbishments to the premises. However the minutes from these meetings were not available. People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided, through annual surveys, regular one to one discussions and 'tenant' meetings. People using the service told us that they had opportunities to raise concerns in 'tenant meetings' and with their keyworker and staff whenever they wished.

There was an open team work culture within the service. Staff told us they enjoyed their work and assisting people using the service. Staff told us that they felt the service was well managed and that they felt supported by the manager and the team leaders. One member of staff said that, "I can always raise any issues and we work really well as a team." They said, "I feel supported by managers at all times, including during out of business hours." Another staff member told us that, "My colleagues are helpful and very supportive."

Staff told us that they were confident that if ever they identified or suspected poor care standards 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. Staff said that they felt confident that they would be supported by the manager to raise their concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

Incident forms were looked at by the manager and team leader. Any actions taken as a result of incidents were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the service.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The manager and team leaders monitored the day to day management in the supported living premises and

undertook audits. Examples included people's financial records care and support plans, medicine administration and staffing rotas to ensure that people were receiving an effective service. There were arrangements in place to regularly assess and monitor the quality and safety of the service provided to people living in the service.

The manager submitted reports to their operational manager who monitored the service's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. Examples including the monitoring of care and support plans, risk assessments and staff recruitment. This demonstrated the provider had processes in place to monitor and promote continuous improvement in the quality of care provided.