

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

What life is like for people using this service:

People who lived in supported houses provided by Scenario Management and relatives felt confident in the management team and how the service operated. There were sufficient staffing levels that afforded people responsive and dignified support that allowed people to follow their interests and daily life.

The management team had safe recruitment procedures to ensure staff were suitable to work with vulnerable adults. We saw staffing levels matched each person's requirements to maintain continuity of care and provided support for people to follow their choices in day to day living and the local community.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

Risk assessments provided instructions for staff members when they delivered care for people supported within the houses and when out in the community.

Care records we looked at were of a good standard, detailed and personalised to the person's needs and wishes. There was evidence of a multi-disciplinary approach to create a detailed plan so that people who lived in supported housing had support from health and social care professionals.

People supported by the Scenario Management were treated with respect by caring staff. This was confirmed by people we spoke with who lived there and a relative. Comments included, "[Relative] has come on so much since being here they do so much with him." Also, "They have been so good and kind to me since being here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We discussed the principles of the MCA and consent with staff and found they had a good awareness.

We found Scenario Management had systems in place to ensure they met people's diverse and cultural needs. Those who lived in supported housing told us staff and the management team respected their customs and their way of life. Care records we looked at evidenced people and where appropriate relatives were fully included in their support planning.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included staff meetings and auditing of the service. This enabled the service to be monitored and improve areas that were identified through their quality monitoring processes.

The service worked in partnership with other organisations to ensure they followed good practice and

people in their care were safe.

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 02 March 2017).

About the service:

Scenario management Limited is registered as a domiciliary care agency which provides supported housing for people with learning disabilities and behaviour that challenges. Staffing is provided 24 hours each day to support the people. They also provide an outreach service to people in the local community.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

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.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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 team • Consisted of an adult social care inspector.

Service and service type • This service provides personal care to living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. In addition, they provide outreach support for people who live in the local community. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection • This comprehensive inspection visit took place on 09 January 2019 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who live in supported housing. We needed to be sure that we could access the premises and people would be available.

What we did preparing for and carrying out this inspection • Before our inspection we completed our planning tool and 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 supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the

service had been received. We contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced living at Scenario Management.

As part of the inspection we used information providers sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. At the time of the inspection the registered manager was in the process of completing the PIR having received it in January 2019.

During the inspection visit we spoke with a range of people about Scenario Management. They included two people who lived in supported houses, the registered manager, service manager and six support staff members. We also spoke with one relative/friend of a person who lived in supported housing.

We looked at records relating to the management of the service. We did this to ensure the registered manager had oversight of the service and they could respond to any concerns highlighted or lead Scenario Management in ongoing improvements. We also looked at staffing levels, recruitment procedures and medication. We checked care records of one person who lived in a supported house and documents related to the safety of people at Scenario Management.

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes

- Staff demonstrated they had a good awareness about protecting people from and reporting abuse or poor practice. The service had the same procedures as the previous inspection in place for reporting allegations of abuse. The registered manager provided relevant training to strengthen staff skills and staff confirmed this.
- The management team completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. Risk assessments provided instructions for staff members when they delivered care for people supported within the houses and when out in the community.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans we looked at contained explanations of control measures and had indicators of what to look for that would identify a person at risk in certain situations. This helped staff to keep people safe and reduce risk of incidents. A staff member said, "Our risk management strategies are second to none here. I have to say they are very informative and help a lot in supporting people."

Staffing levels

- We looked at how the service was staffed and found appropriate arrangements were in place as the previous inspection. One to one care and at times two to one support was provided. Staff told us there were no issues with staffing levels and deployment of staff in the supported houses.
- The registered manager had the same good systems for recruiting staff in place from the previous inspection. One recent recruited staff record we looked at confirmed this.

Using medicines safely

- We looked at medication records and found people's medicines continued to be managed safely. Staff who administered medication did so at the correct time they should and had received appropriate training. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.
- Where people were prescribed medicines to take 'as and when required' there was detail to guide staff on when to administer them. The registered manager had good systems and up to date records in line with current good practice.

Preventing and controlling infection

- If required there was sufficient personal protective equipment, such as disposable gloves to maintain good standards of infection control within the supported houses.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means people's care, treatment and support achieved good outcomes and promotes a good quality of life based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff applied learning effectively in line with best practice. This led to a good service for people who lived in supported houses and a good quality of life.
- Care records were regularly reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.

Staff skills, knowledge and experience

- We spoke with staff and found they had a wealth of experience and were competent, knowledgeable and skilled. One staff member said, "Great company to work for. I am doing my National Vocational Qualification (NVQ) training. It is to level 3. I am also looking at sign language courses."
- The registered manager had a wide-ranging training programme to enhance and develop staff skills. This was confirmed by looking at the 2019 training programme and discussion with staff.

Supporting people to eat and drink enough with choice in a balanced diet

- People we spoke with said meals were of a good standard and choices were offered. People told us they enjoyed being involved in the preparation of meals and making their own snacks and drinks. One person who lived in a supported house said, "I like going shopping and choosing what we are eating."
- Care records held nutritional assessments and relevant guidance to assist staff to support people with meal provision.

Staff providing consistent, effective, timely care

- We found evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes.
- People received effective support from staff at Scenario Management because they were supported by trained staff who had a good understanding of their needs.

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager knew the process to safeguard people who did not have capacity.
- The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. However, the registered manager was aware of (DoLS) for people living in supported houses.

- Records we reviewed contained evidence to demonstrate care planning was discussed and agreed with

people and their representatives. Consent documentation was in place agreeing to care being provided. When we discussed the principles of consent with staff, we found they had a good level of awareness.

Adapting service, design, decoration to meet people's needs

- The management team had records and assessments completed to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about their communication needs. These included whether the person required sign language or other related communication methods. For example, staff told us they had developed ways of non-verbal communication with particular 'residents'. This was backed up by training and identifying future courses. Staff comments included, "We have different ways in sign when we know for example [person] wants something or how they are feeling at that time." Also, "With having a core staff that have been here for years we have developed ways in which we communicate with certain individuals and it works very well." The registered manager told they were looking to enhance communication needs of staff by accessing specific courses. This was to ensure staff had the skills to support people with particular communication difficulties."
- We visited supported houses and found personal belongings and furnishings were evident in individuals bedrooms. One person was keen to show us their room and said, "Do you like the way I have done things. It was my idea to organise my room the way I wanted."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives, we spoke with and by our observations confirmed staff were kind, caring, respectful and sensitive to their needs. We observed examples of staff caring attitude towards people. For example, one person was getting ready for a day out and the staff member discussed the routines with them and encouraged them to make their decisions about the day and where they wanted to go. They spoke at the same level with eye contact and reassuring tones. We spoke with the person who said, "I love it here and the staff are kind and caring, yes they are." A relative said, "[Relative] has come on so much since being here they do so much with him."
- Care records we looked at contained information in relation to each person's dignity and privacy. It was evident from care records and the attitude of staff was to ensure support planning was personalised and focused on retaining and promoting people's independence. A staff member said, "We do try and make people more independent it does make them feel better."

Supporting people to express their views and be involved in making decisions about their care

- Care records we looked at contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans. Also, what support was required to maintain and promote their independence.
- Records contained information about people's current needs as well as their wishes and preferences.
- There was information available about access to advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- It was clear from our observations when we visited the two supported houses and discussion with people who used the service, staff showed a good awareness of the importance of treating people with respect and maintaining their dignity.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- Staff and management team provided care and support that was focused on individual needs, choices and routines of people they cared for. People who lived in supported housing told us this. For example, a relative said, "[Relative] has come on so much. They make sure it is what he is interested in and they are brilliant at making sure he does what he likes to do."
- Care was personalised and centred on the individual. For example, details in care records highlighted how people wanted to spend their time and what their interests were and choices they preferred so that they could follow their hobbies. People who lived in supported houses we spoke with confirmed this.
- People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances. For instance, one person who lived in supported housing said, "I do like my [sport] and I am so glad they help me continue to enjoy that."

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service at present does not support people with end of life care. The service was in the process of sourcing appropriate awareness training for staff in end of life care to improve their knowledge and skills.

Improving care quality in response to complaints or concerns

- Information was made available to people that described how to make a complaint if they wished and relevant steps to follow. 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 the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. No formal complaints had been received by the service. A relative said, "We have had information about complaints but never had to raise anything."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed well led. Leaders and the culture they created promoted high-quality, person centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People who received care from the service and relatives explained how well they felt the service was operated by the management team. In addition, staff were happy in the way the registered manager was approachable and always available to discuss any issues or support required. One staff member said, "We are very organised and [registered manager] is available any time and provides great support. Also, senior staff are very good and that makes for a good team spirit."
- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and outside agencies who had involvement in Scenario Management.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We had received notifications of incidents and events that required attention as regulations stated. This showed the registered manager was aware of their responsibilities and knew their regulatory requirements. A senior staff member said, "We do know the requirements to report incidents that occur to CQC and other services."
- We found the service had clear lines of responsibility and accountability. The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. There was clear description of management and staff roles highlighted in the office area so that people were able to identify each person's role and responsibility.
- Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

Engaging and involving people using the service, the public and staff

- The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through regular informal discussions and one to one meetings with people who lived in supported housing.
- Staff meetings were held and regular spot checks at the supported houses were carried out to ensure the service was monitored and continued to develop. Staff told us they were useful and well attended and gave them opportunities to suggest ideas or voice opinions on how the service operated. A relative told us they were in regular contact with the registered manager and senior staff. They told us they were constantly requesting their opinions of the service and if they felt they could improve in any areas.

Continuous learning and improving care

- The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored Scenario Management. These for example included, medication, care records and the environment in the supported houses. This meant improvements could be made to continue to evolve and provide a good service for people.