

Scope

Scope Community Services Hertfordshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 July 2017 and was announced. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people were present.

Scope Community Services Hertfordshire is registered to provide personal care and support for people living in their own homes and supported living environments. At the time of this inspection six people received support with their personal care needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection of this service since initial registration with CQC on 19 August 2016.

People's relatives told us they were confident that the service was safe. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. People's needs were met by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

People's safety was promoted and maintained.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified, assessed and reviewed regularly to take account of changing needs and circumstances.

Staff helped people to move safely using appropriate moving and handling techniques.

There were sufficient numbers of staff deployed to meet people's needs.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

People were supported to take their medicines by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff received training to support them to be able to care for people safely.

Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

Staff and the management team had an awareness of the steps that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on people's liberty was lawful.

Assessments were routinely undertaken to identify if people were

at risk from poor nutrition or hydration.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People's relatives told us they were happy with the staff that provided people's care and support.

People's support plans had been written in a person centred way and reflected that the person was at the centre of their care and it was arranged around their individual needs.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff took appropriate actions to alleviate people's distress and comforted people when they became upset.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were sufficiently detailed to guide staff how to provide person centred emotional and physical support.

People were supported to take part in a variety of activities according to their individual wishes.

Concerns and complaints raised by relatives of people who used the service were appropriately investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems.

The registered manager demonstrated an in-depth knowledge of

the staff they employed and the people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The provider had system in place to receive feedback from people who used the service and their relatives.

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Detailed findings

Background to this inspection

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

The inspection took place on the 25 July 2017. This visit was announced, which meant that the registered manager and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 07 July 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

As part of the inspection we spoke with two staff members and the registered manager. People who used the service were not able to share their views with us. Subsequent to the inspection site visit we obtained feedback via telephone calls and emails from relatives of people who used the service about how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and two external healthcare professionals.

We reviewed care records relating to two people who used the service and other documents central to

people's health and well-being. These included staff training records, recruitment records, medication records and quality audits.

Is the service safe?

Our findings

Relatives of people who used the service told us that they were satisfied that people's safety was promoted and maintained. One relative said, "[Person] is as safe as they can be. In order for [person] to have a fulfilling life there are always risks attached and they do indeed have a fulfilling life, we are very lucky." Another relative told us, "I am really happy with the care that [person] receives, they are absolutely safe and we feel they are as well looked after as they were at home." A further relative commented, "We are confident that [person] is safe, happy and well cared for."

An external independent health professional told us, "I have never had a cause for concern regarding any person's safety."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for all areas of people's lives such as the risk of financial abuse, the use of wheelchairs, being transferred by means of mechanical hoist or the risks associated with scissors whilst having a haircut. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. Risk assessments were also used to support people to enjoy positive risks such as wheelchair rock climbing and canoeing.

Staff helped people to move safely using appropriate moving and handling techniques. People's support plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. Records showed and staff confirmed that they received training and refresher training to help ensure their skills and knowledge in this area was current. This showed us that people's safety and well-being was a priority for the staff and management team.

People, their relatives and staff all told us that there were enough staff consistently available to meet people's needs. The registered manager told us that the use of temporary staff cover had recently ceased and that this had a positive effect on the people who used the service as they preferred to receive their care and support from staff members that they knew well and trusted.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of four staff and found that all the required documentation was in place including two written references and criminal record checks.

People were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that medicines were managed safely. Records confirmed that staff received annual refresher training to help ensure their skills and knowledge were current. The registered manager and staff confirmed to us that staff competency to safely administer medicines was assessed six monthly and that there was arrange of weekly and monthly checks in place to help ensure people received their medicines safely.

Is the service effective?

Our findings

People's relatives told us that the care and support provided was appropriate to meet people's needs. One relative said, "On the whole we are really positive, [person's] quality of life has improved considerably since they started to use the service." Another relative told us, "The care team that support our [relative] are magnificent, loving and caring. They are responsive to the needs and care situations that arise. We feel that our [relative] is in very safe hands, enjoying a quality of life that we could not provide."

An external independent health professional told us, "I am always impressed by the high standard of care given to each individual by the staff. They maintain a high standard of professionalism at all times."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as training modules to meet people's individual needs such as epilepsy awareness and specialist support to receive nutrition and hydration.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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, the application procedures are called the Deprivation of Liberty Safeguards (DoLS).

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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding that because people who used the service received 1:1 support and supervision at all times in a supported living environment it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of the steps that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on people's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to individuals who used the service and were pending authorisation.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. People's weights were routinely monitored and we noted that these were stable. Some people who

used the service received their nutrition and hydration by means of percutaneous endoscopic gastrostomy tubes (PEG). Records showed, and staff members confirmed that training had been provided to help ensure they had the necessary skills and competency to provide people with the right support in this area. People were provided with a good choice of food and they were provided with support to help them choose the food they wished to eat.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One relative told us, "Staff support [person] to go to the GP with any concerns and then any follow up appointments that may result." Another relative said, "[Person] is fortunate as they have very few health needs but that said, if they do have any concerns they [staff] take [person] to the doctor." We noted that appropriate referrals had been made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Where people lived with specific health conditions such as epilepsy there was clear information how this affected individuals and what types of seizures they could experience. There was detail of actions that staff needed to take in response such as administer emergency rescue medicines or cooling the ambient temperature down.

Is the service caring?

Our findings

People's relatives told us they were happy with the staff that provided people's care and support. A relative told us, "Staff have affection for [person] and always treat them with respect." Another relative said, "I feel that the staff go above and beyond, they are amazing, they really are." A further relative commented, "They [staff] are really caring, it just oozes out of them. They really respond to the young people as individuals."

People's support plans had been written in a person centred way and reflected that the person was at the centre of their care and it was arranged around their individual needs. People's relatives told us they had been involved in developing people's support plans. The support plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives had been invited to attend monthly review meetings. Relatives told us that the staff were good at keeping them up to date with important events in people's lives. One relative told us, "We have regular communication with the staff and they respond to any concerns and requests promptly."

Relatives of people who used the service told us that staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One relative told us, "The staff love [person] and [person] loves them. They [staff] work daily to give [person] the best level of independence that they can achieve. Staff are imaginative in the ways that they seek activity and entertainment for [person], and seek to understand and respond to [person's] wishes."

Staff had developed positive and caring relationships with people they clearly knew well. A relative told us, "We have used the services of Scope for two years now to help with the care of my [relative]. I cannot fault them, they have been amazing and I wouldn't have anybody else look after [relative]. They are highly experienced and trustworthy and very caring. They cannot do enough when they look after [person] and I can relax knowing they will be well looked after."

Records showed that support staff took appropriate actions to alleviate people's distress and comforted people when they became upset. For example, daily records showed that a person had experienced pain and that in response staff had administered pain relief prescribed on an as needed basis. Records showed that this had a positive effect and the person had indicated that they were comfortable.

Is the service responsive?

Our findings

People's support plans were sufficiently detailed to guide staff how to provide person centred emotional support. For example, one person's support plan stated, "I cannot tell you what I would like verbally but I can use facial expressions to let you know if I am unhappy with something." There were photographs of the person indicating their pleasure or displeasure. The support plan went on to state, "At times I can get upset and may cry. I need support to reassure and comfort me. During this time I will not be able to listen to any choices and if possible the best thing is for me to get out of my chair, go onto my bed and have calm music playing."

Support plans were also sufficiently detailed to guide staff how to support people's specific physical care needs. For example one care plan clearly described how a person needed to have their specialised pillows positioned in order for them to be as comfortable as possible and to keep safe in bed. There were also photographs included to illustrate precisely what this should look like.

Support plans showed that people and their relatives were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter.

People who used the service were supported to take part in a variety of activities according to their individual wishes. One relative said, "Oh my goodness, I can't keep up with [person's] social life, they are very well integrated into the local community, the staff support [person] with taking part in Church activities, going to the theatre, going swimming and massage therapy." The relative also said, "[Person] is always well occupied at home too with various activities including pottery and music."

Records confirmed that there was a wide range of activities and stimulation provided for people. Staff documented people's response to the various activities and experiences they tried so that a personalised plan could be maintained for people based around things that they enjoyed and that evolved as their individual tastes changed or they became less engaged with a particular activity.

A bi-monthly newsletter was developed to share information with people's relatives about some of the activities that people enjoyed. For example, rock climbing, canoeing and a visit to a safari park. The newsletter also included question and answer sessions with new staff members to help people's relatives get to know them.

Concerns and complaints raised by relatives of people who used the service were appropriately investigated and resolved. Relatives told us that they would be confident to raise any concerns with the registered manager; however, we noted that there was no record maintained of minor concerns that had been raised verbally with the staff team. The registered manager reported that they had taken steps to introduce a mechanism for capturing this feedback. However this had been met with resistance from people's relatives because they felt that this contributed to an institutional approach which did not reflect that people received a service in their own homes. We discussed with the registered manager that staff could report

concerns directly to the office where records could be maintained to contribute to the on-going quality assurance process and contribute to drive forward improvements in the service.

Is the service well-led?

Our findings

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems.

People's relatives acknowledged that the registered manager had worked hard to achieve compliance with the regulations surrounding the provision of the regulated activity. However, they felt that the resulting impact was that people's home environment was at risk of appearing more as a care home than a private tenancy. One relative told us that the registered manager had listened to their concerns in relation to this and was working with them to find a compromise whilst ensuring that people's health, safety and wellbeing were appropriately safeguarded. One relative told us, "This is a delicate balance and sensitivity to need and compliance must be carefully considered."

The registered manager demonstrated an in-depth knowledge of the staff they employed and the people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising.

There were regular reviews of the service undertaken by an area manager. We reviewed records of these and noted that all aspects of the service were reviewed including observations of staff interaction with people who used the service and staff knowledge and understanding of key topics such as Mental Capacity Act 2005.

The registered manager received regular support and supervision from their line manager and was also supported to access peer support from other registered managers within the provider's organisation as well as through a local registered provider's association.

The registered manager maintained a service improvement plan which captured required improvement actions from a variety of sources including satisfaction survey responses, routine audits and meetings with relatives. The improvement plan evidenced actions to be taken by whom and the required timescales. For example, one relative told us that they felt people who used the service would benefit from more support through technology and that accessing this support had been an ongoing issue. The service improvement plan evidenced where the registered manager had repeatedly requested support from the provider's IT department with a positive outcome that an assessment had been booked.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, medicine audits and fire safety checks. We noted that where any shortfalls had been identified through this system of audits actions had been

undertaken address the shortfalls. For example, routine audits had identified that there had been shortfalls in the recording of medicines. The registered manager identified actions for staff to follow and then regularly monitored practice to ensure that a safe system of medicine administration was undertaken. This showed us that the registered manager was committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service and their relatives. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. This showed that the provider had systems in place to support people and their relatives to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.