

Social Care Solutions Limited

Social Care Solutions Ltd (Northampton Office)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This announced inspection took place on 16 November 2015. The service provides supported living to adults that live at home throughout Northamptonshire. There were 34 people receiving care at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like 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 registered manager had delegated the day to day running of the agency to a branch manager.

Summary of findings

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been supported to set goals and staff helped to facilitate people to achieve their goals. People were involved in planning and reviewing their care when they wanted to.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required. There were appropriate arrangements in place for the management of medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Good



Is the service effective?

The service was effective

People received care from staff that had had the training and acquired skills they needed to meet people's needs and the supervision and support to carry out their roles.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) when providing support and care to people in their own home.

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

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

People and their families were happy with the support provided by the service.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Good



Is the service responsive?

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs.

Regular reviews were held to ensure the service provided continued to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or

Good



Summary of findings

make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership of the service, the registered manager understood their responsibilities, and was well supported by the provider.

Effective quality assurance processes were in place.

Good



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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 inspection took place on 16 November 2015 and was announced and was undertaken by one inspector. The provider was given 24 hours' notice of the inspection as we needed to be sure that when we inspected the manager was in the agency office. We do this because in some community based domiciliary care agencies the manager is often out of the office supporting staff or, in some smaller agencies, providing care.

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 sent out a survey to people who used the service, their relatives and community professionals, we received 20 replies which have been included in this report.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people using the service that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with eight care staff, including the registered manager and area manager. We reviewed the care records of six people who used the service. We looked at six records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We visited one home where three people lived, with people's prior agreement. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Is the service safe?

Our findings

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. People had access to a booklet in an easy read format that showed them what to do if they felt bullied or concerned for their safety. All 17 people who responded to our survey told us that they felt safe. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff demonstrated they understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The manager had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People had been assessed for risks to their safety and well being, whether at home or out in the community. For example one person had failing eyesight and required extra staff vigilance when making hot drinks. Risk assessments and care plans were updated regularly or when people's needs changed. Care plans provided staff with the guidance and information they needed to provide people with safe care in the way that the person wanted to be cared for. People's care plans accurately provided care workers with up-to-date information about people's healthcare needs, their mobility, and other factors that had to be taken into consideration so that safe care was provided.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. Each person had a regular team of staff allocated to them and demonstrated they had in-depth knowledge of people's needs. People received care from staff that knew them well; staff understood how to maintain people's safety and well-being as they had insight into people's complex needs. On the day of our inspection we saw that there were enough staff to meet people's needs.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. People who used the service and their relatives were actively involved in recruiting to new members of staff. All staff had undergone a recruitment process which included an interview, checks for criminal convictions and relevant references. Newly recruited care staff were supervised closely by experienced staff before they were scheduled to work alone with people receiving care and support.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines and were familiar with the medicines that people had been prescribed. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. People received care from staff that had the skills and knowledge to communicate with them effectively. For example one member of staff demonstrated how they communicated with one person by the use of eye contact and using a picture board. Other staff had gained skills in communicating in Makaton to meet the needs of people in their care. Records showed that staff had completed their training, their competence of their skills had been tested and staff were booked in for refresher training in the future. The manager was well informed of staff training needs as they kept detailed records of people's needs and matched them with their staff team.

New staff received an induction and training over a two week period before they worked with people. Staff told us the training helped them prepare to meet people's needs as the training included topics such as moving and handling and health and safety. Staff shadowed more experienced staff to gain an understanding of how to provide care and support to people. One member of staff said that they had been supported to get to know people and found that the training had been useful in providing the knowledge and skills they needed.

Staff had the guidance and support from their team leaders and the manager. Staff were confident in the manager and team leaders as they provided a high level of support and supervision; they told us that they could discuss any issues such as their own further training needs. Care staff had their work performance appraised at regular intervals throughout the year by the manager and team leaders. This often took the form of 'spot checks' to ensure care was being carried out as per the care plan. The provider had an appraisal policy in place. Appraisal dates had been booked for those staff that had worked for over 12 months.

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's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. For example staff had recorded when people had given consent to be photographed. There was recorded evidence of how decisions about medical appointments had been reached through best interest meetings. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005)

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around people's own daily activities. Some people were supported to prepare and cook their own meals had time and space to eat in comfort and at their own speed and liking.

People were supported with menu planning using pictorial aids care plans were focussed on enabling people and promoting their independence when shopping for groceries.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. Care plans contained detailed instructions about people's individual dietary needs, there were detailed plans in place for supporting people who required a soft diet or who were at risk of choking.

People were fully involved in reviews of their health needs and health appointments were identified on people's pictorial schedule boards to help with planning of the day and reducing anxieties. Staff recorded how they had worked with people to manage their behaviours to enable them to cope with visits to the doctors and dentist. People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to health screening, community nurses and GPs. People were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. People told us they were happy with the support they received and the staff. People told us “I’m happy with support that I receive” and “The staff are very special.”

People were encouraged to express their views and to make choices. There was information in people’s care plans about their life history what they liked to do for themselves. This included how they wanted to spend their time and what personal goals they may have such as wanting to stay as independent as possible. People had also described how they wanted their care to be given and their preferred daily routines. Where people were unable to express their views and to make choices, we noted that family members had given guidance to staff about what people liked to do and what their preferences were. This information was also recorded in people’s care plans to guide staff about what people liked or disliked. Staff we spoke with were very familiar with people’s likes and dislikes and how they liked their care to be given.

Staff helped people to plan for their future by working with them to set goals. For example one person had reached some of their goals of using the washing machine and setting the table. The staff had recorded these activities in photographs and used these to help encourage the person to maintain their new skills and set new goals.

People had hopes and dreams which were included in their plan of care. For example one person wanted to travel by train, staff had facilitated this and incorporated a visit to a tourist attraction. Some people had their own transport, and when they renewed their car, staff supported them to make their choices through discussion and looking at the choice of cars. In particular one person had expressed a wish for a red car; staff helped them to choose and get the red car they had longed for.

Staff based in the office welcomed and encouraged people to visit the office. Staff told us this had given people confidence to get to know the managers and be able to talk about the service openly.

People were supported to maintain their culture and religion. Where people had a particular faith they were supported to practice their faith in a way that suited them, for example one person did not want to practice the faith outside of their home, and another person was supported to take part in family gatherings and religious festivals.

People’s dignity and right to privacy was protected by staff. Staff told us that they respected that they were coming into people’s own homes to provide their care and support and acted accordingly. One relative told us “the manager is particularly diligent and caring, treating [name] and myself always with the utmost respect.” The manager included items in their audits that helped to maintain people’s dignity such as checking that toothbrushes and towels were clean.

People’s care plans reflected the importance of maintaining their relationships with their families; we saw many examples of how staff facilitated people to see their families. Visitors to people’s homes were made to feel welcome and arrangements were made to see their families in private away from other service users if people chose to. The care plans and records had photographs of the many activities that people had undertaken, all the photographs show that their friends and families were involved in these social occasions.

People’s feedback about the service was listened to. People had been asked about the service they received, and the feedback was very positive. Every one had answered that they were happy with the service in particular about making their own decisions, meeting friends, feeling safe and staff attitude. Where people had previously brought up their concerns, we saw that the manager and staff had changed their practice to resolve the situation.

Is the service responsive?

Our findings

People were assessed to determine if the service could meet their needs. The manager matched people to a staff team that had the skills to meet their needs and with other people that they would be living with in the same supported living accommodation. People's interests were taken into consideration when planning to use the service, for example one person liked to go for walks; staff who enjoyed walking were identified and managers used this information to help plan their support team.

Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans.

People had been involved in planning and reviewing their care when they wanted to. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example one person preferred to be cared for by a male care staff, and this was reflected in the staff rota. People's care and treatment was planned and delivered in line with their individual preferences and choices.

Staff were knowledgeable about people's interests and their backgrounds and this information enabled them to understand and support people with diverse needs. We observed that staff provided one to one care for one person, they told us that the person preferred to be quiet, this was reflected in their care plan; their planned activities were based around quiet familiar places.

People's care plans were individualised and contained information that was relevant to them including their life

histories, interests and activities. We observed people being supported to do the things they liked to do and saw photographic evidence of the many recent activities. We saw records of team meetings where people had taken been involved in the planning of their activities.

People were helped to set goals and staff supported them to achieve their goals, for example one person wanted to have the same training as the staff in food and nutrition which had been instigated. Other people had expressed an interest in interviewing new staff, staff had supported them to have the training and be involved in the interviewing of new staff.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People were encouraged to share their thoughts on the quality of their care and had opportunities at team meetings and one to one meetings with team leadres to express their views. A complaints procedure was available for people in formats such as a poster "Are you feeling angry or cross", explaining how they could make a complaint. People had the opportunity to complain in person at their regular personal care reviews or at team meetings. One relative told us "I have never had any need to raise any concern about my relative while they have been with the service. I find the care to be well organised and thorough and all the differing needs of the tenants are always acknowledged and fulfilled. Everyone there seems to enjoy living there and any concerns amongst themselves are discussed in regular tenant meetings. These are encouraged and supported by the staff." Records showed how the manager had responded to complaints and how actions had been taken to rectify situations to prevent them happening again.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. Staff told us they were proud to work at the service as they believed they were providing good care. One member of staff said “I feel supported by the manager, [name of manager] is the best manager I’ve worked with.” A community pressional told us “the management are very responsive and supportive, I have been very impressed with their hard work and dedication to support to [name].”

There was a registered manager in post since March 2015. The manager had the knowledge and experience to motivate staff to do a good job and was supported by the provider on a daily basis. The provider ensured that the manager was supported in their role by being involved in shared learning with other service managers with the same provider. Staff said the manager was approachable and provided valuable guidance and fed back to staff constructively about how to improve care. They said the manager or provider were always available if they needed advice.

The management promoted a positive culture that was open and inclusive. People were encouraged to visit the office to get to know the staff and take part in planning events and interviewing new staff. Regular staff meetings were held to inform staff about service developments and other relevant topics. Staff also had regular supervision which provided them with opportunities to raise concerns and to question practice. Staff were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the manager respected them and valued their efforts to provide people with a safe and supportive care.

People’s feedback about the service was listened to. People had been asked about the service they received, and the feedback was very positive. Every one had answered that they were happy with the service in particular about making their own decisions, meeting friends, feeling safe and staff attitude. Where people had previously brought up their concerns, we saw that the manager and staff had changed their practice to resolve the situation

People were involved in how the service was delivered; records showed that the manager held team meetings with people who used the service and staff about future activities, meals and how people wanted to receive their care. The meetings provided people with the opportunity to express their views about the service.

People were assured of receiving care from a service that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People’s care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People’s entitlement to a quality service was monitored by the audits regularly carried out by staff, the manager and by the provider. The manager used the audits to improve the service and fed-back to staff where improvements were required. For example improvements had been made to the recording of care notes.