

Social Care Solutions Limited

Social Care Solutions Ltd (Bedford & Northampton)

Inspection report

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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

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 the service 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 108 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. Half were receiving personal care.

This was the first inspection of Social Care Solutions Ltd (Bedford & Northampton) since it registered with CQC in August 2017. This means the service has not previously been rated. During this inspection, which took place on 7 and 8 August 2018, we found that the service had breached a number of legal requirements. We rated the service as Requires Improvement. This is the first time the service has been rated Requires Improvement.

Risks to people were being identified, but the arrangements to mitigate these risks were not always robust enough in order to keep people safe.

Action had been taken to address a number of medicine errors that had happened across the service. However, more work was needed to ensure people consistently received their medicines in a safe way and as prescribed.

The provider checked to make sure staff were safe to work at the service, but the checks being made did not fully meet the legal requirements.

The service generally acted in line with legislation and guidance regarding seeking people's consent. More work was needed however, to ensure 'best interest decisions' were recorded for financial expenditure where people did not have capacity to understand or manage their own money.

Improvements were needed to ensure all staff had the right training to carry out their roles in order to meet people's assessed needs.

New support plans were being introduced across the service, to help people to receive personalised care that was responsive to their needs. However, this essential work had not been completed when we inspected the service.

More work was needed to determine people's end of life care preferences and choices, should the need

arise.

The service was working to ensure people's care and support was consistently delivered in line with current standards and evidence based guidance. However, the systems in place to monitor the quality of service provision and drive continuous improvement, needed to be strengthened.

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

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe.

There were enough staff to meet people's needs and help them to stay safe. They understood how to protect people through the prevention and control of infection too.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People were supported to eat and drink enough. People were actively involved in choosing what they ate and preparing their own meals. Risks to people with complex eating needs were understood by staff.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

Staff provided care and support in a kind and compassionate way.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. 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.

People's privacy, dignity, and independence was respected and promoted. They were supported to participate in meaningful activities and work.

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.

The leadership at the service promoted a positive culture that was person centred and open. Arrangements were in place to involve people in developing the service and seek their feedback.

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.

Further information is in the detailed findings below.

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.

Arrangements to mitigate identified risks to people were not always robust.

Action had been taken to ensure people received their medicines in a safe way and as prescribed, but more work was needed for this to be embedded throughout the service.

The provider's systems for ensuring staff were safe to work at the service were not adequate.

People were protected from abuse,

There were enough staff to keep people safe and meet their needs.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service was working to ensure people's care and support was consistently delivered in line with current standards and evidence based guidance.

People's consent was not always sought in line with legislation and guidance.

Improvements were needed to ensure all staff had the right skills, knowledge and experience to carry out their roles.

People were supported to eat and drink enough.

Staff supported people to access a variety of healthcare services to promote their day to day health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

Good 

Is the service responsive?

The service was not always responsive.

New support plans were being introduced to help people to receive personalised care that was responsive to their needs, but this work was not yet complete.

More work was needed too to determine people's end of life care preferences and choices.

There were opportunities for people to take part in meaningful activities.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Systems in place to monitor the quality of service provision, in order to drive continuous improvement needed to be strengthened.

The service was person centred, open and inclusive.

A registered manager was in post who understood their legal responsibilities.

Arrangements were in place to engage with people and involve them in developing the service.

The service worked in partnership with other agencies for the benefit of the people using it.

Requires Improvement 

Social Care Solutions Ltd (Bedford & Northampton)

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 was 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 comprehensive inspection was announced and was carried out on 7 and 8 August 2018 by one inspector. We gave the service 48 hours' notice of the inspection because they provide a supported living service, and we needed to be sure that the registered manager would be available.

Before the 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 by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from two of the local authorities who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to communicate with us using words. We visited the registered office and three of the settings where eleven people lived. Overall, we spoke with, or observed the care and support being provided to eight people using the service. We also spoke with one relative, the registered manager, the office manager, the quality audit manager, the head of information security and business continuity, four service managers, one team leader and three support workers.

We then looked at various records including records for six people who used the service, and 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 was appropriate for them.

Is the service safe?

Our findings

Staff spoke to us about how risks to people were assessed, to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as seizures or choking. This information had been recorded in people's support plans, providing a record of how the risks to individuals were being managed in order to keep them safe. However, we found some information that had not been reviewed for a while, or records that contained out of date advice. One person had difficulties with swallowing and we found conflicting information in their file about the use of thickeners in drinks, making it unclear whether the person needed thickeners or not to keep them safe when drinking. A member of staff was not able to clarify this point when we spoke with them either. This placed the person at risk of not having their needs managed safely and according to specialist nutritional advice.

The person also had an epilepsy support plan which did not fully incorporate the most recent consultant neurologist's advice; in terms of the actions to be taken by staff, including the dosage and frequency of recovery medicine that should be administered. The consultant neurologist referred to two types of seizure and had provided different advice for each type. We noted that the person's support plan did not contain enough information to support staff to distinguish between the two types of seizure that the person experienced. This meant that although staff maintained a record of when seizures occurred, they were not recording the type of seizure. The person was experiencing frequent seizures so this placed them at risk of not receiving the correct care and support when they needed it.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team outlined the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We were not able to access some staff records, which were being stored electronically. The registered manager told us that the files were managed by an external company and that the office member of staff who normally had access to the system was on leave. The registered manager did make a request for access but this was not replied to, meaning that they were not able to have oversight of these records.

We did review some paper records of staff files that were available. We found the majority of required checks were in place, but some were missing. This included details of one staff member's full employment history and an explanation for an almost three-year gap in that history. Current regulations, since 2014, require that providers obtain a full employment history for staff. However, the provider's quality monitoring audits only checked for the last 10 years of a staff member's employment history.

Furthermore, a reference on one staff file referred to there being issues with this staff member's previous employment. There was nothing on file to evidence that this matter had been discussed with the staff member, their previous employer or that this had been risk assessed, to determine whether the staff member was suitable to work at the service. Internal audits carried out on behalf of the provider had also identified missing information from other staff files, such as health check information and an application

form. This showed that the systems in place to check whether staff were safe to work with people using the service, were not robust enough.

This was a breach of Regulation 19 (1) (2) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that sufficient numbers of staff were planned in order to keep people safe and meet their needs, although last minute staff absence sometimes impacted on the planned rota. The management team were aware of this and already started to address this. In addition, they explained that there were some staff vacancies that were being recruited to across the service. In the interim, permanent staff were managing to cover the majority of staff absence, particularly during the summer holiday period, supported by a core team of bank staff. This approach promoted consistency of care and support for people and minimised the need for agency cover. One staff member commented on how, "The team just fall into place and we pull together for the people we support," when cover was needed. We observed that people's requests for help and support were met promptly, and staff support was provided in a way that enabled everyone to follow their individual, preferred routines.

A business continuity plan was in place; to support staff in the event of an emergency or a major disruption to the service. The plan was reliant on accessing local supermarkets in the event of an emergency however, not all the supermarkets listed were open 24 hours. In addition, information about managing events such as adverse weather conditions, which could impact on staff gaining access to people, had not been adequately detailed.

Staff understood how to manage behaviour that might be seen as challenging to others. They demonstrated great empathy and understanding and recognised people's frustrations. We saw that they communicated with people in a calm and patient manner, minimising the risk of potentially disruptive situations.

Some people at the service needed help from staff with their medicines, whilst other people confirmed they managed their own medicines. Information received prior to this inspection told us that there had been a number of medicine errors across the service. We found that the management team had taken various steps to address these, to ensure people received their medicines when they needed them and in a safe way. We did find some variations between the different supported living settings that we visited; in terms of the accuracy and quality of Medication Administration Records (MAR) being maintained, but in general the records we looked at showed that improvements were taking place. For example, there was a significant reduction in unexplained gaps in the MARs, and regular audits were taking place to ensure adequate stock levels were being maintained and to highlight potential errors in a timely way.

In addition, a service manager showed us a new medicine work book and competency checks that were being introduced, to check all staff had the right knowledge and skills to support people with their medicines safely and as prescribed.

Systems were in place to safeguard people from abuse. People we spoke with confirmed they felt safe. Many had staff support over a 24-hour period, so they told us they could call for assistance if they needed it. From our observations of staff and people interacting with one another, we saw that people looked safe and happy in their surroundings.

Information had been provided to guide staff on what to do in the event of potential abuse taking place. They confirmed that they understood this and would report any concerns straightaway to a team leader or service manager. Records showed that the service had followed local safeguarding processes when needed.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They were aware about the importance of preventing germs from spreading and avoiding contamination, in terms of washing their hands or using protective equipment, such as gloves before providing personal care and cooking. A service manager was observed collecting supplies of gloves from the provider's office to take back to the service she was responsible for overseeing. Team meeting minutes for another service reminded staff of the importance of cleanliness and good hygiene.

Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

Overall, the service took positive action to ensure that lessons were learned and improvements were made when things went wrong. Before the inspection, we had received lots of information that showed that Social Care Solutions Ltd (Bedford & Northampton) had been through a challenging period with many changes taking place and negative feedback received, including complaints, safeguarding referrals and concerned staff coming forward. There was plenty of evidence to show that this had been handled positively by the registered manager, with people's feedback being listened to and acted on. Some of the actions taken included significant changes within the management team. People and staff told us that this had had a positive impact for them. Another example was medicine errors that had been discussed with staff at team meetings; to minimise the risk of a reoccurrence and to keep people safe.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met.

We found that systems were in place to assess peoples' capacity to make decisions about their care and the management team had a good understanding of their responsibilities regarding the requirements of the MCA. Two of the service managers told us that if someone who used the service lacked capacity, then a best interest decision would be made to seek appropriate support or care for that person. They told us that this approach was used when people made large financial purchases, such as a holiday. Records we looked at supported this.

Despite this, we found variations from speaking with different staff about smaller financial purchases. We were told that there may be occasions when people covered staff costs, such as bus fares and paying for drinks when out. Where someone lacks capacity to manage their finances then there should be clear records to demonstrate that this kind of expenditure is in their best interests. There was no evidence of this on the files we looked at. This placed people at potential risk of financial abuse.

In addition, we found that a relative had been asked to consent on behalf of someone who did not have capacity to make decisions about their own care and support. In one case the relative had signed to agree for the person's photograph to be used in the organisation's publications and social media networks. If a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so, known as a Lasting Power of Attorney. This relative did not have these powers so should not have been asked to do this. These findings show that consent to care and support was not always sought in line with legislation and guidance.

This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was working to ensure people's care and support was consistently delivered in line with current legislation, standards and evidence based guidance, in order to meet their individual assessed needs. We saw quality audits being carried out on behalf of the provider that supported this. The registered manager explained that they used social media and information updates from the Care Quality Commission, to help them to keep up to date with changes in legislation and good practice.

Records were being maintained to enable the management team to review staff training and to check the

staff team had the right skills and knowledge to deliver effective care and support. The management team advised that training was an area in development as some training was now out of date and staff required refresher training. They also told us that they had begun to source more specialist training for staff in order to meet people's assessed needs, such as Huntington's disease. The registered manager added that they had identified the need for more staff competency checks and mental capacity awareness training too. They told us that the organisation had recently launched a new training system enabling staff to see what courses were available so they could book onto these directly. Staff confirmed that training had recently improved and that they were able to request additional training where there was a need to increase their knowledge and skills.

Training records showed that new staff completed the Care Certificate, which is a nationally recognised induction programme. A service manager spoke about some new staff who had been recruited and would now be embarking on a week-long induction programme. In addition, the new staff would receive further training to support the needs of the people they would be working with including epilepsy, dysphagia and medicines. Until this time they would work alongside staff that had already been trained and deemed competent in these areas.

Staff confirmed that meetings were held to enable the management team to meet with them as a group. They confirmed that they were able to use the meetings to raise issues and influence practice going forward. Recent minutes showed certain subjects were discussed relevant to staff's work such as quality audits, record keeping, safeguarding, cleanliness, confidentiality, and the importance of team working. Good news stories had also been discussed and shared. In addition, staff confirmed they received individual supervision; providing them with additional support in carrying out their roles and responsibilities. However, we were told that this was not always happening on a regular basis. A service manager confirmed that the service had fallen behind with staff supervision but there was a plan to address this. Records we saw supported this.

People were supported to eat and drink enough. Staff demonstrated that they understood how to support people with complex needs in terms of eating and drinking. They were knowledgeable about who was at risk of choking and used soft and chopped food; to minimise that risk.

People told us that staff helped them to do their own food shopping, which meant they could choose what they ate. Most people we spoke with needed help with preparing hot meals, but some were also able to make their own snacks and drinks whenever they wished. Records showed that staff had been reminded to promote healthy eating and correct nutrition when providing support with shopping and meal preparation.

Staff confirmed that the service had developed positive working relationships with external services and organisations to deliver effective care, support and treatment for people who used the service. Each person had their own health plan which contained information about their healthcare needs, and demonstrated that they had regular access to an extensive range of healthcare professionals such as GP, optician, dentist, epilepsy nurse, OT (occupational therapist) and SALT (Speech and Language Team), who supported them in monitoring and managing long and short-term health conditions. We read some positive feedback from an external professional who had complimented the service on how they supported people to access healthcare support. They had written: 'I would like to congratulate you on a fantastic piece of work with preparing and supporting [name of person] to attend dental investigations and treatment'. The professional added that the investigations had been crucial to the person's health and wellbeing and that it had been a fantastic outcome for them.

Review meeting minutes for another person recorded their own feedback about staff who had helped them

when they had become unwell. The minutes recorded that the person had said: '(Staff) saved his life when he experienced a nose bleed which resulted in a hospital admission'. A service manager showed us that '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

Staff treated people with kindness, respect and compassion. One person described the staff team as "Excellent" and another as "Fantastic." One relative had provided written feedback and described the staff supporting their relative as, "His incredible team of care workers". Another relative spoke positively about two members of staff who they felt understood their relative's needs well.

Staff were respectful, they listened to people and acted on their concerns and wishes without delay. We observed lots of warm and positive interactions. It was clear that people felt at ease and they were comfortable expressing their wishes and exchanging good natured banter with staff, in a confident manner.

Staff talked to us about the different ways people used to communicate their needs, particularly where they were not able to express these verbally. They explained that some people used non-verbal communication such as facial expressions, signs and actions. Other people responded to communication aids including an activity planner we saw in one of the services we visited. This detailed someone's daily routine and planned tasks using pictures and photographs. The registered manager told us that it was important for the staff team to get to know each person to learn how they preferred to communicate. In addition, the service worked with families and relevant external professionals, to understand people better. It was clear from the calm atmosphere in each of the services we visited, that people felt relaxed because staff understood their needs well.

The service valued people and recognised their individual success stories. For example, we saw photographs in the provider's office of people receiving awards for significant achievements they had made in their lives.

It was also clear from speaking with staff that consideration was given to people who were sharing accommodation; to ensure they were compatible and enjoyed each other's company. Staff were very clear that this was an important aspect of supported living, and that people would not be put under pressure to live with someone they had not actively chosen to live with. This demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion; enabling people with learning disabilities and autism to live as ordinary a life as any citizen.

People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices and trying to involve them in making decisions such as when they got up or how they spent their time. We noted that people were appropriately encouraged by staff however, to spend their time in a meaningful way rather than miss out on the activities they enjoyed.

People were supported to maintain important relationships with those close to them. One person had just moved to the area and was new to the service. They told us they had friends and family nearby and were looking forward to increased contact with them. Other people told us they had developed friendships with

people who were living at the same service as them.

People's privacy and dignity was respected and upheld. Staff encouraged people to speak for themselves and always gave them time to respond when they spoke with them. This was echoed by a relative of someone who was considering using the service who had provided the following written feedback, 'The way you were relaxed with him today helped, not patronising him or asking lots of questions'.

Staff were observed knocking on people's doors before entering, which demonstrated they understood that they were going into someone else's own home. A relative confirmed that staff always closed the door when providing personal care to their family member, and team meeting minutes we saw also reminded staff that they were guests in people's own homes.

Throughout the inspection, staff spoke with respect, sensitivity and discretion whenever they discussed people's support needs, ensuring that at all times; people's right to confidentiality was upheld.

Records showed that data protection and confidentiality was discussed with staff in meetings, to ensure information about people was treated confidentially. The head of information security and business continuity for the organisation confirmed they understood the organisation's responsibilities in terms of GDPR (general data protection regulation). They explained that they were working with external organisations to make sure policies and processes were robust and fully compliant. In addition, they explained that initial information had been cascaded to staff, but added that further training was planned. There were also plans to ensure people using the service understood their rights through the translation of key information such as the privacy policy in different and accessible formats.

Is the service responsive?

Our findings

The service was working to ensure people received personalised care that was responsive to their needs. Staff told us, and records confirmed, that people's needs were assessed prior to using the service, to help staff to develop support plans that reflected how they wanted to receive their care and support. However, the support plans we saw were at varying stages, with some containing up to date and detailed information that fully reflected people's physical, mental, emotional and social needs. Other plans still needed work to reflect people's current needs and ensure old information, that could lead to confusion or unsafe care and support, was removed. The management team acknowledged this and told us that the service was in a transitional phase, with new support plans and paperwork being introduced across the whole service.

A service manager told us that a key worker system was being introduced at the service they were responsible for. Some of the services already had this in place. A key worker is a named member of staff who has a central role in respect of a person using the service. The service manager added that keyworkers would soon begin to review people's support plans monthly, to ensure they adequately reflected people's support needs. An external professional had provided written feedback in recognition of the steps that were being taken, and the progress that had already been made. We saw that individual goals were being identified with people as part of the new support plan roll out, to build on people's existing strengths and improve their levels of independence and quality of life.

People were encouraged to maximise their independence and have as much choice and control as possible. One person showed us that they wore a pendant call bell. This enabled them to call for assistance outside of planned care times and made it possible for them to have time alone, without staff always being present. They told us; "Staff usually come quickly unless they are busy with someone else, but they let me know." Another person was appreciative of staff who were helping them with their reading, because they wanted to make a speech at a family event later in the year. A service manager told us that staff had also helped people using the service to register to vote, enabling them to voice their opinions and influence decisions that affected them. In addition, people were supported to fully engage in the running of their own homes, including cleaning, cooking and food shopping.

The service was responsible for supporting many people using the service to follow their interests and take part in activities, as part of their agreed support package. It was evident from our conversations with people and staff that people were supported to have active and varied lives, based on their individual needs and preferences. Some people had regular access to external day services, while other people enjoyed meals out, shopping, puzzles, colouring, looking after a pet or going out for a drive. We met one person who had their own car and they told us that staff had helped them to sort out insurance to enable staff to drive them about. They were really looking forward to going out for a first drive and washing their car. One person using the service had provided the following written feedback, 'I get on with [name of staff member] a lot because we do a lot of things together like going to Bedford and putting on nail varnish and I like that'. Another person told us they worked voluntarily at the provider's office twice a week.

Information had been developed to explain to people how to raise concerns or make a complaint. People

we spoke with confirmed they knew to speak to a service manager if they had any concerns. They told us they could contact them by telephone or through a call bell system, if they needed to. The registered manager showed us a log of concerns and complaints that had been received by the service. This included information about the complaint, the actions taken and a specific column to record any learning outcomes as a result of the actions taken. We noted that feedback to complainants was open and transparent, with problems and issues being addressed and not avoided. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences; in order to improve the service.

People had also taken the time to compliment the service, which included the following written feedback, 'We would like to express our thanks for all the hard work the staff on duty last night did to help [name of person]. As well as spending time on many phone calls to get assistance, they were comforting to [name of person], and also keeping her parents updated on progress. We think you [name of service manager] and [name of person] are lucky to have staff who show such commitment and dedication'.

The registered manager confirmed that no one using the service had the need for, or was in receipt of, support with end of life care. Information about people's preferences and choices for their end of life care was not evident in the files we looked at. In one file this was completely missing. In another, a relative had signed a disclaimer form stating that the service would not be responsible for any arrangements in the event of the person's death. This did not show that the people had been involved in planning, managing or making decisions about their end of life care. This information would assist staff, if the need arose, to know how best to support people to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

The service had a clear vision to deliver high quality care and support to the people using the service. During the inspection we saw examples of good practice and heard about new initiatives such as coproduction meetings with people, which promoted a positive culture that was person centred, open and inclusive. However, the service had experienced a number of challenges in the last 12 months and although the management team had worked hard to overcome these, it was clear that more work was needed to make this vision a reality; to consistently provide a high-quality service to everyone using the service.

The management team were fully aware of this and described the service as embryotic. They explained that because they had needed to make significant changes to the management team, as a result of some of the challenges the service had faced, the management team was relatively new and it would take time to fully bring about the required changes and embed these. They showed us that they had an action plan in place to manage the required improvements. This had been formed from people and relatives' feedback, funding authorities and internal audits of the services supported by Social Care Solutions Ltd (Bedford & Northampton). In general, we found that the audits and action plan mirrored our own findings, which showed us that the management team understood what they needed to do to improve the service.

Despite this, there were other areas that we found where the service had breached legal requirements, and these had not been adequately detailed in the service's action plan. This included mitigation of identified risks, staff recruitment checks and expenditure arrangements for people lacking the capacity to manage their own finances. In addition, there were anomalies between the care records being held in the provider's office and those being maintained in people's own homes. This meant that staff working from the office would not have always have access to the most up to date information about people. Furthermore, there were variations in the quality of audits carried out on people's daily records and Medication Administration Records (MAR). We identified a number of issues from the MARs we looked at that had not yet been picked up through the internal auditing processes. This showed that the existing quality monitoring arrangements needed to be strengthened in order for the service to be fully compliant.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality audit manager advised that the provider was considering introducing electronic records in the future, to enable better oversight of people's records and to identify potential concerns in a more timely way.

A registered manager was in post, supported by a number of service managers who were each responsible for overseeing the care and support across the five local authority areas that the service covered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, they ensured, where they were responsible, that legally notifiable incidents and events were reported to us, the Care Quality Commission (CQC), in a timely way. At the start of the inspection the registered manager told us that they had resigned and were due to leave the organisation soon after the inspection. People and staff confirmed they had been told about the registered manager leaving, but they were not yet aware of who would be managing the service in their absence. Service managers told us a meeting was planned to discuss this and they anticipated having more information to share with people soon. The quality audit manager advised that the provider would formally notify CQC about the planned changes, before the existing registered manager left. They also told us that members of the senior management team would provide additional support to the service during this period of change.

Staff and people spoke positively about the way the service was managed and the support they received. One staff member told us; "Things have really improved since [name of service manager] came to work here." A person using the service echoed this comment. Service managers explained that they divided their time between the services they were responsible for. They said that they were contactable by phone when they were not actually on site, which staff confirmed. Other staff told us that they had received good support from the out of hours on call service too. It was clear from speaking with the service managers that some of them were still getting to know the services they were responsible for, but their enthusiasm and motivation to improve the service and make things better for people really came through. The service managers told us they had noticed changes too, in terms of staff motivation and positivity since they had come into post.

The registered manager told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.

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 11 HSCA RA Regulations 2014 Need for consent People's consent to care and support was not always sought in line with legislation and guidance.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The arrangements to manage identified risks for people, and to mitigate those risks as far as practicable, were not sufficiently robust.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Existing quality monitoring systems needed strengthening to ensure the health, safety and welfare of everyone using the service.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems in place to check whether staff were safe to work at the service, were not adequate.