Scope

Scope Inclusion South West

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on 26th July and 2nd August 2016 and was given short advance notice in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This is the services first inspection since it registered with the Care Quality Commission (CQC) in December 2015.

Scope Inclusion is part of a national organisation (Scope). Scope Inclusion (Plymouth branch) support people in the community with complex needs which included children (0-18 years), and younger adults with learning, physical and sensory disabilities. The office is based in the centre of Plymouth city centre and is accessible to people with physical or sensory disability. At the time of the inspection there were nine people being supported. Managers, staff and records referred to people using the service as customers therefore this terminology will be reflected in this report.

There was a registered manager in place. 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.

People were not always receiving the level of care and support they had been assessed for. Staff were not always available to cover some shifts which meant families were helping staff to support their relative. A relative told us, "This happens a lot at the moment and I do not always get the respite I am supposed to get and "We get a lot of cancellations because of staff shortages."

There was an on-going staff recruitment programme taking place to improve current staffing levels. Four staff had been recruited but were still going through checks to ensure they were suitable to work with people who were vulnerable and had complex needs. Another recruitment drive was due to take place in early August 2016.

Staff who had worked at the agency for some time said they had received training in a range of subjects relevant to the needs of the people they supported. They told us, "Training is good, especially supporting customers with special needs" and "Where customers have special needs especially epilepsy we get the training we need to deal with situations". Training records showed staff training was monitored to highlight when updates were required, for example epilepsy or specialist feeding. There was a current vacancy for a nurse who had been providing specific clinical training to support staff when responding to situations which may arise. In the interim the agency was asking community nurses to support staff.

New employees undertook a structured induction programme which prepared them for their role. The staff team were supported by the service manager through daily communication and regular supervision to support their personal learning and development needs.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

The service had recently introduced a mental capacity assessment process to ensure where people did not have the capacity to make certain decisions; the service referred the assessment to the local authority who had the legal responsibility under court of protection.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people needed to be supported. The service had risk assessment procedures in place. However, in one instance the most current information was held at the central office and not at the person's home where staff required the information. The registered manager acted on this when it was pointed out.

Suitable medicine procedures were in place should the agency be required to administer medicines. Staff told us they had received training which gave them confidence to support people with medicines safely. A recent error was reported immediately and the registered manager was investigating the issue in order to take appropriate action.

People knew how to raise concerns and make complaints. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had. A family member said they had raised a concern about the variations in staff supporting their relative. They told us they were generally satisfied with the response. There were no current on-going complaints at the time of the inspection.

As the service was newly registered there was limited information of how relative's views of the service had been obtained. However, the registered manager said they had an open dialogue with families to make sure their voices were listened to. A relative told us, "I have regular discussion with the manager who tells me they are doing everything they can to improve the staffing issues." Where people had received surveys they had voiced their concerns in respect of staffing issues.

The agency had a system of regular audits to monitor performance and quality assurance. However the most recent visit from an area manager did not report on staffing issues found during this inspection and which had been on-going for some time. Most people told us the service was 'open and honest', however one person told us, "It is badly managed", "Staff are unhappy."

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Low staff numbers meant people were not always receiving their support as commissioned

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

Staff had received safeguarding training and were confident about reporting any concerns.

Is the service effective?

Requires Improvement

The service was not always effective. People received support to meet their needs but there were occasions when staff with necessary skills could not be provided.

Staff were supported by a system of induction and supervision.

People were supported to access other healthcare professionals as they needed.

Is the service caring?

Good

The service was caring. People who used the service told us they were treated with kindness and compassion when they or their relative was being supported.

Staff supported people to access the community and extend their social networks.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive. Staff could not always provide person centred care because there were not enough of them.

Care plans were in place outlining people's care and support needs in a way which was meaningful for them.

Staff were knowledgeable about people's support needs, their interests and preferences.

People were confident their comments and complaints would be listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led. Quality audits took place regularly but did not reflect how staffing issues were being monitored and managed.

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 improve.

Scope Inclusion South West

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.

The inspection took place on 26 July and 2 August 2016 and was announced. The provider was given twenty four hour notice because the location provides a domiciliary care service.

The inspection was carried out by one 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.

Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We went to Scope Inclusion office base and spoke with the registered manager. We also visited a person and their relative at their own home. Prior to and following the inspection we spoke with five staff members and sought information from seven professionals involved with the service. We received responses from four of them.

We looked at three care plans, two staff files, staff training records and records relating to the running of the service. Following the inspection visit we spoke with five relatives on the telephone.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with staff who provided their or their relatives care and support. However we were told some shifts were not covered especially where two staff were needed to support a person at certain times. Relatives told us, "We get a lot of cancellations because of staff shortages", "(Family member) needs continuity of carers and it doesn't happen", and "There is a lack of staff. If there is only one available then (Persons name) can't go out and I have to try and explain why."

Relatives were given two week rotas to show which staff were coming to provide care and support, for their relative and the times they would arrive. One rota we observed was for a two week period. It identified ten occasions where a two to one (two staff to support one person) shift had one care worker named and the words 'to be covered'. Of those ten shifts eight had been covered by two staff. Two shifts where two staff were required had only one staff member, with the relative acting as the second carer. In addition to this there were two shifts on one day between 12:30 and 18:00 where there were no care workers available and therefore the relative had to support the person. A relative told us they often got told at short notice who would be coming or if no care worker was available to support the person.

Staff told us they were struggling to cope sometimes and had relied on relatives to help them when another member of staff should have been available. Comments included, "There are gaps in the two to one support at the moment", "The manager is aware of the staffing problems and is filling in the gaps herself." The registered manager confirmed there was a current staffing issue and they had shared this with commissioners detailing what action was being taken to address the staff shortage. A commissioner told us they were regularly monitoring the situation.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager had recently carried out a recruitment drive to improve the current staff shortage. Records showed new employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out prior to staff commencing work in the service. Records showed four new staff were currently going through the recruitment process to ensure they were fit to work with people using the service and to improve gaps in staffing levels. The registered manager told us a recent recruitment drive had generated over a hundred applicants. This was currently being filtered to ensure candidates met the criteria.

We spoke with people about the support they received and whether they felt safe in the care of staff who visited them. Despite people's concerns about staffing issues they told us their family member was safe with the carers. They told us, "Yes (Persons name) is definitely safe with them", "I have never had any qualms about (Persons name) safety. I trust all the staff."

People using the service had a range of support needs. Staff were generally rostered to support the same people in order to understand their needs and deliver care and support which was familiar to the person. However staff told us that due to current staffing levels they were supporting people they were not always

familiar with. Comments included, "We (staff) are having to cover different shifts but we do get the information we need from care plans and the manager" and "When casual staff can't work we (permanent staff) are having to fill in the gaps but because there are less customers we soon get familiar with everybody's needs." Care staff who had been employed for longer periods worked together with staff that had joined the service more recently to support them.

There were procedures in place to minimise the potential risk of abuse or unsafe care. People using the service had a range of complex needs, but Scope Inclusion valued people's potential. Risk assessments reflected people's individual needs and how risk should be managed. For example the type of equipment required to support people and how risk would be managed in the community and using public transport.

Staff told us what action they would take should they be concerned about a person's wellbeing. Staff understood what constituted abuse and examples of poor care people might experience. Comments from staff included, "I have done safeguarding training and feel confident I would know how to spot signs of abuse, what to do and who to report to" and "People we work with are vulnerable and it's important we can protect them."

The service had policies and procedures in place for assisting people with their medicines. Staff told us they had received training to ensure medicines they administered were accurate and safe. The training matrix showed all staff had received training and it was up to date. Records showed medicines had been administered on time as prescribed. Staff told us a nurse had supported them with advice and training about medicines but that there was a current vacancy. The registered manager told us interviews were taking place soon and when employed the nurse would continue with the role of reviewing staff competency in respect of managing medicines safely.

Requires Improvement

Is the service effective?

Our findings

People who received the service and their carers told us staff were generally competent when they provided support and care for them or their relative. For example one person said, "I really do trust the staff and they seem well trained and confident in what they do." Another family member said, "Most of the older staff have the training but newer staff have not had all the training. I have to do it myself sometimes (specialist feeding)." There was currently one care worker who had received training to support a person who required a PEG feed (A medical means of feeding a person via a tube). When other staff supported the person the relative managed the feeding tube. The registered manager told us that when the nurse vacancy was filled, more staff would receive this specialist training which would provide more respite for the relative. Other people told us their or their relative dietary needs were understood and met by staff supporting them.

A new training matrix had recently been introduced to record individual staff training. The matrix highlighted when training was due or out of date. In respect of medicines it showed all staff had received training either face to face or by e- learning (a computer learning system). There were a number of staff whose training was out of date for epilepsy. One staff member said, "The training is generally good. We (staff) get the training in epilepsy but because the nurse has left some new staff have not had that training. It's down to staff who have worked longer to support those customers." The registered manager ensured staff supporting a person with epilepsy had relevant epilepsy training.

Staff received support to understand their roles and responsibilities through supervision sessions. Supervision consisted of one to one sessions with the registered manager or a team leader. The one to one meetings discussed individual development and any issues staff wanted to discuss. Staff told us these meetings took place on a regular basis but had been less frequent recently due to the registered manager and senior staff covering gaps in shifts during the current staff shortage. Staff told us there were no 'spot checks' when they were on duty to ensure they were working in accordance with peoples care plans. Some staff told us there used to be spot checks in the probation period but that due to staff shortage this was not always happening.

Staff completed an induction when they commenced employment. The services induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees completed induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. Staff were recruited to work with specific people and any training needed to support the individual was provided for staff.

The agency had recently introduced a mental capacity assessment to determine the level of capacity and where necessary, would refer the information onto the local authority who had responsibility under the court of protection.

People's personal care files contained assessments and person centred care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range

of health professionals. This included GPs and district nurses when required.

People's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. This meant information was available to staff should they need to contact a health professional in an emergency.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs. A staff member told us, "We have a list of contact details for people in an emergency."

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. Comments included, "They (staff) are absolutely fine.no problems at all with them", "Yes the carers are very good", "they are very good with (Persons name)" and "I am very satisfied with the carers."

Staff knew people well and spoke warmly of the customers they supported. Staff comments about the people they cared for included; "I love this job it is very satisfying", "It's not just the customers we are supporting; it's the family as well", and "I certainly wouldn't be in this job if I did not care. It can be very difficult at times but always rewarding."

Care plans were available in the homes of people so staff were able to look at them to ensure the right care and support was delivered. People's preferences on how they preferred their care to be delivered were recorded. For example one person told us they did not like records being kept about them but understood staff needed to report what they did and why. The person had influenced how their care was being delivered and staff respected this. The person told us it empowered them and helped them to be part of society and the wider community. Staff told us they respected how people might want their care delivered and how they approached care practices were important to families, who had established routines. Care plans were reviewed with people or their families and updated on a regular basis or when their needs changed. A family member told us, "Yes (Person using the service) has a care planned and we are involved in regular reviews."

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them. The care records we looked at were written in a person centred way. This meant the person was at the centre of their care and it was arranged their individual needs.

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also reported daily about how the person was in terms of their social and health needs. This supported staff to be aware of any issues when they visited the person. A staff member said, "We help people to go to social events and support them with their daily tasks which can be different each day or happens at regular intervals."

Staff told us they knew the people they cared for and were able to describe their needs. For example they were able to describe their care needs and how they preferred their support to be delivered. This demonstrated staff were kind, attentive and caring. A person using the service told us, "I have regular staff who know what I like and need" A staff member said, "I have got to know to know people well and build relationships. We are moving around more customers at the moment but on the whole we know them and their families well." Family members told us staff respected their relatives privacy and dignity when providing personal care. One person said, "They (staff) always make sure the curtains are drawn and the coast is clear when they go into the bathroom."

Requires Improvement

Is the service responsive?

Our findings

People told us the service was not always responsive to meet their or their relative's needs. This was because staff were not always available in numbers for which they had been assessed for. For example one person was commissioned to have support from a staff member seven nights a week. The agency could only provide support for three nights. Another person said there had been times when only one staff member supported their relative when there should be two. They told us they acted as the second carer and this impacted on the level of respite they received. This has been detailed in the safe domain of this report. Families were generally unhappy with the current level of support they were receiving from the service. Comments included, "Happens regularly. Have been left without anybody to help me" and "We get a weekly rota but it quite often changes on the day. They do let me know but it's frustrating." Other professionals were aware of the constraints in people not having their commissioned needs responded to as had been contractually agreed and were monitoring the situation.

People had been made aware of the problems with staffing at the service and how this might impact on how responsive staff could be when supporting people. Families told us the registered manager kept them informed of when changes were occurring but that it could be a last minute call which then affected plans they may have made during the respite time available to them. This meant staff were not always able to respond to people's person centred care.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Each person had a support plan which detailed the support to be given on a daily basis. They were detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. All care records were person centred and were in pictorial format as well. A relative had produced a 'This is Me' record to help staff get to know the person better in a format which was very personalised. Another person told us they had been involved in how their care plan should look, so that it provided staff with information in a format which the person felt was not as formal or clinical and was more reflective of their individual needs, choices and wishes. However, one person's current risk assessment information was held at the main office and not at the person's home where staff supporting them would need the current information. The registered manager acted on this immediately when it was pointed out.

People's care and support was planned in partnership with them or a family member wherever possible. People who used the service and their carers told us when their care was being planned at the start of the service, the registered manager and senior staff members spent time with people to find out about their preferences and what care was needed. The service also worked closely with other professionals including health and social care workers who were also involved in the person's wellbeing. A professional told us they were very satisfied with the way the service supported people.

Families told us their relatives were supported to go out into the community. They told us activities were

chosen by the person and included going to day care, swimming, bowling and shopping. One person told us, "I lead an active life and it's important to me that I have control and direct how I am supported."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

The registered manager kept a log of all complaints made about the service. Two complaints had been received and responded to by the registered manager since the service was registered in December 2015. The method of receipt had been documented along with the name of the service, date the complaint was received and a description of the concerns being made. In one instance the registered manager had agreed to make daily calls to a family to keep them updated with information about the service being delivered. The relative told us this had helped to support them but felt there remained problems with the continuity of support due to regular staff changes. Two other people told us, "I have contacted them and they have admitted their shortfalls" and "I have complained and they say they are short staffed."

Requires Improvement

Is the service well-led?

Our findings

People told us they did not think the service was well led but that the registered manager was open and honest. The main concerns were that staffing was not being managed effectively resulting in shortfalls in the delivery of support being provided. Comments included, "I think it is badly managed", "Staff are unhappy"; "I would have said it was well managed at one time, but not now. Probably because of the staff shortage" and "It is not well manage. Too many staff are leaving." People also told us, "They (Managers) are truthful about the staff situation" and "They (Managers) are open and honest. They know where their problems lay."

The registered manager told us they were working collaboratively with other commissioners to address issues around staffing. A commissioner told us the registered manager was regularly engaging with them to report how staffing levels were being managed and where there may be gaps in service provision. The registered manager had informed commissioners and the Care Quality Commission that it had suspended new applications for the service until staffing levels had been increased.

The registered manager was supported by an area manager who made monthly visits to carry out audits of the way the service was operating. The most recent audit report was for May 2016. It measured operational systems. It looked at both the day care service operating from the main office and community services. In general the report was positive and reported no concerns. However, it did not mention staffing issues, which were at that time of some concern to the registered manager. For example team meeting minutes from April 2016 reported that "It was important for us to get the right staff recruited with the right skills rather than just taking anyone as we are currently short staffed". The registered manager told us the staffing issue was regularly reported on to the area manager but they were unsure why it had not been included in the audit report.

The registered manager understood their responsibilities and was supported by a senior staff member to deliver what was required by the agency. People who received a service and relatives who cared for them told us they had regular conversations with the registered manager and felt they were listened to. Staff told us the registered manager was often helping them out during the staff shortage. Comments included, "The manager works with us and fills in the gaps when people need specific support" and "I speak with (managers name) most days."

Scope Inclusion had clear lines of responsibility and accountability with a structured management team in place. The registered manager and senior staff member were experienced, knowledgeable and familiar with the needs of the people they supported. A staff member said, "The manager has a lot of experience and is good to talk with."

People and their relatives had received surveys to ask their opinion of the service. They told us, "I was very honest and said they are desperate for more staff", "We receive loads of surveys. Nothing much improves though" and "yes we have". Other than the staffing issue people told us they were happy with the way staff conducted themselves and felt supported by the registered manager and staff. The registered manager monitored the quality of the service by speaking with people or their families on a regular basis. The

registered manager told us this had helped to develop an open and transparent system of communication. A relative told us they valued and appreciated regular communication with the registered manager.

Staff had daily contact with either the registered manager or other senior staff. They told us it was difficult to attend formal staff meetings at the moment due to the staffing issue; however they said they were provided with updates on operational issues. There were weekly senior management team meetings. Minutes for a weekly meeting in June 2016 provided senior staff with operational updates including movement of staff, staff recruitment, training and policy issues. Where necessary this information was fed to support staff to keep them updated. Staff told us they felt very frustrated with the service at the moment and that they were concerned about the staff shortage and how this impacted on them. For example receiving rotas later than they normally would which impacted on their own personal activities, as well as working most weekends. We discussed these concerns with the registered manager who acknowledged there were difficulties, but that with more staff being recruited would reduce the pressure on the current staff team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Staff could not always provide person centred care because there were not enough of them.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of the Act.