

## Scope

# Warrington Road

## 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 

## Overall summary

This inspection was unannounced and took place on the 23 March 2015. A second day of the inspection took place on the 24 March 2015 in order to gather additional information.

The home was previously inspected in August 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Warrington Road is a purpose built care home located in Widnes. It offers accommodation and personal care for up to 12 people who have a physical disability. At the time of our inspection the service was providing accommodation and care to 11 people.

The service consists of four bungalows, each of which accommodates three people. Each bungalow is fully adapted to meet the needs of people with a physical disability and is equipped with a lounge, three bedrooms,

# Summary of findings

laundry room, dining and kitchen area, shower facility and bathroom. The service is located within easy access of the local amenities. The home is owned by a housing trust and managed by Scope.

At the time of the inspection there was a registered manager at Warrington Road. 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.

During the two days of our inspection, people living at Warrington Road were observed to be comfortable and relaxed in their home environment and in the presence of staff.

The registered manager and staff spoken with demonstrated a good awareness of the diverse needs and preferences of the people living at Warrington Road and how best to provide person centred care and support for people. Staff were seen to be patient, respectful and caring when communicating and interacting with the people they cared for. It was clear through facial expressions, gestures and / or verbal responses that the people using the service were comfortable and happy in the presence of staff.

People using the service and relatives spoken with were complimentary of the standard of care provided at Warrington Road.

Comments received from people using the service included: "They [staff] have on-going training, they're skilled and experienced enough to support me"; "The key worker system is effective and sorts everything out"; "All the staff are approachable and friendly, it wouldn't work if they weren't."

Staff confirmed they had access to a range of induction, mandatory and other training that was relevant to their individual roles and responsibilities. Staff spoken with also reported that they had received supervision, observations and appraisals at regular intervals.

We saw that there were corporate policies and procedures in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS). This helped to safeguard the rights of the people using the service. At the time of our visit none of the people using the service lacked capacity.

We found that the provider had established a range of methods to assess the quality of the service provided to people. These included audits on areas such as the care files, individual finances and staff training.

# Summary of findings

## 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 safe.

Policies and procedures were in place to inform staff about safeguarding vulnerable adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People spoken with at Warrington Road confirmed that they felt safe from harm whilst living in the home.

Risk assessments had been developed so that staff were aware of current risks for people who lived in the home and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

The arrangements for managing medicines were safe. Medicines were kept safely and stored securely.

Good



### Is the service effective?

The service was effective.

Staff at Warrington Road had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

People living at Warrington Road received access to a range of health care professionals (subject to individual need) from various health care professionals.

Information on people's dietary needs, weights, health and individual preferences had been obtained as part of the care planning process to ensure the dietary needs and wishes of the people using the service were accommodated and planned for.

Good



### Is the service caring?

The service was caring.

The registered manager and staff spoken with demonstrated a good awareness of the diverse needs and preferences of the people living at Warrington Road and how best to provide person centred care and support for people.

Systems were in place to gather feedback from people living at Warrington Road via the keyworker process. This fed into the care planning process and focussed on a range of issues that were personal to each individual their personal goals, wishes and aspirations for the future.

Good



### Is the service responsive?

The service was responsive.

People received care and support which was personalised to their wishes and responsive to their needs.

Good



# Summary of findings

Complaints policy and processes were in place to record and respond to any complaints received. People spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

## Is the service well-led?

The service was well led.

Warrington Road had a registered manager. The registered manager and her senior staff were present during our inspection. It was clear that her style of management promoted transparency, openness and involvement.

Systems were in place to audit and monitor the operation of the service.

**Good**



# Warrington Road

## 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 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.

The inspection took place on 23 March 2014 and was unannounced. A second day of the inspection took place on 24 March 2015 in order to gather additional information.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people living with a physical disability.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Warrington Road. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Warrington Road. We took any information provided to us into account.

We met with the registered manager of Warrington Road and spoke with five staff and two team coordinators. The expert by experience also spent time talking with ten people in the communal lounges or in their bedrooms with their consent.

We looked at a range of records including: two care plans; two staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided at Warrington Road to be safe.

People spoken with confirmed they felt safe and secure at Warrington Road and were well-supported by staff who had the necessary skills to support them. Comments received included: “Yes I feel safe. It’s comfortable, staff are great. There’s a nice atmosphere” and “I like it here and I’m safe.”

We looked at two personal files for people who lived at Warrington Road and we saw that they contained a range of risk assessments relating to different areas of care relevant to each person. This helped staff to be aware of current risks for people using the service and the action they should take to minimise potential risks.

We saw that staff had recorded people’s weights on a monthly basis so as to identify any health and nutritional risks. We noted that action had also been taken to involve health care professionals such as dentists; GPs; opticians; district nurses and chiropodists when necessary.

At the time of our inspection the service was providing accommodation and care to 11 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the numbers of staff on duty.

The registered manager informed us that staffing levels within each of the four bungalows had been set by the provider at a minimum of one member of staff to three people during the morning and afternoon. At night there were two waking night staff on duty covering the four bungalows. A centralised nurse call system was in operation which all the bungalows were linked into. This enabled night staff to identify and respond to the needs of people throughout the night.

We noted that the registered manager and the team coordinators were supernumerary unless required to work at the weekend. There was an on-call system also in place outside of office hours and at weekends. This provided the staff team with additional help and support should the need arise.

At the time of our inspection there was no staffing / dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed.

This issue was raised with the registered manager during our inspection as some people using the service were of the view that the service needed more staff to enable people using the service to access their local community and social activities more frequently following the closure of a day centre.

The registered manager informed us that the regional director had developed a new formula which had identified the need to increase the staffing establishment by an additional three support worker posts amounting to a total of 64 extra hours per week based upon full occupancy levels. The manager reported that the service was also trying to recruit to two vacant posts and was confident that following the appointment of new staff the service would be able to address the social needs of people more effectively.

We looked at a sample of two staff files for the most recently employed staff in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. In all files we found that there were application forms, references, health declarations, disclosure and barring service checks and proofs of identity including a photograph. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at Warrington Road. This helped protect people against the risks of unsuitable staff gaining access to vulnerable adults.

The registered provider (Scope) had developed internal policies and procedures to provide guidance to staff on ‘Adult at Risk Safeguarding Procedures’ and ‘Whistle Blowing’. A copy of Halton Borough Council’s Inter-agency safeguarding procedures was also in place for staff to reference. Easy read documents had also been produced by Scope and the local authority to help people using the service understand how to raise a safeguarding alert.

Discussion with the management team and staff together with examination of training

records confirmed the majority of staff had completed ‘safeguarding’ training which was refreshed every three years. When we talked with staff they confirmed that they had received this training which was included in their induction.

The management team and staff spoken with demonstrated a satisfactory understanding of the concept

## Is the service safe?

of abuse, awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated knowledge and understanding of how to whistle blow, should the need arise. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months nor had the Commission received any negative comments or complaints about the home.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding file for Warrington Road. We noted that there had been one safeguarding incident in the past 12 months. Records confirmed that the incident had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

We checked the arrangements for the management of medicines at Warrington Road with a member of staff. At the time of our inspection a list of staff responsible for administering medication, together with sample signatures could not be located. The registered manager assured us she would make arrangements to replace the missing sheet to ensure best practice.

We viewed a sample of medication administration records (MAR) charts and noted that photographs of the people using the service had been attached to MAR to assist staff in the correct identification of people who required medication.

We also checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that the provider had developed a corporate medication policy to provide guidance to staff. Localised medication procedures were also in place to provide additional guidance.

Medication for people using the service was stored in each person's bedroom within a lockable cupboard. Separate storage facilities were in place for medication requiring cold storage.

We saw that a record of administration was completed following the administration of medication in each instance on the medicines administration record (MAR). Likewise, records of medication returns were maintained.

Records viewed were generally completed to a satisfactory standard however we did note one error with the administration of a drug named Warfarin. This was raised with the manager during our visit so that action could be taken to prevent further errors being made and to develop the medication audit tool.

We noted that systems were in place to periodically monitor and review the competency of staff responsible for administering medication. Likewise, training records viewed confirmed that that staff responsible for the management and administration of medication had completed administration of medication training.

At the time of our inspection only one person self-administered their medication. Systems were in place for support plans and risk assessments to be completed to ensure the health and safety of people wishing to self-administer was safeguarded.

# Is the service effective?

## Our findings

We asked people who used the service if they found the service provided at Warrington Road to be effective. We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider.

Comments received included: “They [staff] have on-going training, they’re skilled and experienced enough to support me”; “The key worker system is effective and sorts everything out”; “All the staff are approachable and friendly, it wouldn’t work if they weren’t.” and “If I need the doctor they [staff] get him for me. I am also supported to go to the dentist and optician when I need to”.

People using the service spoke well of the food at Warrington Road and considered there was enough choice and variety of wholesome nutritional food. Comments received included: “The food is good quality. We can have whatever we want – proper meals. Sometimes I choose to eat on my own”; “The food is good. They [staff] ask what I want” and “The food is very nice. We have roast on Sundays”.

Examination of training records together with discussions with staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. Staff spoken with also reported that they had also received supervision, observations and appraisals at regular intervals and this was evident from records viewed. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any additional training needs.

Staff spoken with reported that they had received induction training via the provider which included an induction to the job they would be doing. As part of this process new staff shadowed existing staff members and were not allowed to work unsupervised. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own).

Training records viewed confirmed staff had completed a range of training such as: induction; manual handling;

health and safety, fire; food hygiene, infection control, medication, adult protection, first aid; end of life and National Vocational Qualifications. Refresher training was also available periodically.

Other training available to staff included: person centred care; professional boundaries; dignity and respect; communication; mental capacity; challenging behaviour; mental health awareness and equality and diversity.

We checked the records of training and found that there was generally a high level of completion. Significant gaps were however noted for mental capacity, mental health and equality and diversity training. We also noted that staff were in need of refresher training in moving and handling and that this training had been booked for all staff.

Additionally, records were not available to confirm which staff had been trained by a health care professional. For example to obtain a sample of blood to test blood sugar levels or to assist with catheter care. The manager assured us that she would update the training record to reflect which staff had received additional training to undertake these procedures, together with any other specialised training.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures had been developed by the provider to offer guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and DoLS.

No formal mental capacity assessments had been completed and nobody using the service was subject to a DoLS at the time of our inspection. The manager informed us that all of the people using the service had capacity to make day-to-day decisions.

Warrington Road consisted of four separate bungalows; each had its own kitchen facilities. Menus and shopping for food were planned and undertaken with the people who lived in each bungalow.

## Is the service effective?

Information on people's dietary needs, weights, health and individual preferences had been obtained as part of the care planning process to ensure the dietary needs and wishes of the people using the service were accommodated and planned for.

Given the diverse needs and preferences of the people living at Warrington Road, there was a need for flexibility in menu planning. We observed people had access to drinks and snacks throughout the day and were supported by staff to cook meals in accordance with their wishes and preferences.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: dentists; GP's; opticians; district nurses and chiropodists etc subject to individual needs.

# Is the service caring?

## Our findings

We asked people who used the service if they found the service provided at Warrington Road to be to be caring.

Feedback received was positive and confirmed people spoken with were of the opinion that the service they received was caring. For example, we received comments such as: "It's comfortable here. The staff are great. There's a nice atmosphere. It's five star care"; "The staff are all kind and caring. All very, very nice"; "If I'm not happy I can talk to the staff" and "Staff are kind".

We spent time with people living at Warrington Road over the two days of our inspection.

We observed people to be clean and well cared for by staff that were attentive and responsive to their individual needs.

The registered manager and staff spoken with demonstrated a good awareness of the diverse needs and preferences of the people living at Warrington Road and how best to provide person centred care and support for people. Staff were seen to be patient, respectful and caring when communicating and interacting with the people they cared for. It was clear through facial expressions, gestures and / or verbal responses that the people using the service were comfortable and happy in the presence of staff.

People using the service who were spoken with also confirmed they were treated properly by the staff who supported them.

Staff told us that they were given time to read information about people such as their care and support plans, 'about me' information and risk assessments. This helped staff to gain an understanding of people's backgrounds and what was needed to help each person and how they would like this to be done.

Systems were in place to gather feedback from people living at Warrington Road via the keyworker process. This

involved a monthly meeting between the staff member allocated to each person using the service and the person themselves. This fed into the care planning and review process and focussed on a range of issues that were personal to each individual including their personal goals, wishes and aspirations for the future.

We asked staff how they promoted dignity and privacy when providing care to the people who lived at Warrington Road. Staff spoken with told us that they had received training on the principles of person centred care as part of their induction training and training in dignity and respect. Staff were able to give examples of how they promote good care practice such as knocking on doors and waiting for permission before entering people's rooms; asking people how they wished for care and support to be delivered before offering assistance and promoting independence.

A number of bedroom doors were open in each of the bungalows at Warrington Road. It was therefore evident to see that people using the service had been supported to personalise their rooms with personal possessions and memorabilia.

The provider had developed a range of information including a service user guide for the people living in the home. The document was also available in an easy read format if necessary. The document provided people with information on issues such as daily life and social contact, involvement and information and how to raise a complaint.

We found the registered manager and staff had a good knowledge of the staff team and the people who lived at Warrington Road, for example their personalities, needs and support requirements.

We saw that personal information about people living at Warrington Road was stored safely and securely which means that they could be sure that information about them was kept safe and confidential.

# Is the service responsive?

## Our findings

We asked people who used the service if they found the service provided at Warrington Road to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual needs.

Comments received included: “They [staff] treat me as an individual”; “I’m encouraged to do what I want to do. If I want to see a show that’s on say from 8pm to 11pm they [staff] make sure I can get there”; “When I moved in they [staff] asked me about relationships and so help me to maintain them”; “If there’s something they [staff] can’t do for me they find someone who can”; “They’re [staff] very supportive emotionally and they always listen”; “I have specific 1:1 hours which are defined by the social worker”; “In the morning when I want to get up I use the call bell. The response is good”; “If I’m not happy I can talk to the staff”; “They [staff] don’t just come in my room. They come when I want them”; “We go out when we can, depends on staff rotas. It’s about once a week”; “I like it here sometimes, but not when I can’t get out” and “I’m supported to go into the local area and helped to access the local college.”

We asked permission to view the personal files of two people using the service. After obtaining consent, we looked at the content of each file in order to review the information and the standard of record keeping.

Files viewed contained a range of information that had been developed by the provider. For example, we saw copies of support plans, ‘about me’ information; risk assessments; health action plans and health records; personal information and person-centred plans. A range of supporting documentation was also in place to help staff reading the information to understand the help and assistance that people using the service required.

We noted that different documents were in use in each file, gaps in the information recorded and delays in the monthly review periods for one record. The registered manager informed us that the service was in the process of updating files with new documentation and was working towards the

development of more person-centred records. We saw an example of this documentation. (Person-centred approaches place the person using the service at the centre of planning rather than the service).

People spoken with confirmed they were supported to access their local communities and to engage in activities of their choice. Activities were discussed on an individual basis with the people using the service and included participating in practical tasks such as shopping for food or personal items; cooking and housework and social activities or interests.

People spoken with confirmed that they had participated in different activities such as bingo, trips out, holidays, accessing their local communities and meeting up with other service users at each other’s houses. However some people spoken with reported that they felt there was potential for more activities. Some staff spoken with also acknowledged that there was not a lot of social activity time for people using the service following the closure of a local day centre. This was raised with the registered manager who agreed to act on the feedback and assured us that the service was due to receive additional staffing resources to improve the situation.

The provider had developed a complaints policy. A compliments, comments and complaints guide was also available for review. We were informed that an easy read version of the complaints procedure was in the process of being developed by the provider.

We reviewed the complaints file. There were no complaints recorded in the folder only compliments regarding the service. The registered manager reported that all complaints regarding the service were logged on a central database. At the time of our inspection it was not possible to access the database. We were informed that there had been one complaint in the last 12 months and this information was consistent with the information we received via the provider information return which indicated that the complaint had been resolved.

People spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

# Is the service well-led?

## Our findings

We asked people who used the service if they found the service provided at Warrington Road to be well led. We did not receive any comments but people confirmed they were happy.

Warrington Road had a registered manager in place who had been in post since January 2014 and registered with CQC since October 2014.

The registered manager was present during the two days of our inspection and was seen to encourage two team coordinators, staff and people using the service in the inspection process.

People spoken with confirmed they had a good relationship with the registered manager, care team coordinators and the staff team. Through discussion and observation it was clear that there was good interaction and engagement with the people using the service and staff responsible for the delivery of care.

Records held by CQC confirmed that CQC had received no information of concern from people using the service, their representatives or third parties since the last inspection. Likewise, CQC had not received any concerns from whistle-blowers.

The local authority last completed a quality assurance monitoring visit in September 2014. No major concerns were noted regarding the service which was rated good following the visit.

The provider had produced a guide to 'quality and practice improvement in Scope' to outline the different systems and activities in place to promote, monitor and deliver person centred care.

We noted that systems were in place to seek feedback from people using the service, their representatives and staff on an annual basis. This process had last been completed during July 2014. A summary of the results and an action plan had been produced which outlined the action that would be taken by the service in response to constructive feedback.

We noted that customer meetings took place with people using the service on an on-going basis to ensure people had opportunities to provide on-going feedback on the service provided by Scope.

Staff meetings also took place periodically and staff spoken with reported that they had accessed formal supervision meetings and appraisals with their line managers. Staff spoken with were positive about the manager, the service and the quality of care being provided. We observed interactions between the manager, staff and people using the service during the inspection and noted that people were relaxed and at ease with each other.

The registered manager of Warrington Road was required to notify the CQC of certain significant events that may occur such as deaths; serious injury notifications and abuse or allegations of abuse. Where the commission had been notified of incidents we were satisfied that the manager of Warrington Road had taken appropriate action. This meant the manager was aware of and had complied with the legal obligations attached to the role of the registered manager.

We noted that a business continuity plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place.

These included: quarterly regional director and monthly area manager visits together with the completion of a monthly 'compliance tool'. This tool focussed on eight outcome areas which included: 'understanding the people who use our services'; 'realising the aspirations of the people who use our services'; 'Information, involvement, choice and control'; 'Independence, safety and confidence'; 'living like everyone'; 'partnership' working and 'quality organisation'. The outcomes were broken down into key areas which enabled the registered manager to maintain an overview of the service and to identify issues requiring attention across a range of areas including: risk assessments; medication; individual finances and staff training.

The registered manager was then expected to submit the information to Scope's head office. This was then analysed and the team coordinator was sent a report of the findings. If action was needed a plan was drawn up and the issues addressed in a timely manner.

Other systems in place to monitor and develop the performance of the service included a self-assessment tool; service dashboard reports; complaints, concerns and compliments monitoring system and service improvement plans.

## Is the service well-led?

We checked a number of test records relating to the fire alarm, fire doors, emergency lighting and smoke detectors and found that checks had been undertaken at regular intervals. Likewise, we sampled a number of service certificates for the fire alarm system, fire extinguishers; gas safety; portable appliances and hoisting equipment and found all records to be in order.

We also looked at the periodic electrical wiring test certificate which had last been completed in December 2006. Given that five years had passed since the last test we

asked the manager to check whether a re-test was required or had been completed as there was no recommended retest date on the certificate. The manager assured us that she would follow this matter up.

A statement of purpose was available for reference which outlined the aims and objectives of the service. Likewise, the organisation had had produced information on the vision of the service and the purpose and beliefs. The registered manager and staff spoken with demonstrated a sound understanding of the organisation's vision and their individual roles and responsibilities.