Scenario Management Limited

Scenario Management - Riversmede

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

This inspection visit took place on 25 January 2017 and was announced.

At the last inspection in September 2015 we asked the provider to take action to make improvements because we found a breach of legal requirements. This was in relation to people being deprived of their liberty for the purpose of receiving care without lawful authority. We also made recommendations to improve health and safety, person centred care, consent and capacity and governance of the service. The provider sent us an action plan saying how they would meet the legal requirements and recommendations. During our inspection visit on 25 January 2017 we found these actions had been completed.

Scenario Management Limited is registered as a domiciliary care agency which provides a supported house for people with learning disabilities and behaviour that challenges. Staffing is provided 24 hours each day to support the people living in the supported house. At the time of the inspection visit there were three people who lived in the house.

A registered manager was in place. 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.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and understood the process and procedure to follow.

We asked one person who lived at the house and relatives whether they felt safe being supported by Scenario Management - Riversmede. One person said when asked if they felt safe, "Yes I do." A relative said, "I know [relative] going to be safe and well there."

Risk assessments were in place and now reviewed on a regular basis to ensure people were safe. Where potential risks had been identified the action taken by the provider had been recorded.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

There were appropriate numbers of skilled staff deployed to meet the needs of the three people who lived at the house. Staff had been safely recruited and were supported by the management team with regular supervision and access to training courses.

We looked at how medicines were administered. We found procedures followed were safe. The management team ensured only staff that had been trained to manage and administer medicines gave them to people

The manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Staff showed a good knowledge of the people they supported and their capacity to make decisions.

Staff we spoke with were able to describe how individual people preferred their support to be delivered and the importance of treating people with respect. One staff member said, "You have to be patient and talk slowly, we have developed ways to communicate with each other and get along great."

People were provided with support to be as independent as they wanted to be. For example staff provided guidance and support for a person to help in the kitchen and dining area. One staff member said, "It is hard but [person who lived at the house] really enjoys helping out."

We found people had access to healthcare, mental health services and social care professionals and their healthcare needs were met.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included staff meetings, meetings with health and social care professionals and quality audits.

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.

Staff had a good understanding of protecting people from abuse or potential harm. People said they felt safe when supported.

Recruitment procedures were followed to ensure suitable checks for potential staff had been carried out, prior to commencement of employment.

Staffing levels were sufficient to ensure people received a reliable and flexible service.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Medication was stored and administered safely.

Is the service effective?

Good

The service was effective.

The registered manager provided staff with training to underpin their role and responsibilities. They also guided staff to the principles related to the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People who lived in the supported house were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with

people's wishes.

People who lived at the house and advocates were involved in care planning, which was evidenced in care records.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

We observed staff engaged with people in a meaningful way. We found staff promote independence and provided people with choices in their social life.

The registered manager had a variety of systems to check and manage people's complaints and concerns.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Scenario Management - Riversmede

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 checked 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.

This inspection visit took place on 25 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a care service to people who lived in a supported house. We needed to be sure that we could access the premises.

The inspection team consisted of an adult social care inspector.

During our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we spoke with one person who lived at the home, a relative, social work professionals, five staff members and the manager. The registered manager was not available on the day of the inspection visit.

We looked at the care records of two people, recruitment records of two support workers, training records for staff and records relating to the management of the service. We also had contact with the commissioning department at the local authority and local safeguarding teams. This helped us to gain a balanced overview of what people experienced who were supported by the service.

Good

Is the service safe?

Our findings

At the last inspection in September 2015 we found risks when delivering people's care had not been sufficiently managed to avoid harm. This was because staff did not manage risk in the least restrictive way. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) regulations 2014 because the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority.

During this inspection visit we found care plans had risk assessments completed to identify the potential risks were less restrictive. For example emphasis was aimed at promoting independence for people whilst reducing restrictions. One staff member said, "We try and encourage as much as possible people to be more independent such as car travel and use normal seat belts." Risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

Since the previous inspection staff had attended training for behaviour that challenged. For example 'positive behaviour support' (PBS) and discussed strategies for physical intervention techniques with social work professionals had taken place. Staff told us they had a lot of input provided by training courses. Also social work professionals had provided guidance. This was to enable staff to develop skills to be more confident when supporting people who displayed behaviour that challenged. One staff member said, "We have learnt a lot the past year or so in how to help people when they become anxious or aggressive."

Staffing levels had been changed following consultation with staff. Long hours had been reduced and more suitable to support people who lived at the home. One staff member said, "Much better now and more suitable for the residents." Another said, "We have more time with extra staff on duty sometimes." One person who lived at the home said, "I like going out with [staff member] on my own."

We spoke with people about the service they received and what life was like living in the house supported by staff. A relative said, "It is fantastic they have been great with [relative]. I know he is going to be safe and well there." One person who lived at the house when asked if they felt safe said, "Yes I do."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the management team and staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. Discussion with the manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

We looked at recruitment processes the service had in place. We found checks were in place that were

required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. Staff members we spoke with about recruitment told us they had completed all checks that were needed before they commenced their employment. We looked at two staff recruitment files where the person had been employed in the last 12 months. We found required checks were completed.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use.

We checked to see if medicines were managed safely. Care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

We looked at how medicines were administered. The management team ensured only staff that had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

At the last inspection the management team had only partial understanding in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). As people lived in a supported house any applications were to go to the Court of Protection. There was evidence senior staff were liaising with the local authority over the restrictions in place for people and applications to the Court of Protection but the applications had not yet been made.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

We spoke with the manager about the Mental Capacity Act 2005 (MCA). 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 for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely. Training records seen confirmed the registered manager and her staff had completed training to help them understand the principles of the Mental Capacity Act, 2005.

People who lived in the supported house and their relatives felt people's needs were being met and confident of the staff team. They felt staff were knowledgeable and provide good effective care. A relative said, "I know they are well trained and know exactly how to help people like my [relative]."

Staff continued to have good access to training and were encouraged to develop their skills and knowledge by obtaining professional qualifications. This was confirmed by documentation we looked at and talking with staff members.

One person who lived in the house we spoke with about meals and snacks said, "Love them." A relative when asked about the food provided at the house said, "I know [relative] is well looked after in that department. He has lots of choice and good healthy options." Staff made sure people's dietary and fluid intake was sufficient for good nutrition. As part of promoting independence by enhancing people's living

skills, people were encouraged to help out in the kitchen area if that was their choice. One staff member said, "It is hard but [person who lived at the house] really enjoys it helping out."

People's care records included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People also received visits from community learning disability professionals and physiotherapists.

Good

Is the service caring?

Our findings

We visited the house where the three people were supported by the service. We spoke with one person who lived there who when asked if the staff were caring and kind said, "Yes very kind. They look after me." A relative we spoke with said, "It is the best place for [person] the staff are amazing, kind considerate and caring." We observed in the morning of our visit a staff member going through the routine of the day with one person who lived at the house. We saw the person who lived at the house was excited and looking forward to going out with the staff member.

Two people who lived at the house were dressed and going about their normal routines when we arrived in the morning. We observed staff interacted frequently and enthusiastically with both people. People were not left without support and staff were attentive, responding to any requests for assistance promptly. One staff member was engaged in conversation with a person describing what was going on in the morning and being patient and waiting for responses. One staff member said, "[Person] is excited and looking forward to going out."

We were told where possible people were matched to staff who had similar interests or hobbies to them. For example a member of staff who enjoyed walking supported people who liked walks in the countryside on activities. A staff member said, "We find common interest and that develops good relationships."

We looked at care records of one person and found a person centred culture which encouraged people to express their views. Some documentation was documented in picture format to ensure people understood the content of care files. We saw evidence people had been involved in developing their care plans. For example people's wishes and choices had been written down in their own format. Also people had signed to say they agreed with their care plans. This demonstrated people were encouraged to express their views and consent to how their care and support was delivered.

Care records of individuals contained information about people's current needs as well as their wishes and preferences. Each person had a communication assessment. This highlighted preferred communication methods and staff adapted according to each individual. One staff member said, "We have had training in different communication methods and we develop ways to communicate with people better. This means we get to know one and trust one another it helps a lot." We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. We found in care records we looked at where the advocacy service had been used to support a person. Advocates had been involved in decisions and best interests meetings. Staff had contacted the advocacy service to provide an independent voice to advocate on behalf of people who lived in the supported house.

Good

Is the service responsive?

Our findings

Although we had little discussion with people who lived at the house we found people were encouraged to make decisions themselves. In addition to be responsible as much as possible to make choices with staff support when required. For example one person had wanted to visit a local farm, and this was arranged. A relative we spoke with said, "[Relative] gets to choose where they go at times he loves it."

More activities had been arranged for afternoons and evenings to suit individual needs. For example going out for a fish and chips and local pub lunches/teas. Extra shifts for staff had been implemented so that more variety of choice and activities were arranged for people. One staff member said, "We go out more often it suits people well."

Lots of activities were on offer for example trampolining, walks, visits to local parks and cafe visits. People were able to follow their own individual interests. For example one person enjoyed going to a local boating lake and staff accommodated the person. Staff told us they had enough personnel for people to follow their interest or spend quality time with them.

Care plans we looked at were detailed and provided a good level of information about people's individual needs, wishes and what was important to them. They were in picture format so that people who lived at the house could be involved in planning their care. This supported staff and the management team to provide care that was centred on the individual. Staff we spoke with demonstrated a good knowledge of the needs of people who lived at the house.

Each person had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We found staff had developed communication methods such as 'Makaton'. This was a way of understanding people better and being able to communicate to each other. One staff member said, "We have been here for many years and found ways of understanding people well and knowing which preferred methods of communication suited each other."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

A relative we spoke with about complaints told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One relative said, "We were given information about complaints and I know who to say what to should I have any complaints. Never had to they do a great job looking after [relative]."

Good

Is the service well-led?

Our findings

We received positive comments from relatives and health professionals about the management team and the way the service was led. Staff members spoken with said they were happy with the management team and the way they were supported. Comments included from a relative, "Great home and a good manager to steer the ship." A staff member said, "No problems with the way the place is run. It is well organised and people know what they are doing."

The management team and staff had regular informal chats with people and their families about what they wanted from the service and how they should improve. This meant people's views were heard and relatives were kept up to date with any information or changes with their family member.

Staff spoke positively about the support they received from the management team. Comments included, "[Manager] is always around and there for help and support." Also, "Both [registered manager] and [manager] are very good you don't feel you are without any management. If you have to speak to [manager] they are always willing to listen and take time out to talk with you."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager and manager worked with them and showed commitment and organisation. Staff told us they felt the service was well led. They all worked together to provide a good service for people who lived at the house. One staff member said, "Good management and good staff make for a happy environment." Another staff member said, "We all get along great we have a good staff team."

The management team had developed their auditing of the service. For example regular audits had been completed that included, medication and monitoring the environment and equipment. Any issues found on audits were acted upon and any lessons learnt to improve the service. For example an audit of the premises had identified a health and safety concern. This was sharp objects on tables that may put people at risk of an accident. The manager had dealt with the problem and the audit had been signed off as completed. This showed the provider had systems in place to monitor and improve the quality of the service.

Staff meetings were held approximately every four months. Staff we spoke with told us they were productive and useful. The last meeting was documented and took place in January 2017. One staff member said, "We talk all the time with this being a small home however formal meetings are good and gives us a chance to discuss things as a group."

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the management team had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager had taken the appropriate action.

The service had on display in the house their last CQC rating, where people visiting the home could see it.

This is a legal requirement from 1 April 2015.