

Social Care Solutions Limited

Social Care Solutions Ltd (Herts & Bucks)

Inspection report

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Date of inspection visit:

25 January 2019

28 January 2019

29 January 2019

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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

About the service:

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People lived in their own individualised flats. At the time of the inspection Social care solutions were supporting 10 people.

People's experience of using this service:

- People were empowered to achieve their hopes and dreams by staff that were kind and caring and enjoyed spending time in their company. Staff were passionate about enabling people to have maximum choice and control over all aspects of their lives.
 - Staff encouraged people to take positive risks to promote their independence and quality of life. They actively engaged people and their relatives in reviewing care delivery to ensure it was meeting their needs.
 - People's privacy and dignity was respected, as were their choices. People's diverse needs were embraced and staff supported people to express their individuality.
 - People received safe care from staff that understood how to recognise and protect them from abuse. Staff had received training relevant to their role and were well supported by the management team.
 - People's relationships with family and friends were actively supported. People and relatives fed back they were happy with the care provided by social care solutions.
- Staff felt well supported by the management team. Any complaints raised were effectively responded to and appropriate action was taken.

More information is in the detailed findings below.

Rating at last inspection:

This is the first comprehensive inspection under this registration. The service was registered on 22 December 2017.

Why we inspected:

This was a planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Social Care Solutions Ltd (Herts & Bucks)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and an 'expert by experience'. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their main area of expertise was as a family carer of people with a learning disability and behaviours that are considered challenging.

Service and service type:

Supported Living and Domiciliary care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 January and ended on 29 January 2019. We visited the office location on 28 January to see the manager and office staff; and to review care records and policies and procedures. We made calls to people and their relatives on 25 and 28 January and calls to staff on 29 January.

What we did:

Due to technical problems in requesting a Provider Information Return, the provider was not able to complete this. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

During this inspection we spoke with two people who used the service and the relatives of three people. Some of the people we spoke with had limited communication abilities. We spoke with nine members of staff including the registered manager, two service managers, two team leaders, two carers, a quality manager and office manager.

We reviewed three people's care records to ensure they were reflective of their care needs. We reviewed three staff recruitment files, and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Following the location visit we requested copies of documentation from the registered manager that was not available during our inspection visit. For example, medicines audits, team meeting minutes, protocols for giving medicines as needed, activity charts and a record of health appointments. This was sent promptly following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People confirmed they felt safe. One relative told us, "I feel [name] is safe. There is a sensor mat, beside the bed if [name] gets out [of bed] during the night."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Safeguarding systems and processes were in place and embedded in practice.
- There was a whistleblowing policy for reporting concerns. One staff member told us they had reported a concern which was satisfactorily addressed.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- The provider had appropriately reported and investigated safeguarding concerns to ensure people received safe care.

Assessing risk, safety monitoring and management:

- Risk assessments were comprehensive and updated as and when people's needs changed.
- The provider actively encouraged positive risk taking to enhance people's quality of life.
- Some people became distressed during activities. Activities had been carefully planned and risk assessed. Care plans detailed how people needed to be supported if they became distressed during an activity.
- People were supported to remain safe in their homes. Evacuation plans were in place to ensure people and staff knew how to safely leave people's homes in the event of a fire.

Staffing and recruitment:

- Comprehensive recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check, references and completion of risk assessments should any gaps in employment or prior convictions be identified.
- There were enough suitably trained staff available to meet people's needs.
- Use of agency staffing was high in one location. However, records showed consistent agency staff were being used that knew people well.
- All staff had accessed training the provider deemed as mandatory.

Using medicines safely:

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicines systems were organised and people received their medicines when they should and as prescribed.
- Protocols were in place to instruct staff when to give as needed medicines.
- Medicines stock and medicine administration recorded were checked twice daily by the team leader. This

ensured any gaps in recording were promptly identified and addressed.

- Staff did not give people medicines until they had been assessed as competent to do so.

Preventing and controlling infection:

- Staff had good knowledge of infection control requirements.
- Staff told us they had access to personal protective equipment. A relative told us, "I have seen the staff wear gloves...the staff always look clean themselves."

Learning lessons when things go wrong:

- Incidents and accidents were regularly audited to check for trends or patterns and identify learning. One person had experienced a fall, staff noted the person's balance had deteriorated and booked a health review to discuss concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were comprehensively assessed before receiving care from social care solutions.
- Care and support was regularly reviewed with people and their relatives.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- Staff applied learning effectively in line with best practice guidance relevant to the needs of people receiving support. This led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:

- Staff received suitable training to ensure they had the skills to do their job.
- A training schedule was in place to ensure staff refreshed their training as needed.
- Staff accessed training specific to the needs of people they were supporting. One staff member told us, "I am continuously looking for training. I have been on a lot of autism training."
- An induction process was in place for new staff. This included undertaking training the provider deemed as mandatory and shadowing more experienced members of staff until signed off as competent.
- Staff told us they felt supported by the management team and could approach them at any time should they need support.
- Staff received regular supervisions and annual appraisals that considered their development needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported by staff to prepare their individual menus for the week, and with meal preparation as required.
- One person told us, "I don't cook much, staff cook... steak and kidney pie is my favourite... I shop online." A relative told us, "Staff provide food that [name] likes and try to promote healthy eating."

Staff working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- When agency care staff were used, they had undertaken an induction with the provider and got to know people before supporting them.
- Staff communicated well with other each other and worked well as a team.
- Staff were empowered by the management team to update people's care plans as their needs changed. This ensured care plans were accurate, current and effective.
- Regular reviews were undertaken with commissioning authorities to ensure social care solutions continued to meet people's needs.

Adapting service, design, decoration to meet people's needs:

- People had tenancy agreements for their homes. Staff supported people to personalise their homes to their choosing.
- One person's needs had changed, the provider was liaising with agencies to co-ordinate a move to a ground floor flat and was in the process of ensuring it was adapted to meet their changing needs.

Supporting people to live healthier lives, access healthcare services and support:

- Staff recognised when people needed healthcare support and co-ordinated appointments with professionals such as the GP and community learning disability nurses.
- People were supported to attend appointments. One person told us, "I went to the doctors last week." A relative told us, "Staff take [name] to the dentist on a regular basis...If [name] is taken to the doctor or hospital there is always good feedback about what has happened."

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications had been made where required to the Court of Protection by funding authorities as required. The provider complied with the requirements of court orders.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- One staff member said, "I encourage [name] to make healthy choices, but it is up to [name] what they choose."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff were kind and caring. One person told us, "Staff are kind and gentle, they help with showering." A relative told us, "I feel [name] has been the best since leaving school due to the care given."
- Staff were matched to people's preferences, needs and personality and had developed positive relationships with people.
- Staff enjoyed spending time with the people they were supporting.
- People always knew who would be supporting them with their care.
- Staff completed training in equality and diversity and were committed to ensuring people's equality and diversity needs were met.
- Staff were committed to challenging discrimination and gave examples of having done so.
- One person attended church on a Sunday with staff support when they chose to.

Supporting people to express their views and be involved in making decisions about their care:

- People were in control of their care. New staff were introduced at people's preferred pace. Staff did not provide care until people felt comfortable and confident with their abilities.
- People had access to an advocate if they needed to have someone to help them speak up about their care.
- Regular key worker meetings enabled people to tell staff what was working and not working and how they wished to structure their week.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect.
- People's privacy was respected at all times. One relative told us, "Staff left the flat while [name] was speaking on phone, returned, and went again as [name] had not finished speaking."
- People's independence was promoted. One person had attended a cookery course at college with staff support. Another person was supported with a voluntary litter picking job.
- Staff recognised the importance of confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans reflected their individual needs. They detailed people's preferences, routines and how staff could best support them to live happy and fulfilled lives.
- Care plans were reviewed and updated as and when people's needs changed. One relative told us, "The care plan is changed to meet needs after each review."
- People and their relatives were fully engaged with care plans reviews.
- People knew who would be supporting them each day as they had a board in their home that communicated this in written words or pictures.
- Person centred care was embedded in practice. People were in control of planning what they wanted to do each day.
- Staff actively supported people to engage in their hobbies and interests. One person told us, "I do art, colouring watch TV... I go to the activity flat." One relative told us, "The staff are looking for [name] to go and do something in the community like work in a garden centre."
- Staff respected people's decisions and choices and supported people to achieve their hopes and dreams. One person had always wanted to have a friend to sleep over; staff supported the person to plan and organise the event. Another person had gone on holiday for the first time since living in their own home.
- People's goals were regularly reviewed in keyworker meetings to ensure people were supported to meet them.
- We saw many examples of staff being responsive to people's needs. For example, one person had stopped preparing meals and eating at home due to changes in their emotional wellbeing. Staff identified the person would eat if they went out and supported them to do so until their emotional wellbeing improved.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, some people used PECS (picture exchange communication system) to make choices. Staff supported them to use this effectively.
- One person had a 'positive board' staff wrote all the answers to their worries on the board, so they could look at it when they needed to. This helped reduce the person's anxiety.
- Relatives told us they felt able to visit any time. One person told us, "I have visitors and I go to my sisters for my birthday." Another person was supported by staff to cook a meal for their relatives every week.
- People could become involved with recruitment if they wished. Two people were attending a local group co-ordinated by the provider; they were empowered to share their own experiences of receiving care and that of other people they lived with. This information was used to make improvements to the service.
- If people experienced prolonged periods of increased distress, the provider involved their in-house positive behavioural support team to promptly identify causes and implement changes to minimise distress.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint or raise a concern. Easy read complaints information was available for people.
- The provider had a clear procedure and policy in place to manage complaints and feedback.
- Complaints had been appropriately investigated and responded to.

End of life care and support:

- At the time of the inspection people receiving care from social care solutions did not feel it was an appropriate time of their life to discuss end of life preferences.
- The registered manager told us, should people come to the end of their lives, they would liaise with health professionals to ensure people were able to remain cared for in their own homes if this was their wish.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Person-centred care was embedded in practice. Bespoke packages of care were developed taking into consideration people's individual and diverse needs.
- People and relatives consistently told us how pleased they were with the service and felt in control of their care.
- The management team knew people and their families and there was a real 'can do' emphasis which filtered through the service.
- We saw several examples where the service worked hard to deliver the outcome a person wanted. For example, going on holiday, going to college and undertaking voluntary employment.
- People's achievements were celebrated. The provider had held an awards evening to recognise people's achievements such as achieving weight loss and finishing a college course. Family and friends were invited to the event.
- Providing good quality care was the aim of everyone working within the service.
- Robust systems were in place to monitor the quality and effectiveness of the service and to ensure any risks were well managed to support people to live fulfilled and independent lives.
- The management team played an active role in recruiting the right staff who shared the same approach and commitment to deliver high quality person-centred care. An Inclusive recruitment process was in place to enable people to be involved in advert development and the interview process.
- People and their relatives were pleased with the care provided by social care solutions, one relative told us, "In the past... the care has been poor [other providers], but the staff here work together."
- Staff were proud to work for Social Care Solutions and felt valued by the management team.
- The management team cared for their staff and sent thank you and well-done cards to recognise staff members achievements.
- The provider prioritised people's emotional wellbeing by ensuring de-briefs were available following difficult situations. Staff also had access to a confidential support counselling service. Staff told us the management team were supportive. One staff member told us, "The management team are supportive... sometimes too much. I will say I'm fine, if there is an issue I will tell you."
- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong. They engaged people in investigations and ensured outcomes were communicated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and their families were asked for feedback during reviews and via surveys to drive improvements. One relative told us, "There have been surveys about the care of [name] from the provider."
- Following feedback from an earlier survey the provider had reduced agency staff usage, introduced the use of a picture bank to make correspondence more accessible and involved people in the development of a newsletter. Local service user forums enabled people to provide feedback on their experiences of receiving care.
- Staff meetings took place regularly to share best practice and to keep the staff team updated with any changes to people's care delivery. One staff member told us, "We discuss health and safety, concerns, wellbeing, any goals and improvements." Staff valued these meetings.

Continuous learning and improving care:

- The provider had submitted legally required notifications and had evidenced lessons learned when things went wrong.
- Care plans were being transferred to a new format. Records showed these were more accessible to people and enabled them to be more engaged in the care planning and reviewing process.
- The management team co-ordinated regular 'catch-up' meetings to support staff to improve their practice if any concerns were raised.
- A new training system had been implemented providing staff with access to more training on different subjects relevant to their roles. This had been well received by staff.
- A new quality process called 'Driving up quality' had been introduced, this enabled social care solutions to share good practice with other locations and to learn about good practise in other areas to implement in social care solutions to improve people's care experience.

Working in partnership with others:

- Social care solutions worked closely with the community learning disability team, social workers and commissioning authorities and sought support of other health professionals as needed.
- People had built relationships with businesses local to them. For example, some people engaged in regular conversation with staff working in a supermarket local to them.