

Social Care Solutions Limited

Social Care Solutions Ltd (Peterborough & Cambridge)

Inspection report

Garrick House
High Street, Glington
Peterborough
Cambridgeshire
PE6 7JP

Tel: 01733254800

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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

Social Care Solutions Ltd (Peterborough & Cambridge) is a supported living service providing personal care to people with learning disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection 22 people were receiving personal care. The people lived in their own homes either on their own or in groups of up to three people sharing a house. The amount of support people received varied, with some people receiving staff support for 24 hours each day.

The service had been developed and designed 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe using the service because staff knew what they were doing. There were enough staff who had been trained and were well supported to meet people's assessed needs and care for people effectively. There were enough staff to meet people's needs safely. The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service.

Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

Staff supported people to have enough to eat and drink and to access external healthcare services when needed. Staff worked well together, they understood the service's aim to deliver high quality care, which helped people to continue to live in their own homes. Staff worked well with external care professionals to maintain, and improve, people's physical and emotional wellbeing. Staff knew the people they cared for well and understood, and met, their needs.

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. People were involved in making decisions about every aspect of their care and support.

Staff supported people in a kind, caring and patient way, and displayed empathy for people's feelings. They

had developed good relationships with the people they supported. Staff were respectful when they spoke with, and about, people. Staff supported people to express their feelings and emotions.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff encouraged people to maximise their independence, to express their views and to be involved in decisions about their care.

People received person-centred support. People and their relatives were involved in their, or their family member's, care reviews. People's needs were constantly reviewed, and staff support adapted as required. Staff supported people to take part in pastimes and interests and experience opportunities they did not have in their own homes.

Staff followed the provider's processes to assess and check the quality and safety of the service. Senior staff carried out audits and monitored the quality of the service regularly, implementing improvements in a timely way. Senior staff followed up concerns and made sure action was taken to rectify the issue.

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

Rating at last inspection

The last rating for this service was good (Published 17 October 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 (Peterborough & Cambridge)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

The registered manager had left the service in December 2019 and cancelled their registration with the CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of the providers registration that a registered manager runs the service.

Notice of inspection

We gave a short period of notice of the inspection, so the manager could arrange for us to speak with some people.

Inspection activity started on 19 February 2020 when we visited the office location and ended on 24 February 2020.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the service's office on 19 February 2020 where we spoke with five people who receive the service. We also spoke with nine staff. These included, the manager, three service managers, a team leader, and three support workers. We reviewed a range of records relating to five people's care, and the management of the service. These included records relating to audits, complaints, and compliments. We spoke with the relatives of three people on 24 February 2020.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person, who needed staff help to move, told us they felt safe with staff because, "The tell me what they're doing." People's body language and reactions showed us they felt comfortable with staff.
- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from avoidable harm and how to report concerns. Staff told us they had received training and information about safeguarding and knew where to go for further advice. They were confident senior managers listened to any concerns they raised.

Assessing risk, safety monitoring and management

- People had detailed assessments and comprehensive guidance to guide staff when supporting people and reduce identified risks.
- Staff used the information from risk assessments to keep people safe. For example, to help people to move safely, and in relation to known triggers that caused people to be anxious. Staff supported people with positive risk taking, encouraging them to explore the options and the safest or best way of managing situations.
- Staff carried out checks and ensured people's equipment was safe to use, and well maintained.
- Staff reported all incidents and accidents and senior staff measured trends to check if any improvements could be made.

Staffing and recruitment

- There were enough staff to meet people's needs safely.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. This included checks such as verifying people's employment history, getting written references from previous employers, and carrying out a criminal records check.

Using medicines safely;

- The provider had systems in place to enable staff to safely manage people's medicines. When we asked a person about their medicines, they told us, "Staff help me with them." Another person said that staff helped them to take painkillers when they had a headache.
- Staff told us they received training and senior staff assessed their competency to do so before they supported people with their medicines.
- Senior staff audited medicines records regularly to ensure medicines were given to people in line with the

prescriber's instructions.

- Where medicines errors had occurred, staff took swift action to make sure the person was safe. This included contacting a medical practitioner and re-training the staff member.

Preventing and controlling infection

- There were effective processes in place to prevent the spread of infection.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Staff were aware of how to report accidents and incidents.
- The provider analysed incidents and accidents for themes or trends and shared any learning with staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff had assessed each person to ensure they understood people's needs, consulting with specialist health and social care professionals where necessary. This enabled them to make sure staff were able to meet people's individual needs.
- People and relatives told us that staff members knew the people they supported very well.
- The management team ensured that staff delivered up to date care in line with good practice and current legislation. For example, staff had implemented oral health screening following national guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled in carry out their roles effectively. Relatives told us they felt staff were well trained. One relative said, "They know how to use the hoist. The medication seems to run satisfactory. The staff know [my family member] well."
- Staff had received training when they first started working for the service and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. Staff described a comprehensive induction that equipped them to meet people's needs.
- Staff had also received training in topics relating to people's specific needs, such as autism and epilepsy, and had achieved qualifications in care such as national vocational qualifications (NVQs).
- Staff members told us they felt well supported by the management team. They met regularly with senior staff both informally and for regular formal supervision sessions where they could discuss any issues and training needs. One staff member told us, "I find my personal line manager really good. Really supportive." They explained they were encouraged to explore situations as they arose and look for alternatives if what they are were doing t wasn't working. They told us, "That's really important and I've never had it before."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they chose what they wanted to eat and staff supported them to shop and cook.
- Staff told us they encouraged people to make healthy eating choices.
- Staff supported people to access healthcare advice and treatment when they needed it. A relative wrote to the service praising a staff member who supported their family member to hospital consultations. They said the staff member had, "Asked some very pertinent questions of the consultant that greatly aided the consultant to better understand the history of the illness. Many thanks for the support you and your team provides to [my family member]."

- Staff told us they would go with people to their appointments and take copies of any additional records, such as medicine records, that may help other services care for people.
- Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.

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 when this is in their best interests and legally authorised under the MCA. When people receive care in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- People were supported by staff who understood the principles of the MCA. Staff had received training in the MCA. They knew how to support people to make decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions.
- Where appropriate, the staff had requested for the local authority to make applications to the Court of Protection.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly and with patience. Staff spoke calmly with people, using touch and expression to display empathy and engage with people. People's body language showed they were comfortable in the presence of staff and enjoyed positive relationships with them. When people showed signs of becoming anxious, staff responded consistently, in accordance with the person's care plan to help reduce their anxiety.
- Relatives praised the staff and how they supported people. One relative told us the staff who worked with their family member were, "Very good. [They] respond to [my family member's] ups and downs and figure out ways of keeping her happy. They do a good job."
- Senior staff worked hard to organise the same staff members to provide people's care so they got to know the people they supported really well. One relative had written to the service thanking staff for the consistency of staff over the previous three years.
- People and relatives told us staff took time to explain things to people. One relative described how staff patiently explained their need for regular breaks to pray so the person understood. The relative said, "The member of staff sat down and explained what [they were] doing and why and now they get on great." One person told us the best thing about the staff who support them was, "They are good at explaining stuff. That makes me happy."
- All staff told us they would be happy with a family member staying at the service. Staff gave us a variety of reasons which included: being "really big on choices" and supportive of risk taking, the support they receive, and because staff are all so, "Caring and happy."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maximise their independence, express their views, and to be involved in decisions about their care. A relative told us, "The care that the whole team provide, without them [my family member] wouldn't have the independence." They explained staff had supported their family member to be their "own person."
- People and their relatives were involved care planning and reviews.
- Staff offered choices and respected the decisions people made. Staff had enough time to support people properly and in the way they wanted.
- People were supported to make choices about their care and support throughout the day. For example, they chose how and where to spend their time.
- Staff treated people with respect. They were respectful when they spoke or wrote about people and were mindful of people's privacy when supporting them.

- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received very personalised care that was responsive to them and respected their individuality.
- Staff considered all aspects of each person's needs, and care plans reflected this. People contributed to their care plans whenever possible, so they reflected the person's wants and needs. Staff recognised people's diverse needs and their rights and choices. People made their own decisions and staff listened to them, responding to non-verbal communication where people couldn't speak.
- Staff supported people to express their feelings and emotions. Staff knew when people wanted to spend time with them and when they wished to be left alone.
- People's care needs were met, and they were happy with the care they received. Staff were attentive and supported people with their care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had clear information about people's communication needs and how they expressed themselves. They had guidance about how to make sure people understood any information they were being given and used the communication methods that people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to lead full lives and spend time how they wanted. A relative told us their family member, "Does a lot more now, out in the community. They are always out." People were able to go out when they wanted, visit relatives and friends, and take part in their favourite activities. The people we met during our inspection were all busy pursuing different activities including, shopping, exercise, eating out, and interviewing staff. People told us they were able to pursue a wide range of interests and activities. These included cinema, bowling, sailing, spas, and holidays in this county and abroad.
- People were as involved as they wanted to be in the local community. They used local shops, restaurants, parks and other facilities, and some people were involved in local groups.
- Staff positively encouraged people to maintain relationships. For example, supporting them to visit relatives and send cards on special occasions such as Mother's Day.

Improving care quality in response to complaints or concerns

- People told us they were able to speak with staff, including senior staff, if they were not happy about any aspect of the service.
- The provider had systems in place to deal with any concerns or complaints which staff followed. Records showed these had been investigated and where necessary actions put in place to address the concerns. The findings and outcome had been shared with the complainant.

End of life care and support

- The service did not offer 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff knew people well and their commitment and enthusiasm for providing a high-quality service was evident throughout our inspection and through the feedback we received.
- The manager and staff were committed to providing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and supported people to develop independence.
- People and their relatives said staff were approachable and praised the service provided.
- Staff were dedicated and liked working at the service. Many staff had worked at the service for a number of years. One staff member told us, "I've never worked anywhere where everyone is so happy." Another staff member said, "It's a really good staff team and we work really well together and with external professionals."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had put systems in place to ensure legal obligations, such as notifying the CQC of important events, were carried out. They displayed their CQC inspection rating and told people and relatives what they had done to improve and develop the service.
- Staff communication with people, relatives and professionals was open and transparent. One relative told us their family member had been involved in an accident. They said, "The process was wrong. Things happen. They've fixed it. They are a first-class team."

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

- The last registered manager cancelled their registration with the CQC in December 2019. The current manager told us they were in the process of applying to register with us.
- Staff made positive comments about the manager and the way the service was led. One staff member said, "She's very approachable. This [service] is very well-led. Its relaxed but well-led. It helps that the management can be approached for the silliest things."
- Senior staff led by example. One senior staff member told us, "I work on shifts: it promotes a positive culture. I do waking-nights, shifts etc. That means I don't lose the personal touch."
- The manager explained how responsibilities were delegated to service managers and team leaders which helped ensure the service ran well. Staff told us they were always able to speak with a senior staff member if they had any questions or needed support.

- Staff understood their roles and any extra responsibilities they had. This meant they knew who to go to for specific advice or information.

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

- Staff looked for ways to involve people in the running of the service and decisions about their care. For example, when possible, involving people in staff interviews, answering the office telephone, and with the newsletter production.
- Relatives told us staff asked for their views on the service through surveys, informal reviews and informal chats. A relative told us, "It's not just the [staff] on the front line. It's the managers as well. At every level. They try to sort things out how [my family member] wants it."
- Staff completed reviews of people's care, which provided people with the opportunity to feed back about their care.
- Staff attended meetings regularly, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- Staff followed the provider's processes to assess and check the quality and safety. Senior staff carried out audits and monitored the quality of the service regularly. These showed they identified areas of the service that could be improved and made those improvements in a timely way.
- Staff at all levels in the service listened to people's views. For example, the manager told us that people didn't like agency staff providing their care and support. She said, "We've now got a huge initiative across the company to reduce agency staff and filling [staff vacancies]." This led to a significant reduction in the number of people who received care from agency staff. They also told us that people had said staff spent too much time filling in paperwork. Team leaders now completed most of this, freeing up support workers time to spend with people.
- The provider recognised success within the organisation. After receiving a compliment from a relative about the support they had provided, senior staff put a staff member forward for the provider's reward scheme.

Working in partnership with others

- Staff worked in partnership with other organisations and health and social care professionals. We saw a compliment an external care professional, thanking a senior staff member for "all her work" liaising with another organisation to support a person. Records showed that staff contacted other organisations appropriately and liaised with them regularly as needed.