

Scope

Scope Inclusion Calderdale

Inspection report

Hope Street Resource Centre
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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

We inspected Scope Inclusion Calderdale on 10 August 2015 and the visit was made at short notice to make sure the registered manager would be available.

Our last inspection took place on 17 October 2013 and, at that time, we found the regulations we looked at were being met.

Scope Inclusion Calderdale is a domiciliary care agency they specialise in providing care and support to children and adults in their own homes and supporting people to access education and leisure. They provide services to people with learning disabilities, physical disabilities or

mental health problems in the Calderdale area. At the time of our visit there were providing personal care and support to four people. They were providing a support service to a further 58 people, however, as they were not providing personal care this part of the service was not inspected.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service described it as 'outstanding' and told us they would recommend Scope Inclusion to anyone.

People who used the service told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff are 'matched' to the people they will be offering care and support to. A care package is never offered unless a staff team are in place to deliver personal care.

Staff told us they felt supported by the registered manager and that training opportunities were good. People and relatives we spoke with told us the staff were experienced and they had confidence in them. They also told us staff were respectful, friendly, understanding and caring.

The registered manager was motivated and passionate about people who used the service always coming first. This enthusiasm was shared by the management team and care workers.

People were fully involved in developing their care plan to ensure they received the care and support they needed and that it was delivered in the way they wished.

People told us they would not hesitate to raise any concerns and were confident any issues would be quickly resolved.

The registered manager told us, "The customer always comes first," and this was echoed by all of the staff we spoke with. This meant staff shared the same vision and values for the service. We found the culture of the service to be open, inclusive and empowering.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People using the service were asked for their views and staff were always looking for ways to improve the service.

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.

People were protected from harm. People had confidence in the service and felt safe when receiving support. Any risks were assessed and appropriate measures put in place to reduce or eliminate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work with children and adults were employed.

Good



Is the service effective?

The service was effective.

Staff received training appropriate to their job role which was continually updated. They also received supervision and felt supported and valued in their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to a person centred approach where people they supported always came first.

People who used the service valued the relationship they had with staff and expressed great satisfaction with the service. People were delighted with the consistency of the service and the way their care and support was delivered.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and support and care plans were kept up to date. People felt the service was flexible and based on their personal wishes.

People were aware of the complaints procedure and said they would be able to raise any issues with one of the management team.

Good



Is the service well-led?

The service was well-led.

The registered manager promoted strong values and a person centred culture, which were shared by other staff members. Staff were proud to work for the service and were always looking at ways they could improve it.

Good



Summary of findings

There were robust systems in place to assure quality and identify any potential improvements that could be made. This meant people benefitted from a constantly improving service that they were at the centre of.

Scope Inclusion Calderdale

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 10 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure the registered manager would be in.

The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

We sent the provider a Provider Information Return (PIR) before the inspection to complete. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us.

On the day of our visit we spoke with the registered manager, team co-ordinator, two team leaders, two care workers, one person who used the service and a relative. We looked at records which included four care files, three care workers recruitment records and records relating to the management of the service. Following the visit to the office base we spoke with one person who was using the service and one relative.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when receiving support. Care workers had received training in safeguarding children and adults and we saw safeguarding and whistleblowing policies were available and on display. The care workers we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. Staff also told us Scope Inclusion had their own safeguarding helpline they could contact if they needed advice. The registered manager told us the organisation held an annual safeguarding conference to look at best practice sharing, which all of the senior team attended. Care workers we spoke with were aware of the whistleblowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw before a service was offered one of the senior team completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or to care workers. We saw the senior team had worked with one person using the service and external agencies to get very necessary adaptations to their home in order to ensure their ongoing care needs were managed safely. One care worker told us the risk assessments were always put in place before they started providing a care package, so they were made aware of any potential risks and the action they needed to take. This meant there were processes in place to make sure any hazards were reduced or eliminated.

We saw there were infection prevention policies and procedures in place. Care workers we spoke with told us they had received infection prevention training and food hygiene training and there were always supplies of gloves, aprons and hand sanitiser available at the office base for them to collect. This meant care workers knew how to reduce the risks of any infections.

We looked at three staff recruitment files and saw the necessary checks were being made. These included a

Disclosure and Barring Service (DBS) check and three written references were obtained before care workers started work. We spoke with one recently employed member of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. This meant safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

There were sufficient numbers of care workers available to keep people safe. We spoke to the registered manager who told us staffing levels were determined by the number of people using the service and their needs. Care workers were recruited to match the long term work and new care packages were only accepted if suitable care workers were available. The registered manager recorded details of the times people required their visits and which care workers were allocated to go to the visit. Staff told us they got their work rotas well in advance. A relative told us they received the rota two weeks in advance so they always knew who was coming. They also told us when they needed additional support this had been arranged at very short notice. This meant care workers had been allocated enough time to complete each call and people we spoke with confirmed they received a reliable service.

People using the service told us they had telephone numbers for the service so they could ring during office hours and in the evening and weekends should they have a query. People using the service and staff told us phones were always answered, inside and outside of office hours. This meant people were always able to contact the service for advice or support in an emergency situation.

Some people required assistance from care workers to take their medicines. The service had a clear medicine policy which stated what tasks care workers could and could not undertake in relation to administering medicines. For some people the help required was to verbally remind them to take their medicines and for other people care workers needed to give the medicines to the person to take. Each person's care plans detailed the level of assistance required from care workers. All care workers had received training in the administration of medicines.

Is the service effective?

Our findings

All of the people we spoke with told us staff who were providing their care and support were well trained and knew what they were doing. One person said, “The staff understand my relative’s needs and I have confidence in them.”

The registered manager told us before any staff were interviewed for a care workers job they were required to complete an on line assessment called, “A Question of care: A Career for You?” At the end of the assessment potential new staff received a detailed personal profile which told them if they were suitable to work in the care sector. They were then asked to reflect on the results so they could be discussed at the interview. Following the face to face interview prospective staff were given the opportunity to meet people who used the service and staff so they could form a full picture and understanding of the service. This had been introduced because the registered manager wanted to recruit staff who fully understand the nature of the job because they did not want people using the service to be let down.

We spoke with a newer member of staff who told us they had completed induction training and had asked for some additional training to make sure they were fully prepared and confident in their new role. They said they worked with experienced staff before they were expected to work on their own. They told us the training was very good and prepared them well for their role.

Care workers told us there were good opportunities for on-going training and for obtaining additional qualifications. We looked at the training matrix and saw training was up to date. One of the team leaders told us the computerised system alerted them two months before training was due so there was time for the training to be arranged. Staff told us there were good opportunities to undertake additional training which was relevant to their role. One person told us they were currently completing distance learning courses regarding safe handling of medication and mental health awareness. Another care worker said they had completed training in relation to end of life care, dementia and mental health awareness. All of the management team were undertaking a leadership and management course. This meant staff were being equipped with the skills to offer person centered care and support.

The registered manager told us new care workers received face to face supervision every month until they had passed their six month probation period. Once a staff member had been confirmed as being permanently in post supervision was every two months with an annual appraisal. The quality of staff working practices were checked with direct observations, every six months, of them working with people using the service. Care workers we spoke with confirmed this happened and that they felt supported in their work. One person said, “If I need help I can go to any manager. It’s like a family, everyone is lovely and we are a tight team.” This meant care workers had an opportunity to discuss their performance and identify any further training and development they required.

Staff had completed training in relation to the Mental Capacity Act 2005 and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Staff also understood that people who had capacity had the right to make unwise decisions. For example, one care worker told us one person using the service was refusing them entry into their home. This person had capacity but staff were worried about their safety so had referred this back to the individual’s social worker.

Care workers told us they would contact doctors, district nurses or other health care professionals as and when the need arose, to ensure people’s healthcare needs were met.

One member of staff said, “There is very open communication with the managers.” We saw a staff newsletter was compiled every month. One of the team leaders told us each month a different policy was covered and staff were provided with other information to keep them up to date. In the August 2015 newsletter we saw the focus was on medication and staff had been told any changes in people’s care plans would be emailed to them so they could read, sign them and then return them to the office. A relative told us they could telephone the office at any time and equally the office always contacted them if there were any changes to the staff they were expecting.

We also saw the team leaders read and signed the daily records that staff completed on each visit to individual’s detailing what care and support they have delivered. The team leaders told us they were checking to see the care

Is the service effective?

plan was being followed and also could 'spot' if additional support was being given. If this was the case they would go and review the care plan with the person so the additional support could be agreed and added to the overall plan.

Is the service caring?

Our findings

We spoke with the relative of one young person who used the service and they told us the following; “We first used the service when an emergency situation arose about three years ago. When (name) needed extra care and support again we asked for Scope Inclusion because they had been brilliant. Some of the same carers were still there and so were familiar to (name) and they were so excited to see them again. I have found it difficult to accept help and staff have understood this and cared for the whole family and not just (name). The carers have become part of our family. Friends of ours have told us they have seen (name) out in town with their carer laughing and joking and enjoying themselves. (Name) can’t wait for them (staff) to come. They go the extra mile and have a special place in our family and we wouldn’t use anyone else.”

One person who used the service and their relative told us, “The staff are experienced and very good. We have confidence in the current carers.”

Another person who used the service said, “I love the service I get from Scope. The staff are all brilliant, friendly and helpful. I would recommend this service 100%.” They also said care workers had gone out of their way to support them when they had an accident in the community.

We saw the comments made by someone who had recently stopped receiving a service. They had said, “Absolutely super service delighted with the care, dignity, devotion and commitment shown.”

We saw a ‘Thank You’ card from post graduate social work student who had completed a placement at the service. They said, “I have thoroughly enjoyed my time spent at Scope and have met some truly incredible people. I am astounded by the commitment shown and the person centred approach shown in every decision made.”

The registered manager was motivated and passionate about people who used the service always coming first. This enthusiasm was shared by the management team and care workers. When a care package was offered the person was given ‘one page pen pictures’ of the staff that would be supporting them. This meant they could read about that

member of staff and decide if they thought they would be suitable. This was part of the ‘matching’ process to make sure people received their care and support from staff they could build a relationship with. One person told us one of the ‘shared interests’ their relative had with one support worker was a love of music and had heard them singing together. Before the care package started people were introduced to the care workers who would be visiting them. When new care workers were employed they visited the people they would be supporting alongside the persons current care worker so that people could get used to the new member of staff. One relative told us: “You can’t fault them. They introduced new carers so if any cover was needed we would know who was coming. If there are any changes to who is going to visit they always let us know who to expect.” Another person said, “The manager came one evening as the second person to put me to bed.”

Care workers told us care plans were always in place before they went to offer a service and that they always introduced themselves before starting the visits. Everyone we spoke with confirmed they had regular care workers who visited them. This meant people received consistent care and support from a regular staff team.

People we spoke with told us care workers were respectful of their privacy and maintained their dignity. One person told us the management team had been very supportive and had helped them to get much needed adaptations to their home. The adaptations had helped them lead a more dignified and independent life. In one care file we saw the following recorded, “In my support plan I share sensitive personal details that are needed by those supporting me. Please respect me and treat this information with confidentiality.” This showed care workers were reminded about information sharing and maintaining people’s privacy.

People told us they were involved in developing their care plan and identifying what support they required from the service and how this was to be carried out. The relative of one person told us they could telephone or email the registered manager at any time if any changes to the care plan needed to be made and these would be acted upon.

Is the service responsive?

Our findings

Before people started using the service, for a long-term care package, one of the management team visited them to assess their needs and discussed how the service could meet their wishes and expectations. One care worker told us, “No two care packages are the same the customer is at the forefront and we provide a good quality, personalised service.” Care files had assessments in place detailing people’s needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care plans contained details of people’s routines which gave clear guidance for care workers to follow in order to meet people’s needs. Care workers told us and we saw that care plans were kept up to date and contained all the information they needed to provide the right care and support for people. One care worker told us, “The care plans are very detailed and are kept up to date. For example, recently I had to refer to a moving and handling plan, which was very detailed and gave me all the information I needed.”

The registered manager told us they involved people and/or their relatives in developing their care plans so care and support could be provided in line with their wishes. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people’s changing needs. People told us about how well the service responded if they needed additional help. For example, one person said, “We can ring at any time and can get additional support at short notice.”

People told us they had been fully involved in the care planning process and in the reviews of those plans. The registered manager told us the initial review of the care plan would take place after 6 weeks and then annually. However, reviews of the care plan could be completed at any time if the person’s needs changed. We spoke with the two team leaders who told us they read all of the daily reports care workers wrote about the care and support they had delivered to an individual. If these indicated someone required more or less support they organised a review with the individual.

One person who used the service told us Scope Inclusion were flexible about the times of their calls so they could attend church and meetings that were important to them.

People were given a copy of the complaints procedure when the service first started. All of the people we spoke with told us they would feel able to raise any concerns with the registered manager of one of the management team. People also told us they were sure any issues would be dealt with and resolved. The registered manager had not received any complaints or concerns. There was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome.

Is the service well-led?

Our findings

Staff we spoke with made the following comments; “[Name] is the best manager, he listens, gives people opportunities and supports them to advance their career.” “This is the best place I have worked it matches by beliefs and expectations.” “I am very proud to be part of this service, we are always looking at ways to improve.” People using the service, relatives and staff all said they would recommend the service and two people described it as ‘Outstanding.’

The registered manager, team co-ordinator and two team leaders made up the management team for the service. Each person had their own areas of responsibility.

We saw the monthly staff newsletter was prefaced with the following, “Everything we do at Scope is about inspiring belief in the possible. The thing we absolutely believe is possible is that by working together our society can change for the better. So that disabled people have the same opportunities as everyone else. The things they tell us they would like to do in the future, the things we support them to achieve everyday.” One of the team leaders told us the beliefs were ‘like a golden thread’ which ran through staff supervision, observation and appraisals.

The registered manager told us, “The customer always comes first,” and this was echoed by all of the staff we spoke with. This meant staff shared the same vision and values for the service. We found the culture of the service to be open, inclusive and empowering.

The service had effective systems to manage staff rotas, match staff skills with people’s needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right care workers available to meet people’s needs.

We saw a report which had been compiled, by someone independent to the service, following the return of 29 customer satisfaction surveys. This showed a high level of satisfaction with the service.

We were told the regional manager visited every month to make checks on the management of the service. We saw the reports from two of these visits which showed as well as discussing issues about recruitment, for example, the regional manager was speaking with staff and people who used the service to get their views.

The registered manager told us the organisation had conducted a ‘mock’ CQC inspection and gave us a copy of that report. We saw it had identified some areas where the author felt improvements could be made, for example, improving the recording on daily records. We saw the registered manager had added this to the service improvement plan and had identified ways to address this, for example a workshop and to include in supervision sessions.

The team co-ordinator told us they were always looking for ways to improve the service, how they listen to people using the service and staff. They explained they had recently standardised a range of emails to make sure staff received consistent information.

We saw staff meetings were held every month and area meetings every 6 weeks. The registered manager told us at the regional forum there was always a guest speaker focusing on good practice and the last session this had been safeguarding. This meant ‘best practice’ was being brought to the attention of staff.

The registered manager also told us staff meeting minutes, supervision notes and appraisals were sent off for moderation to ensure they were meeting the required standard. They also told us they were assessed on a range of key performance indicators to ensure the service was being managed effectively. For example, staff retention and staff sickness. We saw the system which was in place for managing staff sickness and noted that sickness levels had been reduced from the previous year. We also saw the turnover of staff was low. This showed the management systems in place were effective.