

Scope

Douglas Arter Centre

Inspection report

Odstock Road
Odstock
Salisbury
Wiltshire
SP5 4JL

Tel: 01722320318

Date of inspection visit:
06 July 2017
17 July 2017

Date of publication:
30 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Douglas Arter Centre provides personal care for five people who live in a supported living service.

This inspection took place on 6 July 2017 and was unannounced. We returned on 17 July 2017 to complete the inspection and follow up some questions that had been raised following feedback from relatives and health and social care professionals.

This was the first inspection since the service was registered in January 2016. Prior to Scope being registered to provide personal care at this location, they supported the same five people in a care home service. Scope has said they intend to stop providing care for people in the supported living service in the near future. There was a process underway to find a new provider to support people.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Safeguarding cases following incidents in 2016 and 2017 had identified work was needed to ensure people received consistent safe support, risks were well managed, people were supported to take the medicines they had been prescribed and the risk of cross infection was effectively managed. The service had worked with the safeguarding team, commissioners and health professionals to address the issues.

During the inspection we saw that there was clear information about the specific risks for people and the actions staff needed to follow to meet those needs.

There had been past incidents in which people did not receive support to take the medicines they were prescribed. The medicine management systems had been amended, but a further incident in March 2017 in which medicines were not ordered resulted in a person not receiving a dose of their prescribed medication. The registered manager had completed further work to review the medicines management systems and ensure all staff were aware of their responsibilities. During the inspection we found that medicines were securely stored and there were clear procedures in place for staff to follow when supporting people.

Concerns had been raised with Wiltshire Council about infection control procedures in the service not being followed at all times. As a result of the concerns, a review was completed by a public health nurse specialist in March 2017 and the service was given feedback about areas where improvements were needed. A further visit by the public health nurse specialist was completed in May 2017, which identified areas of good practice, where improvements had been made. However, the report also identified that staff did not always follow good practice in relation to the use of gloves, aprons and wearing suitable clothing to provide personal care support to people. The registered manager had addressed specific issues with staff concerned and completed observations of all staff to ensure the infection control procedures were being followed.

During the inspection we observed staff following good practice and using protective clothing appropriately.

Whilst action had been taken to address the various concerns that had been raised, further work was needed to ensure these improvements were sustained.

Relatives and health and social care professionals who provided feedback raised concern at the range of meaningful activities people were supported to take part in. The registered manager told us the support for people to take part in meaningful activities was something that needed to be improved upon. The registered manager told us things had started to change, with examples of people taking part in individual activities they had not previously had opportunity to do, but further work was needed.

Feedback from some relatives was that it had taken a long time for staff to amend the way they worked and to change the culture of the service following the move from a care home to supported living. Relatives said they were beginning to see some changes in this culture, but more were needed to ensure people received a genuinely person-centred service.

There was a team leader based at the supported living service. However, there had been frequent changes in the team leader post since the service opened. At the time of the inspection a new team leader had been in post for approximately four weeks. Relatives told us the service needed a strong management presence on site, which had been missing at times in the past.

Although some relatives raised concerns about the overall management of the service, we also received positive comments about the registered manager and his efforts to change the culture of the service. Comments included, "I can't thank [the registered manager] enough for hanging on in there. We now have the best management team we've ever had" and "It has taken the present manager the last 18 months, to try and change staff attitudes. Which is slowly happening and improving".

People told us they liked the staff who supported them and said they were happy living at the service. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff had developed a strong relationship with people and demonstrated this in their interactions. Staff showed respect for people in the way they spoke about them.

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of the service provided and had developed a clear service improvement plan to address concerns that had been raised.

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 had not always been safe.

Improvements had been made to the risk management systems, support for people to take prescribed medicines and manage the risk of cross infection. Work was needed to ensure these improvements were sustained.

Plans to manage risks people faced contained up to date information and provided guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Mental Capacity Act (2005) and there were systems in place to make decisions when people did not have capacity to consent.

Staff received training to ensure they could meet the needs of the people they supported. Staff worked with other health and social care professionals to make changes to support plans when people's needs changed.

People's health needs were assessed and staff supported people to stay healthy.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff provided support in ways that protected people's privacy.

Is the service responsive?

The service was not always responsive.

People were not always supported to take part in activities that were meaningful to them.

People's relatives knew how to raise any concerns or complaints but were not always confident action would be taken as a result.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Frequent changes in the team leader at the supported living service had resulted in a lack of clear leadership and direction.

The registered manager demonstrated clear values, which were person focused. Changes in the culture of the service were starting to be noticed by relatives, but further work was needed to ensure this was consistent and the improvements sustained.

Requires Improvement ●

Douglas Arter Centre

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.

This inspection took place on 6 July 2017 and was announced. We returned on 17 July 2017 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider which we had requested.

During the visit we spoke with two people who use the service, the registered manager, team leader and four support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. We received feedback from three relatives of people who use the service and three health and social care professionals who have contact with the service.

Is the service safe?

Our findings

Safeguarding cases following incidents in 2016 and 2017 had identified work was needed to ensure people received consistent safe support. The service had worked with the safeguarding team, commissioners and health professionals to address these issues. During the inspection we saw that there was clear information about the specific risks for people and the actions staff needed to follow to meet those needs. Staff had a good understanding of people's needs and how to support them.

Most relatives said they felt people were safe in the service. One relative felt the service was generally safe, but raised concerns about how previous incidents had been managed and the understanding of some temporary staff. The management team were completing observations of staff practice to ensure all staff, including temporary ones, were following the risk management plans. One relative said they had noticed significant improvements in the service provided, and commented, "I feel they now have a grip" when referring to the management of risks.

Feedback from visiting health and social care professionals raised concerns about past practices and action taken to address concerns. One professional commented, "During my review I found numerous errors in the care plans provided, such as residents' manual handling equipment being incorrectly recorded which could pose a risk to patient safety, and when equipment has been changed it has taken an unacceptable amount of time to update the care plans". The service was provided with additional equipment and training for staff. Whilst action had been taken to address these concerns, work was needed to ensure these improvements were sustained.

There had been past incidents in which people did not receive support to take the medicines they were prescribed. An incident in July 2016 resulted in one person not receiving their prescribed medicine for 28 days. The medicine management systems had been amended following this incident, but a further incident in March 2017 in which medicines were not ordered resulted in a person not receiving a dose of their prescribed medication. The registered manager identified the error had occurred due to changes in the management team and the lack of a team leader in the supported living service to provide oversight. The registered manager had completed further work to review the medicines management systems and ensure all staff were aware of their responsibilities.

During the inspection we found that medicines were securely stored and there were clear procedures in place for staff to follow when supporting people. Medicine administration records for the month prior to the inspection had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take them. Records demonstrated staff had followed these procedures. Staff had received training before they were able to support people with their medicines. The training included observations of their practice. Whilst action had been taken to address medicines management concerns, work was needed to ensure these improvements were sustained.

Concerns had been raised with Wiltshire Council about infection control procedures in the service not being followed at all times. As a result of the concerns, a review was completed by a public health nurse specialist in March 2017 and the service was given feedback about areas where improvements were needed. A further visit by the public health nurse specialist was completed in May 2017, which identified areas of good practice, where improvements had been made. However, the report also identified that staff did not always follow good practice in relation to the use of gloves, aprons and wearing suitable clothing to provide personal care support to people. The registered manager had addressed specific issues with staff concerned and completed observations of all staff to ensure the infection control procedures were being followed.

During the inspection we observed staff following good practice and using protective clothing appropriately. Most of the relatives said they thought the service was clean and staff followed the infection control procedures. One relative told us they had observed occasions in the past when staff had answered the front door still wearing protective clothing. Whilst action had been taken to address the concerns raised in relation to infection control, further work was needed to ensure these improvements were sustained.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. None of the staff we spoke with said they had any concerns about the safety of people using the service.

People said they were happy with the support they received and told us staff were nice to them. Some people were not able to tell us whether they felt safe. We observed that people appeared comfortable in the presence of staff. People smiled at staff and attracted their attention to request support.

Staff felt there were enough people working on each shift to provide safe care to people, although there were concerns about how the staffing rota was managed and the availability of staff to support people with activities outside the service. The registered manager said they had recently recruited new staff and at the time of the inspection had one full time vacancy. The registered manager said this was the best position they had been in since the service opened in relation to staff vacancies. During the inspection we saw that there were sufficient staff available to provide the personal care support people needed safely. The staffing rotas reflected where people needed support from two members of staff.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for two people employed by the service in the previous year.

Is the service effective?

Our findings

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered manager had an overview of all the training staff had completed and when they were due to complete refreshers. Staff were positive about the training, saying it was relevant to their role and the needs of people using the service. Training was provided in a variety of different formats, including face to face, computer based and practice based training. The registered manager completed observations of staff to ensure they were putting the training they had received into practice.

Staff said they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. Most staff said they received good support. However, two of the staff we spoke with did not feel well supported and felt they had not seen the registered manager enough whilst the service was without a team leader. These staff were hopeful that the new team leader would provide greater support for them on a day to day basis.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people who live in the own home is an Order from the Court of Protection.

Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. For example we saw assessments in relation to people's capacity to make decisions relating to management of health conditions and whether to continue to live in a supported living environment. People's support plans contained details of how they communicated decisions and support that could be provided to help people express their views. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person and others involved in their care, including their family, advocates, staff at the service, social workers and health professionals.

Four of the five people being supported shared the buying of food and preparation of meals. There was a planned menu, which had been developed based on people's likes and dislikes. Staff said there was alternative food available if people did not like the meal that was planned and we saw that the kitchen was well stocked. Two of the relatives we spoke with raised concerns about the quality of food, feeling that there was an over-reliance on processed food. These concerns were being addressed through the relatives' meetings.

People were able to see health professionals where necessary, such as their GP, specialist community nurse or occupational therapist. People's support plans described the support they needed to manage their health needs. The health professionals we received feedback from identified that actions had not always been followed up and there had been some communication issues with staff. However, they said the management team were working with them to address concerns and had noted recent improvements in the service provided.

Is the service caring?

Our findings

People told us they liked the staff who supported them and said they were happy living at the service. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a good understanding of people's needs. They had developed a strong relationship with people and demonstrated this in their interactions. Staff showed respect for people in the way they spoke about them with us.

Most of the relatives we received feedback from said staff were caring in their interactions with people. One relative was concerned that some staff did not always engage with people in a kind and caring way. As a result of the feedback observations were being completed by the registered manager of all staff to ensure they were working in the way expected.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to keep in contact with family and friends. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them before going off to provide support in private. Staff described how they would ensure people's privacy was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

One of the health professionals who gave feedback to us commented, "I have worked with numerous members of staff over the years and have not observed any inappropriate or concerning behaviours. Whilst I think there have been times when the staff have not been as fully engaged with the residents as we would like, I think that this has improved over the past year and recently there is less of an 'institutional feel' to the service which has been very positive. I have also seen examples of warm and caring relationships between support workers and residents".

One of the relatives also commented they felt the staff were starting to understand the concept of supported living and were supporting people to manage their home in the way they wanted. The relative, whilst positive, felt this change in approach had taken a long time.

Is the service responsive?

Our findings

Relatives and health and social care professionals who provided feedback raised concern at the range of meaningful activities people were supported to take part in. Comments from relatives included, "There is an overuse of the television. They just leave people in front of the television instead of interacting with them"; and "Residents have no access to their local community without help. There seems to be a constant struggle with not enough drivers/staff, resulting in residents spending many days, stuck in the bungalow. Little interaction and stimulation is delivered some days. Placing the resident in front of the television or out in the garden for hours on end is used too often, when a resident is at home. Some of the [people] have looked very sad and bored some days".

One of the health professionals who provided feedback commented, "As a supported living service, I would hope to see evidence of individuals being supported to be as involved in their care as possible, engaged in meaningful activity and make choices. Whilst I think the levels of engagement have improved over the past year and provision of residents' own transport has increased their opportunities, I feel there is room for improvement in finding more person centred and creative activities".

The registered manager told us the support for people to take part in meaningful activities was something that needed to be improved upon. The registered manager said there had been a need to change the culture of the service from when it was a care home and people historically used a local day service run by Scope. The registered manager told us things had started to change, with examples of people taking part in individual activities they had not previously had opportunity to do, but further work was needed.

We received mixed feedback from relatives about their confidence in the complaints procedures. Some relatives were not confident action would always be taken to resolve issues that required input from senior managers within Scope. Other relatives were positive about the response they received in relation to concerns, with one commenting, "[The registered manager] is particularly responsive". The registered manager told us the service had a complaints procedure, which had been provided to people and their relatives. The registered manager said they had not received any formal complaints in the last year. There was a record of concerns that had been raised by relatives, actions that had been taken and feedback that had been provided. There was a service improvement plan, which referenced concerns that had been raised and action taken and planned to address them. The registered manager had also addressed concerns that had been raised through group relatives' meetings.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. The plans included a section on pathways to achieve specific objectives. These sections set out the support staff should provide to help people achieve these.

People and their representatives had been involved in the development and review of their support plans. Plans were amended as people's needs changed and there were systems for communicating any changes

with all staff. Comments from relatives included, "The [support plans] are the best they have ever been"; and "We do have meetings about the care plans. Information in them is good. We have been involved and adjustments have been made".

Is the service well-led?

Our findings

The service had a registered manager, who was based approximately 6 miles from the supported living service where people lived. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on keeping people using the service central to what was happening. The registered manager told us their focus was to empower staff to provide people with a personalised service and respond to what people were telling them.

The service was supporting five people who lived in a supported living service, which had previously been a care home. Feedback from some relatives was that it had taken a long time for staff to change the way they worked and to change the culture of the service. Relatives said they were beginning to see some changes in this culture, but further changes were needed to ensure people received a genuinely person-centred service.

There was a team leader based at the supported living service. However, there had been frequent changes in the team leader post since the service opened. At the time of the inspection a new team leader had been in post for approximately four weeks. Comments from relatives included, "If we had strong leadership in the service, things would be better"; and "Many of the issues could be resolved with strong, professional, on site management. Many of the staff, although good staff, are unable to work on their own ability and need clear instructions and leadership".

One of the health professionals who provided feedback to us said, "I feel instability at a management level has been a main contributory factor to some of the issues experienced by the service. There have been frequent changes in management of the service at a local level over the past few years, resulting in action plans not being followed through and pieces of work needing to be repeated. This has been deeply frustrating at a professional level but more importantly it seems to have had a negative impact on staff morale. It has been difficult to implement or sustain effective change due to the lack of consistency".

Although some relatives raised concerns about the overall management of the service, we also received positive comments about the registered manager and his efforts to change the culture of the service. Comments included, "I can't thank [the registered manager] enough for hanging on in there. We now have the best management team we've ever had" and "It has taken the present manager the last 18 months, to try and change staff attitudes. Which is slowly happening and improving".

The provider had given people notice that they intend to stop providing the service to people in the supported living service. Relatives raised concern at the process to find a new provider, which they had expressed to Scope and Wiltshire Council. Comments from relatives included, "The changeover from Scope to another provider at the end of this year is obviously of concern. The on-site and local management of Scope are good, but our confidence in Scope at the Head Office/Policy level is not high. Our perception is they can be evasive and less than forthcoming on future intentions, demonstrated during their handling of [the service] to independent living, and now the switch to a new provider".

The registered manager had worked with health and social care professionals to address concerns that had been raised about the service. Changes had been made to systems in the service and the way the management team were checking how people were being supported. There was a service improvement plan in place, which set out actions that were needed to address the concerns and ensure people were receiving a good service. Actions were assigned to named staff with a time-scale for completion.

Regular audits and assessments were carried out to identify whether actions were being taken and staff were consistently following the guidance and systems that had been put in place. Where the audits identified staff were not working in expected ways, action was taken either individually or with the whole staff team to ensure the improvements were made.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Some staff expressed concern at the frequent changes in the team leader that had taken place, which they felt had affected the support they received. Staff were generally confident that the new team leader who had started in post would provide them with the support they needed. There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work.