

Social Care Solutions Limited

Social Care Solutions Ltd (Bedford & Northampton)

Inspection report

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Date of inspection visit:

16 May 2019

17 May 2019

Date of publication:

10 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Social Care Solutions Ltd (Bedford & Northampton) provides care and support to people living in a variety of '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.

Not everyone using Social Care Solutions Ltd (Bedford & Northampton) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection 90 adults were using the service who had a range of care needs including learning disabilities, autistic spectrum disorder, dementia, mental health, physical disabilities and sensory impairments. Of these, 49 were receiving personal care.

People's experience of using this service:

There had been lots of changes in the management team since our last inspection. A new manager had started around two months before this inspection. They understood their responsibilities and had some good ideas about how to improve the service.

Staff provided care and support in a kind and compassionate way, but there were many staff vacancies. These were being covered by agency staff and people told us they wanted regular staff who would get to know them well and provide consistency of care and support. New training was being arranged to make sure staff had the right skills and knowledge to meet people's needs.

The service generally acted in line with legislation and guidance regarding seeking people's consent but improvements were needed to make sure people always agreed about what they spent their money on.

Systems to protect people from abuse and avoidable harm and risks were in place and the new manager was making changes to improve these.

The service acted in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People were enabled 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. The new area

manager had plans to improve communication methods for people, where needed and to increase opportunities for people to achieve their goals and aspirations.

People's privacy, dignity, and independence was respected and promoted.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

Arrangements were in place to involve people in developing the service and seek their feedback.

Improvements were taking place to enhance the systems to monitor the quality of service provision and to drive continuous improvement. Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Rating at last inspection:

The service was rated Requires Improvement (report published on 14 September 2018).

After the last inspection on 7 and 8 August 2018, we asked the provider to act to make improvements to manage identified risks to people, staff recruitment checks, supporting people to make their own decisions in line with relevant legislation and guidance and quality monitoring processes.

During this inspection we found that improvements had been made in all these areas but due to changes in the management team since the last inspection, we found that progress had been made at a slower rate than expected. There was still work to be done therefore to embed the changes and make all the required improvements across the service.

Why we inspected:

This inspection was to check progress with the provider's action plan and assess whether required improvements had been made.

Enforcement:

We found the provider had breached two further regulations on this occasion, for not having a registered manager in post and for failing to notify the Care Quality Commission when people's liberty had been deprived.

You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

This is the second time the service has been rated Requires Improvement. The new area manager has already provided us with an action plan setting out how they plan to address the findings from this inspection and ensure required improvements are made in a timely way.

We will continue to monitor information about the service and will carry out another inspection in accordance with our published inspection programme. If any concerning information is received in the interim, we may inspect sooner.

For more details of this inspection, please see the full report which is on the CQC website at www.cqc.org.uk.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our Well Led findings below.

Requires Improvement ●

Social Care Solutions Ltd (Bedford & Northampton)

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, 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 a supported living service and we needed to make sure the management team would be available.

Inspection team:

This comprehensive inspection was carried out on 16 and 17 May 2019 by two inspectors.

Service and service type:

Social Care Solutions Ltd (Bedford & Northampton) is a supported living service for adults living with a learning disability and / or autistic spectrum disorders.

The service did not have a manager registered with the Care Quality Commission. This means that the provider alone is legally responsible for how the service is run.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before this inspection we checked the information, we held about the service and the provider, such as

notifications. A notification is information about important events which the provider is required to send us.

We also asked for feedback from three local authorities who have a quality monitoring and commissioning role with the service. All three local authorities had concerns about the service. We attended meetings with the provider and two of the local authorities before and after the inspection.

We visited the registered office and five of the settings where 21 people lived. We spoke with or observed the support being provided to six people who were in receipt of a regulated activity. We also spoke with the regional operations director, the new area manager, another area manager seconded from another part of the organisation to support this service, the project manager for operational excellence, a quality manager, an operational support manager, six service managers, two team leaders and five support workers including an agency staff member.

We then looked at various records, including care records for seven people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

Is the service safe?

Our findings

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

Action had been taken since the last inspection to ensure people were safe and protected from avoidable harm. Further improvements were planned too.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to. However, we found a small number of concerns that had not been reported to appropriate external organisations, such as the local authority, the Police and CQC, without delay. We saw that internal processes were being strengthened to address this, including a new recording and reporting policy, which was due to be implemented. This would help staff to consistently follow local safeguarding protocols in a timely way, when required.
- Staff were aware of the changes taking place and one staff member told us, "I would contact safeguarding (the local authority safeguarding team) straight away."

Assessing risk, safety monitoring and management

- At the last inspection the arrangements to manage identified risks for people, and to mitigate those risks as far as practicable, were not sufficiently robust. One person's care records lacked sufficient detail for staff to manage their identified risks in a safe way.
- During this inspection we found improvements had been made to the person's records which now contained clear information for staff about how to manage the risks appropriately and in accordance with specialist health advice. We checked a sample of other people's support plans and risk assessments and found that these too contained some clear and personalised information that would promote their safety and wellbeing.
- We did find some anomalies with one person's records which indicated that one staff member was not familiar with the equipment needed to help the person to move from one position to another. There was also missing information about how to support the person with eating safely. There was no evidence that the person had been placed at risk on this occasion as the staff member supporting them knew their needs well. In addition, we saw that the eating guidelines had been written, but had been misplaced. After the inspection the new area manager confirmed that action had been taken to address both these issues.

Staffing and recruitment

- At the last inspection we found that required recruitment checks for new staff were not always in place. This included information about their full employment history and an explanation for any gaps identified in that history.
- During this inspection we found significant improvements had been made, with all required checks being in place for the staff member's files we looked at. A new employment timeline form had been developed which clearly identified any gaps in employment histories. Anomalies that came up during the recruitment checks had been risk assessed, to ensure the prospective staff member was safe to work at the service. We did find a small number of inconsistencies in terms of original documents such as passports being verified,

but overall this was happening.

- People and staff did however tell us there were concerns with staffing across the service, and the new area manager confirmed there were approximately 46 support worker vacancies. One person told us, "We are constantly using agency. I don't really like it. I like my own staff. It takes a long time to train new staff." A staff member echoed this by adding, "We have issues, but the good thing is that the company are doing something about it and some new staff are in training, bringing in their documents to be trained. I am sure this will get better." Several members of the management team explained that they were now putting aside dedicated days each week for recruitment, to try to address this situation. In the interim the service was covering the vacant positions with a mix of overtime, bank and agency staff.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Staff were following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- People were assessed to ensure they received the right level of support with their medicines.
- People had their medicines reviewed to make sure they had the right medicines when they needed them.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff confirmed they maintained good hygiene, using personal protective equipment (PPE) such as aprons and gloves before providing personal care and preparing people's meals. We noted areas where people needed help with cleaning to be clean and fresh.
- Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

Learning lessons when things go wrong

- Accidents and incidents were being reviewed, to improve safety across the service. One example was a medicine error that had been addressed through staff training, to minimise the risk of a future reoccurrence.
- The new area manager told us they planned to introduce an overarching 'lessons learnt' tracker for the service, to ensure any areas of improvement identified through internal quality monitoring processes were consistently embedded across the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
- At the last inspection we found that people's consent was not always sought in line with legislation and guidance. This was because there were no agreements in place for when people might need to cover staff costs for example, on social outings. During this inspection we found clear information that stated people did not pay for staff costs for drinks and meals, without this being part of their agreed budget plan. Staff were very clear of this position too and when we checked a sample of people's financial records we did not find any evidence of people paying for staff to have food and drink. However, at one service we found evidence of one person paying for bus fares on several occasions, despite them having a bus pass which entitled them to free travel. Staff explained that this was to cover staff travel costs when there was no driver to take the person out in their own car. Although we observed that the person was keen to go out on a bus with a staff member, there was nothing in their file to say that this had been assessed as being in their best interests. The person did not have capacity to understand or manage their finances. In addition, we found arrangements where people were sharing costs for food shopping or for sessions with a visiting musician. Staff were clear that these arrangements were beneficial to the people involved, but there was nothing on file to show that these arrangements had been agreed to by the people involved, or assessed as being in their best interests.
- After the inspection the new area manager provided us with an action plan to address our findings and told us that a full review of all activity based support plans, financial agreements and budget plans would be completed by June, across the service. This would identify potential staff costs and ensure any decisions made in future were in line with relevant legislation. In the interim another area manager told us people would be reimbursed for any costs incurred whilst this process was concluded.
- We observed people being asked for their consent before support and care was provided. However, there were variations in terms of people agreeing to their overall support plans. Some people had agreed whilst other plans were blank. The new area manager told us that by August they would seek agreement from everyone who had capacity to agree to their support and care. Where people lacked capacity then decisions about their care and support would be made in line with the principles of the MCA.
- The new area manager understood their responsibilities regarding the requirements of the MCA and where necessary for any applications to be made to the Court of Protection. The Court of Protection makes

decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.

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

- The service was continuing to work to ensure people's care and support was delivered in line with current legislation, standards and evidence based guidance, in order to meet their individual assessed needs. The new area manager explained they had previous experience of compliance in adult social care and demonstrated their knowledge in terms of changes in legislation and good practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles. One person said, "Yes they (the staff team) are very well trained." Staff confirmed they received induction training and relevant training to support them in their roles.
- There was an emphasis on refreshing staff training and addressing areas requiring improvement across the service, to ensure staff were equipped with the right skills and knowledge. The project manager for operational excellence told us they were providing 'back to basics' training covering areas such as personalisation, quality of life, professional boundaries and record keeping. Service managers confirmed they were booking staff onto this training.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks that were being introduced. Useful reference information had also been provided for staff to help them understand more about people's individual health needs.

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

- Staff understood who was at risk from problems with swallowing and might require soft and chopped food; to minimise the risk. These risks were recorded in people's support plans.
- Staff told us they supported people to do their own food shopping. We met one person who was getting ready to go shopping and they were making a list of food to buy, considering the ingredients required to make a variety of meals over the next few days.
- We observed staff supporting people to prepare meals, drinks and snacks - of their choosing, where this support was required.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them with routine healthcare appointments. One person said, "Yes, they (staff) help me see doctors, dentists and occupational therapists." Records provided lots of evidence of staff making appropriate referrals to relevant external professions to ensure people's short and long-term health needs were being met. Clear records of the outcomes from these visits were being maintained too.
- Hospital passports had been developed for people, which provided key information for health care professionals, in the event of someone needing to go into hospital.

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

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

- People were treated with kindness and compassion.
- Staff we spoke with enjoyed working at the service. They were motivated and spoke warmly about the people they provided care and support to. One staff member said, "It is all about the person and promoting what they want and how they want to live their lives."
- We heard conversations between staff and people that were relaxed and friendly. We also observed some caring and patient interactions. Staff understood people's individual communication methods and the importance of giving them time to make their own choices. One staff member said, "Knowing the individual is far more superior to any qualifications and training you can have." They sang with one person which they explained helped the person to feel safe. We saw this helped the person to calm down when they later became agitated. People we observed across the service were relaxed in staff company and appeared in control of their daily routines, with lots of evidence of choice and control for them.

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

- Staff routinely encouraged people to express their views and be actively involved in making decisions about their care and daily routines. We heard staff checking with people constantly about how they wanted their care and support provided. For example, checking what they wanted to drink or how to spend their time. People were not rushed and were given time to express their preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and upheld. When we asked one person about this they told us, "Yes all the time." Our observations supported this too. For example, in one service we saw staff did not open people's mail on their behalf, enabling them to open their own letters in private, when they were ready to do so.
- Staff understood their responsibilities in terms of GDPR (general data protection regulation) and promoted people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Support plans we looked at provided clear information about how each person should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care provided to people daily.
- People were supported with their independent living skills. Although individual goals and aspirations were not always updated in people's support plans, staff talked to us about people's achievements, such as travelling independently to college or going out more in the community. One staff member said, "It's all about making sure he feels safe and he will go out." We saw people being supported to do tasks for themselves as far as possible, such as their laundry or making a hot drink. The new area manager told us by September, everyone would have up to date personalised goals that were regularly reviewed. Meeting minutes showed this had already been discussed with staff.
- Attempts to meet the Accessible Information Standard (AIS) varied across the service. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw some good examples where people used pictorial boards to support them with communicating their needs. However, staff supporting another person - who used limited verbal communication, were not aware of such an aid to support this person. Records showed that an external professional had suggested a communication board might be beneficial for them. Another person had a communication passport in place but this had not been reviewed since 2013 and contained information that was no longer relevant for them. The new area manager told us that by August everyone's communication needs would be reviewed and reflected in their support plans and personalised communication passports. A communication passport is a person-centred booklet for those who cannot easily speak for themselves.
- The service was responsible for supporting people to follow their interests including activities within the local community. People were supported during the inspection to go out shopping or to the pub. One person told us, "We can buy all of our own food. We go out and do what we want." Staff told us that several people had also been on holiday and more holidays, supported by staff, were planned.

Improving care quality in response to complaints or concerns

- Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to. One person told us they felt confident raising concerns with staff.
- There were clear systems in place to ensure lessons were learnt and people listened to, when complaints were made or incidents occurred. This enabled feedback from people to be used to improve the service.

End of life care and support

- Information about people's end of life preferences varied across the service. The new area manager told us

that by August everyone's end of life wishes would be recorded in their support plans. This information would help staff to support people at the end of their life to have a comfortable, dignified and pain free death.

- Staff confirmed the service was not currently supporting anyone who required end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Soon after the last inspection in August 2018, the registered manager left. Since that time there has not been a registered manager at the service. This is a breach of the provider's conditions of registration.
- In addition, we found that some people were subject to arrangements that had been authorised by the Court of Protection orders. The Court of Protection makes decisions about what is best for people who are not able to make decisions for themselves. It also helps make sure they are protected. Providers are required to notify CQC where the Court of Protection has authorised applications to deprive people using the service of their liberty.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

- During this inspection we met a new area manager, who had been in post for around eight weeks. They demonstrated a good awareness of their legal responsibilities in terms of improving the service and meeting legal requirements. For example, the new area manager applied to register with CQC during the inspection. They also began the process of submitting notifications to CQC regarding the Court of Protection orders.
- The provider had arranged support for the new area manager to help them in their role and to make the required improvements to the service. Another area manager who worked for the same provider had been seconded to work at the service three days a week. In addition, the service had been divided into two geographical areas and two new operational support manager positions had been created to oversee these areas.
- A team of service managers reported to the new operational support managers, each having allocated services that they were responsible for managing on a day to day basis. Many of the new management team were new in post, but they were clear about where the service was at and where improvements were still needed. One staff member told us, "There have been struggles and breaches but it is really something seeing the team coming together and working together to improve... Lifeways are a group and this is really evident. We've been sharing lessons learned really well and we have been sharing in this management team."

Continuous learning and improving care

- At the last inspection we found that quality monitoring systems needed strengthening to ensure the health, safety and welfare of everyone using the service. This is because we had found areas where the service had breached legal requirements, but these had not been identified by the provider. During this inspection we found that the service was working to a large action plan compiled from audits and inspections carried out

by three local authorities and CQC. Managers told us they were being given protected time to do their work and address the action plan requirements.

- We found that improvements had been made in all the areas we had previously identified for improvement. However, due to the instability within the management team since the last inspection we found progress had been made at a slower rate than expected and had also resulted in inconsistencies across the service. The new area manager was fully aware of this and talked to us about further initiatives that were being put in place to address this. This included audits at service and management level, validation by line managers to check when tasks had been completed and to an acceptable standard, new local procedures for communication and safeguarding, staff training and setting clear expectations for managers about their roles and responsibilities.
- We saw evidence that the new systems were starting to work. For example, with audits flagging up where paperwork was now out of date or anomalies with medicines and finances. Appropriate actions were being taken to address these findings.
- The audits had however failed to pick up the need to notify CQC about Court of Protection orders, so it was clear that work was still required to embed the changes being made and for the service to reach full compliance.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were feeling more positive since the recent changes in the management team. They said the new area manager was approachable and they felt well supported.
- Satisfaction surveys and face to face visits carried out by the service managers helped to keep people engaged and involved. We saw the results of the latest satisfaction survey results from 2018. Twenty-two people had provided strong feedback about feeling safe, being supported to stay healthy, staff listening and treating them well and having their support needs met. In addition, one person told us, "I have just interviewed for new staff members. If you're going to have your own service I think this is really important."

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.
- The new area manager emphasised that the service would work with funding authorities and CQC in an open and transparent way. Meetings and joint visits with local authorities were planned as part of this approach and to ensure the service moved towards full compliance. They told us they had appreciated the feedback received so far from one of the local authorities, who they described as engaging and supportive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC, as required, of all incidents affecting the health, safety and welfare of people using the service. This included Court of Protection authorisations in relation to depriving people of their liberty.