

Social Care Solutions Limited

Social Care Solutions Ltd (Hatfield 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?

Outstanding 

Is the service well-led?

Good 

Overall summary

Social Care solutions LTD (Hatfield) provided care and support to adults in their own homes, within a supported living scheme. At the time of the inspection, seven people with learning disabilities were being supported by the service. We gave the provide 48 hours' notice of our visit to make sure the appropriate people were available

The service has a registered manager. 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.

Summary of findings

There were detailed risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and knew how to seek people's consent prior to care being provided.

Staff received supervision, support, and appraisals and had been trained to meet people's individual needs. Competency checks were in place to make sure people were continually assessed.

People were supported by caring and respectful staff that exceeded the expectations of their role to ensure that people lived happy and fulfilled lives, and maximised their potential.

People were supported to pursue their interests and hobbies. People were supported to take holidays and to do everyday things that they were unable to do before coming to live at Filbert close.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. People had been involved in all aspects of their care assessments and reviews of their care.

People were supported to access health and welfare services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had effective quality monitoring processes in place. The service had a quality, compliance and safeguarding director who regularly audited the service against the five domains and the key lines of enquires to assure themselves that their systems were appropriate in identifying any areas that required improvement.

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.

There were sufficient staff to meet people's individual needs safely.

There were systems in place to protect people from the risk of harm.

There were robust recruitment systems in place.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided. Staff were aware of consent requirements in relation to the mental capacity act.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and welfare services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly. The staff exceeded the requirements of their role to ensure that people lived happy and fulfilled lives.

Staff understood people's individual needs and they respected their choices, and abilities.

Staff respected and promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive, and provided a creative and positive environment which people flourished in.

The manager and staff were innovative in their approach and promoted a 'can do' attitude.

People's needs had been assessed and detailed personalised care plans were in place to meet their individual needs. Quick action was taken to respond to people's changing needs.

People were supported to pursue their hobbies and interests, and were supported to go on Holiday and participate in events both within the service, and in the wider community.

The provider had an effective system to handle complaints and record compliments about the service.

Outstanding



Is the service well-led?

The service was well-led.

The manager led by example and promoted an open and empowering approach to the management of the service.

Good



Summary of findings

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

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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 20 October 2015 and it was undertaken by one inspector. We contacted the provider 48 hours before of our visit to ensure that there would be an appropriate person available to assist us with 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. We also reviewed

information we held about the service, including the notifications they had sent us. A notification is information about important events which happen within the service which the provider is required to send to us.

During the Inspection, we spoke with the manager, the quality, compliance and safe guarding director, four staff, and two people who used the service. Between the date of the inspection and the 26 October 2015, We spoke by telephone with three relatives and two members of care staff.

We looked at the care records for three people who used the service, the recruitment and supervision arrangements and training records for staff. We also reviewed other information on how the provider managed complaints, the audits they completed and how they monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person told us “I am very happy I feel safe here, the staff look after me well.” Another said “I am comfortable with my team of keyworkers, they know me well and they stay with me most of the time”.

The manager told us some of the people that had come to live at Filbert close had previously lived in very different environments and they had adapted to the supported living arrangements well. For example people had in some case lived in a hospital setting having been detained for long periods of time under the Mental Health Act.

People had their own independence, but were supported by staff to help keep them safe. Staff recognised that people may want to make unwise choices sometimes and were supported to take informed risks.

Staff were aware of the processes in place to protect people from avoidable harm. There were clear guidelines for staff to follow. Staff spoken to were able to demonstrate that they had a good understanding of what constituted abuse, how to report abuse and the policy to follow if they felt their concerns were not dealt with efficiently or effectively. We saw that there were notices displayed in prominent places throughout the service with contact numbers if people were worried about anything or needed to report any potential abuse. At the time of the inspection there were no safeguarding concerns.

People were aware of how they could report concerns if they felt unsafe. They had regular support meetings within the service, and this was an opportunity to discuss any concerns they had and to ensure boundaries were established to keep people safe within the service. People said they were treated well by staff. One member of staff told us, “We promote a culture of treating people fairly and respecting each other”. They said, “These ground rules help to promote mutual respect for people and prevent people from becoming agitated or upset with each other”.

People were supported by a high staff ratio of either one to one or in some cases two to one, which was based on people’s individual needs. Staff told us they were aware of the lone worker policy which was in place to support them in a safe working environment. Those staff who were providing one to one support were often working alone with a person and had been trained in de-escalation

strategies. These are strategies which are discussed and planned in advance when a person may display behaviours which challenge. For example they may become agitated and the member of staff will implement the de-escalation strategies to prevent the persons behaviours from deteriorating further.

People had very detailed support plans and risk assessments which were constantly being reviewed. In particular in areas of their lives which could present risks to themselves or others. For example risks were assessed for people leaving the service and being involved in activities and pursuing hobbies in the community. People had been supported with road safety awareness and were aware of their vulnerability so had measures in place to help reduce the risk to people’s safety. Staff told us there were other measures in place for example to keep people safe in their home with using the cooker.

The support plans identified potential triggers which could initiate behaviour that challenged others. There was guidance for staff on how to manage these situations to ensure the safety of the person as well as other people who may be present. Staff described the approaches they used in these situations which reflected the information seen in the risk assessments.

The service had a robust recruitment process in place. The recruitment checks were done by the HR department and the information was provided in summary to the registered manager to enable them to have an overview of the progress. People were also involved in the process of interviewing staff which included a profile of what qualities and aspirations their ‘ideal key worker’ would have. The manager described how staffing levels were assessed based on people’s individual needs. This helped to ensure that safe care was provided at all times. Staff were recruited and then matched to people using an analysis so that staff and people who used the service shared some common interests and aspirations. The manager told us it was key to people’s wellbeing that people and staff were compatible.

People were supported to take their medicines safely. There were systems in place for the safe ordering, storage of people’s medicines and staff had received training. People and staff were clear about how to manage medication safely and how to complete medication record

Is the service safe?

records (MAR). Audits of people's medicines were completed regularly as part of the provider's quality monitoring processes and any issues that were identified could be rectified promptly.

Is the service effective?

Our findings

People told us that that staff had been trained. One person told us, “My keyworkers are all trained; they all know how to support me”. We observed staff to be very knowledgeable about the people’s needs who they were supporting.

People told us their needs were met and spoke positively about the abilities of their support staff. A member of staff told us that they were given a range of training which they felt gave them the appropriate skills to meet people’s needs. Another staff member said the training they had received had been effective in helping them acquire the right skills and knowledge necessary to support people well. Staff told us that the managers encouraged their personal and professional development.

The manager and staff told us that staff received induction and on-going and refresher training. Additional training was provided for staff who were interested such as de-escalation techniques and working with people who have behaviour that challenges.

Some of the staff were doing a national vocational qualification (NVC) and on the day of our inspection were being supported by the NVQ assessor. Staff were also completing the new care certificate. The manager told us that she had assessed the staff’s skills and abilities and they were completing the parts of the care certificate that they had not already received training in. This structured and personalised approach to training was tapered to individual staff needs and helped to ensure that all staff had a broad and overarching knowledge that was particularly relevant to support the needs of people who used the service. We saw that there was a computerised staff training matrix which contained details of what training staff had completed and also when refresher and updates were required.

Staff told us they were well supported by the manager and they had regular one to one supervision meetings with their line manager, these were held three monthly. In addition there were team meetings, and an annual appraisal. Staff were also observed in a work based setting to ensure they continued to be competent. The manager also had ‘informal meetings’ with staff in between the

regular three monthly supervisions. This was to ensure that good practice was maintained and if staff were observed to be doing something really well, the manager took the time to recognise the good practice and share the learning.

People were asked to consent to care and support. We saw that this had been written into their care and support plans with the agreement of the person. Consent was reviewed regularly. Staff told us that people were given choices and if they refused any part of their care and support plan they understood that this was people’s rights and accepted and respected peoples decisions. Staff understood their responsibilities in relation to people who may not have capacity to make decisions about some aspects of their care. However no one at the service was being deprived of their liberty, and could leave the service at any time however they were always accompanied by their support worker. In the case of two people who were continually supervised DoLS assessments had been completed and they were being processed. During this interim period decisions to provide care in the person’s best interest had been made in conjunction with people’s relatives and social care professionals.

People liked to cook for themselves when possible and were supported to eat and drink a range of healthy and nutritious foods. In some cases where people were unable to prepare and cook meals they were supported by staff. People who used the service also told us they enjoyed going out to restaurant and cafes for lunch or dinner. Staff and people who used the service told us they had learnt new skills and enjoyed ‘choosing what they liked to eat’. There was no set meal times, people ate and drank at times that suited them. Staff said that they always made sure that people had enough to eat and drink, and would always report promptly any concerns they might have about people not eating enough.

Staff told us that people were supported to access health and welfare appointments, such as GPs, dentists, or opticians as required. This ensured they received the care necessary for them to maintain their wellbeing. People told us that they had no problems accessing these services because they were taken to all their appointments by staff or if they were too unwell the GP would visit them at home. We saw that medical and healthcare records were maintained and these showed that staff had responded quickly to people’s changing needs.

Is the service caring?

Our findings

People spoke very positively about their key support workers. We observed that staff had well developed relationships with the people they cared for. People described their care and support staff as being 'friendly' and 'caring'. One person told us "I like all my key workers and they like me". Another person said "They are brilliant and have helped me so much". A relative told us they were "So impressed with the attitude of the staff at the service," and said, "They go far beyond the expectations they are just so kind and really do care for (my relative)." Another relative said, "They are all lovely, they really do match people so they have some common objectives". We heard people and staff chatting and laughing and the atmosphere was homely. It was obvious that people and staff had a good rapport between them.

Staff told us they worked in small teams and were key workers to one person. They were able to forge good relationships with people and had shared objectives which were agreed together. We heard staff discussing plans with a person and the positivity and excitement was evident from both the staff and person they were supporting. We saw that there were profiles and photos of key workers so that people could recognise which staff were in their team. People were able to see who was supporting them at a particular time.

We observed that staff put a reassuring hand or arm on people to reassure them when they became anxious and we saw that staff continually monitored people and responded in a caring and compassionate way. For

example, when we walked into a person's flat the staff reassured the person, explained who we were and asked the person if they would like to show us round and praised their achievements. The person immediately responded to the positive support from staff and became visibly relaxed.

We saw that people's care and support plans detailed their life histories, and were personalised. Staff told us that they tailored the service they provided around the person. Staff told us they liked to know about the things that were important to the people they supported and also to support people to maintain family relationships if that's what the person wanted. We saw that people were supported to express their views and were fully involved in making decisions about their care and support and about the wider service.

We saw that people were supported in a way that supported and respected their dignity and staff told us they understood the importance of respecting people's independence. Staff tried to encourage people to maintain as much independence as possible and also to learn and develop new skills. Staff told us they maintained confidentiality by not discussing about people who used the service outside of work or with anyone who was not directly involved in the person's care. We saw that people's care records were held securely in the manager's office.

We saw documents were given to people in a format they could understand to enable them to make informed choices and decisions. For example how to make a complaint and other documents which provided information about other aspects of the service.



Is the service responsive?

Our findings

The service was responsive to people's needs. People's needs had been assessed, and personalised detailed care plans were in place so that people received care that met their individual needs and preferences. We saw many examples of how the service was responsive to people's changing needs. A relative told us "The service is totally arranged around my [relative]'s needs." Another relative told us "I am so pleased that my [relative] came to live here, it is exceptional. "It has made such a difference to my [relative]'s life".

Staff told us how they planned people's care and support in partnership with the people and whoever was involved in people's lives and whoever they wanted to involve. There was evidence that people who used the service were consulted about all aspects of the service. People were supported with the entire process of securing a tenancy and planning their transition to move into the service.

People were supported to identify goals and objectives, and plans put in place as to how these would be achieved. The objectives were reviewed regularly and could be readjusted if people were having difficulty in meeting them. For example a person who required a particular medical intervention had been supported over a period of a year to help them to overcome their fear. Each week the staff went through small stages of the process with the person being offered support and reassurance, until such time as the person was ready to proceed with the procedure.

We were given information about various projects that people at the service had been involved in due to the success of the scheme. For example people had supported Hertfordshire county Council with interviews for staff. The person was provided with details of the particular job specification and then was supported to write some of the questions for the interview. At the interview the person was involved in asking the questions and supported by staff to record the answers. They were also involved in giving feedback to the candidate. People told us this made them feel valued and also helped to ensure that the correct candidate was appointed.

The manager told us they had been involved in doing some work with the Department of Health and this involved facilitating a session with people who used the service to discuss what they felt the priorities were for Community

Social workers over the coming year. The impact of this positive involvement helped shape services for the future and people were very positive about their involvement in the various projects they were involved in.

People who used the service were involved in a Conference facilitated by a local authority 'designed to be all things' to support practitioners, professionals, carers and people who use services in understanding changes in legislation. This gave people the opportunities to discuss people's experiences, highlighting in particular the work that was undertaken at the service and also to ensure people were involved in their decision making as much as possible. The impact of the personal involvement helped ensure that services that were provided were more personalised as the people who used them fed into the process. Staff and people told us that the success of their scheme had demonstrated that people can live full and rewarding lives despite their disabilities and can help to shape the future of care provision so that excellent care is the normal and not the exception. People who used the service achieved better outcomes and enjoyed a better quality of life.

People who lived at Filbert close were supporting further work and learning with both the local authority and the department of health. This was around sharing experiences of good practice within Filbert Close, and in particular reviewing the transition and success of individuals moving from long stay hospitals into their own homes. There was work going on with 'path planning' which looked at promoting good practice, and sharing examples of what has been achieved at Filbert close. People at Filbert close were happy that their scheme had changed their lives so positively that they wanted to share the experience so that other similar services could learn for the achievements of this service.

People were supported with a range of hobbies and interests and told us about all the different things they were doing, including regular local trips, days out in London, holidays in the UK and abroad. People told us they went out almost every day. A person had been supported to get a car and went out all the time with their key workers. People told us they did not have to plan their activities they just decided what they wanted to do and went off and did it.

There was a complaints policy and procedure in place and people were aware of this. We saw that there were many compliments about the service. There was a process for



Is the service responsive?

recording complaints and recording outcomes. We saw that a person had been supported to make a complaint and this had been written by the individual. The complaint had been investigated and resolved to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

The service was well led and had a registered manager. Staff and people who used the service told us the service was well managed. We also received feedback from commissioners who told us “they ran a tight service”. The registered manager was supported by team leaders who together managed the service effectively.

Staff said they were well supported and that the manager was very involved and had a visible presence. Another person said “they worked well as a team to achieve the best outcomes for people”. Everyone spoke highly of the manager and told us they “were very approachable”. People who used the service all knew who the manager was. One person told us “I like (name), she is very kind”. We saw that the manager had appropriate processes in place to monitor the service and to achieve continual improvements.

We observed that the manager demonstrated stable and strong leadership, and provided guidance and the support to provide good care to people who used the service.

We observed that there was an ‘open and inclusive culture’ at the service. Staff and people told us the manager would always make herself available to speak with people.

We saw from evidence that the service had developed around the people it supported and they provided good quality care that met people’s needs and expectations. Staff told us they felt valued. Staff also said that they were involved in the running of the service and consulted on everything. They were motivated and all said they enjoyed working at Filbert close.

Systems were in place to monitor the quality of the service and promote continuous improvement, which included learning from incidents by reviewing what had happened.

We saw that the manager had systems in place to continually monitor the quality of care at the service. Audits had been completed to assess the quality of the service provided. These included care plans and risk assessments, training, medication audits and the latest contract monitoring visit rated the service as good with a score of 93.8 which was just short of the excellent rating.

We saw that if issues had been identified from the audits, the manager took prompt action to rectify these. The manager had systems in place to ensure documents were stored securely and during the course of our inspection it was noted that the records were readily available for inspection.