

Scope

Scope Inclusion West London Floor 3

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We undertook an announced inspection of Scope Inclusion West London Floor 3 Domiciliary Care Agency (DCA) on 27 May 2015 and 2 June 2015. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for children and young people in their own homes and staff might be out visiting people.

Scope Inclusion West London Floor 3 provides care and support to children and young people with learning disabilities, medical conditions and mental health conditions who live in their own home.

Summary of findings

At the time of our inspection 39 children and young people were receiving a personal care service. This care had been funded by the local authority.

We spoke with the parents and relatives of the children and young people receiving support to obtain feedback about the service provided. The young people using the service were unable to tell us their views directly.

The service had a registered manager. 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.

This was the first inspection since the service moved locations and re-registered on 19 August 2014.

Staff had not received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. New staff completed an induction, had regular supervision sessions with their manager and an annual appraisal.

A process was in place to record accident and incidents but the staff were not following the procedure by only recording challenging behaviour or incidents in the record of the support session. We have made a recommendation about the recording of incidents and accidents.

Relatives we spoke with told us they felt safe when their child received care from staff in their home. The provider had policies and procedures in place to respond to any concerns raised relating to the care provided.

Relatives said that regular carers treated their child as an individual and respected their privacy and dignity. Staff also understood the needs of their child.

At the time of our inspection the staff were not administering any medicines. However, there was a policy and procedure regarding medicines management in place and training was provided if a support worker was required to administer medicines.

We saw support plans identified the young person's support needs and these plans were up to date. The support plans also identified the young person's specific wishes in relation to how they wanted their care provided.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service

Staff felt the service was well-led and they received the appropriate support to enable them to carry out their role.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staff training and the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of this report.

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. The provider had a process in place for the recording of incidents and accidents that occurred.

Relatives felt safe when their child received care in their home from staff. The provider had processes in place to respond to any concerns regarding the care provided. Risks assessments were carried out and up to date.

The provider had appropriate recruitment processes in place and staffing levels were based upon the needs of the person receiving care.

Good



Is the service effective?

Some aspects of the service were not effective. Staff had not received the necessary training they required to deliver care safely and to an appropriate standard.

Staff did not receive training in relation to the Mental Capacity Act 2005.

Staff had regular supervision sessions with their manager and an annual appraisal.

Support plans confirmed the food and drink the child or young people preferred as well as identifying any food they could not eat due to allergies, dietary or cultural reasons.

Requires Improvement



Is the service caring?

The service was caring. Relatives confirmed staff respected their child's privacy and dignity. Staff understood how to ensure a child or young person's privacy and dignity was respected while they were providing care.

The support plans identified cultural and religious needs.

Support plans identified the importance of helping the child or young person using the service to maintain their independence.

Good



Is the service responsive?

The service was responsive. Initial assessments were carried out before support began to ensure the service could provide appropriate support. The support plans were in an easy to read format and clearly identified the support required and the wishes of the child or young person using the service.

Children and young people using the service were encouraged and supported to identify activities they enjoyed and these were clearly recorded in their support plan.

Relatives were aware of how to make a complaint but they had not wished to and they could make comments about the care provided on the daily record form after each session.

Good



Summary of findings

Is the service well-led?

The service was well led. The provider had suitable systems in place to use the information obtained through audits to identify and resolve issues with the quality of the service.

Staff felt the service was well led and they had good communication with the manager and office staff.

Good



Scope Inclusion West London Floor 3

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 was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for children and young people in their own homes and staff might be out visiting them so we needed to be sure that they would be in.

One inspector undertook the inspection. An expert by experience carried out interviews with relatives of children and young people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in relation to home care services for young people.

During our inspection we went to the office of the service and spoke to the registered manager and the service co-ordinator.

We reviewed the support plans for six people using the service, the employment folders for three staff and records relating to the management of the service. After the inspection visit we undertook phone calls to eight relatives and received feedback via email from six members of staff.

Is the service safe?

Our findings

The relatives we spoke with felt that their child was safe when they received care and support. One relative said “Yes they have provided information about abuse and they would let us know immediately if there was an emergency”. Another relative said “I have not been provided with any information on abuse. My only point of contact is with the carer and not the agency”. Another relative said “yes they have provided all the information. Emergency plans were discussed with the team manager”. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. There were policies on safeguarding children and young people which identified the responsibilities of managers and support workers. We saw the provider gave a leaflet to young people using the service which included pictures and was in an easy read format. This explained the safeguarding policy and how people using the service would be protected. The manager explained that new staff completed a training course that provided an introduction to safeguarding. Staff then completed a more detailed safeguarding adults and children course with an annual refresher session. Staff we spoke with confirmed they had completed safeguarding children training, were aware of the principles of safeguarding and how they would protect people using the service from abuse.

The provider had a procedure in place for recording incidents and accidents but the staff were not always following this. The manager explained that the support workers should complete an incident and accident form and a behaviour record form if the young person receiving care demonstrated behaviour which was challenging or any incidents occurred during the session. We saw a number of support workers had described incidents or challenging behaviour in the record of visit forms they had completed. The incidents included the person hitting or running away from the support worker. However, the staff had not completed the required additional incident and accident forms and the behaviour record. This meant that any concerns about on-going challenging behaviour may not be monitored and could mean support plans did not reflect any changes in the young person’s needs. However, records indicated that the staff had responded appropriately when incidents occurred to ensure the child and others were safe.

There was an out of hour’s telephone number that was provided to staff and families which they could use in case of emergency. Staff told us they knew what to do in case of an emergency and who to contact if they had any questions or concerns during a support session. A staff member said “I would contact emergency services and notify the line manager or on-call person”.

We saw that risk assessments were in place in the support folders we looked at. Each folder had a generic risk assessment which reviewed general health and safety and care issues. There was also a specific record of any risks based upon the young person’s identified needs. Each risk assessment identified each hazard, possible harm or injury that could occur, any existing precautions in place and any additional actions required by support workers to reduce any risk. The specific risks identified included epilepsy, moving and handling and behaviour. The specific risk assessments also reflected the issues identified in the support plan. We saw the risk assessments identified the level of risk and showed the date of review. The manager confirmed that risk assessments were reviewed annually or sooner if the person’s support needs changed. All the risk assessments we looked at were clearly written and were up to date. These assessments provided the support workers with detailed information on possible risks and how to respond to them.

A support worker told us “Before supporting a client we are encouraged to read the support plan thoroughly, carry out shadow visits, we are matched to clients according to our abilities to support them and our travel journey is also considered so not to be too far from our next visit or from our home area.” The manager explained that the number of support workers required to provide appropriate support was considered during the initial assessment period and in discussions with the local authority and the young person’s family. The support worker was also matched with the person in relation to their current skill set, interests and any specific requirements identified by the young person and their family.

We found there was an effective recruitment process in place. As part of the recruitment process two references were requested and an interview was conducted with the prospective staff member. New staff could not start their role until a criminal records check had been received. In the staff folders we looked at we saw that the provider had received two suitable references for each member of staff,

Is the service safe?

notes had been taken during the interview and a criminal records check had been completed. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the young people using the service.

Support workers did not administer medicines to the children and young people they were providing care for. The support plans indicated which medicines the young person was prescribed and confirmed that the administration of all medicines was carried out by the young person's parents before or after the support session. We saw one support plan indicated that the support worker needed to carry emergency medicines for the

young person as they had epilepsy. We saw that the support worker had completed the epilepsy awareness course and paediatric first aid training. The manager showed us the local medicines procedure and explained that if there was a change in a young person's support needs that required support workers to administer prescribed medicines appropriate training would be provided. Staff would record if medicines were administered in a section of the record which was completed for each visit.

We recommend that the service reviews the incident and accident recording system currently in place.

Is the service effective?

Our findings

A relative we spoke with said “I have been told that they are currently in training. The current workers are good and they display good knowledge of my child”. Another relative said “Definitely they need training. Some of them are very good if they have had the training but others don't know how to change the pad or when and how to feed my child”. We saw people were being cared for by staff that had not received the necessary training to deliver care safely or to an appropriate standard. The provider had identified a number of training courses they felt were mandatory for staff to complete so they provided safe and appropriate care. The manager provided a record of all the training that had been completed by 21 support workers and this showed that some staff had not completed all the mandatory training. We saw that 13 support staff had not completed the manual handling training with four staff overdue in completing the annual refresher course. Six support staff had not completed the safeguarding adults and children course and three people were overdue in attending the annual refresher session. Six support workers had not completed training in relation to supporting people who presented challenges to support with one person overdue on completing the annual refresher course. Nine support workers had not completed the paediatric and basic first aid course. The support workers were providing care for children and young adults and many of them exhibited behaviour that could be challenging at times. This increased the risk of people receiving inappropriate care as these staff had not completed the relevant training in order to be able to support young people whose behaviour may be challenging at times. Two support workers helped the person they were providing care for to eat their meals. The support workers did not prepare the food but they had not received any training in the safe and appropriate way to support a person to eat who was at increased risk of choking.

The above paragraph demonstrates a breach of Regulation 18 (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was a procedure in place in relation to the Mental Capacity Act 2005 (MCA) and this identified that the Children's Act 1989 also related to the care provided. The procedure document stated that the manager was responsible for ensuring all staff were trained in relation to

the Mental Capacity Act. The manager confirmed that at the time of the inspection there was no training in place in relation the MCA or the Children's Act. Staff we spoke with confirmed they had received some training or they had read information about the MCA and its implications of the care they provided.

The above paragraph demonstrates a breach of Regulation 12 (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that the co-ordinator carried out the induction for new staff and we saw a copy of the induction checklist. The checklist included reviewing the role profile and person specification for the support workers role and identifying what assessments will be carried out during the probationary period. New staff had to record on the induction checklist when they had read a number of policies and procedures which was checked by their line manager. The manager explained that new staff would shadow an experienced member of staff for at least one session. The new staff member would then work with another support worker for up to four sessions. The number of sessions would depend on the new staff member's previous experience and the needs of the person they would be supporting. Staff we contacted told us they had regular supervision sessions and an annual appraisal with their supervisor. The manager explained that appraisals were carried out for staff at the same time every year. We saw completed appraisal documents for four support workers that had recently been completed.

The manager explained that the support workers did not have regular contact with healthcare professionals as they provided care for a small number of hours per week. The support worker would inform the young person's family if they had identified any concerns with the person's health during a support session. The support plans provided the contact details for the young person's General Practitioner. There was also a description of the young person's health issues and any related support needs.

The support plans we looked at confirmed if the young person could eat and drink independently or if they needed support. They also identified what food and drink the young person preferred and what they did not like or could not eat due to allergies, dietary or cultural reasons. The staff we spoke with confirmed the young people they supported did not require help with eating and drinking. The manager explained that when the young person

Is the service effective?

receiving care was at home their parents would provide their food. If they were going out with their support worker they would support the young person to choose their meal based upon any food restrictions identified in the support plan. We saw that support workers recorded on the record of visit form what the young person had to eat and drink during their support session. This enabled the young person's family to monitor what they had eaten.

Support staff recorded their arrival and departure times on the record form they completed for each support session. We saw support staff recorded if the session had to be ended early and the reason for example one session ended early as the young person changed their mind about the activity they had planned. The relatives of the child or young person being supported signed the form to confirm this. The manager explained that the times recorded on the forms were checked by the administration staff and used to create invoices.

Relatives said that they knew who would be coming round to support their child. They said "there is consistency of

support workers". Others said the opposite. One relative said "My main concern is consistency of carers. My child gets attached to the carer and does not like new people coming".

Another relative said "Every week different people come. There is no consistency and I am not told who is coming. I have complained lots of times but have not received proper response". Another relative said "The first six months were perfectly good with a carer who was good. The replacement carer was not good so we have been assigned another carer who only works part time with the agency." The manager told us that when the support workers were allocated to each young person they also identified alternative staff that would provide cover for annual leave and sickness. He explained that these staff would also be introduced to the young person receiving support and their family. This enabled the young person receiving support to get to know the support workers that might be providing care for them.

Is the service caring?

Our findings

Relatives said that regular carers treated their child as an individual and respect their privacy and dignity. One relative said “Activities are planned around my child's choices. They call her by her preferred nickname rather than her name”. Another relative said “The regular carers are kind and talk to him and call him by his name. Irregular carers do not fully understand how to care for my child”.

Staff told us who they maintained the privacy and dignity of the young person they were providing care for. One staff member said “I ensure the young people’s dignity and privacy is maintained by always maintaining professional courtesy and respect while with them and making sure, at all times, that they are treated the way I would like to be treated.”

Relatives we spoke with said that most carers understood the needs of their child. One relative said “Yes they understand the needs of my child. I am very happy with the

current carers; previously things were not always good”. Another relative said that “If they do not understand then the session does not continue”. Another relative said “The regular workers understand but others don't”.

We saw the support plans identified the young person’s wishes in relation to their religious and cultural needs with regard to the support being provided. The information included if the young person visited places of worship or if there was any food they were unable to eat due to religious or cultural requirements. This enabled the support workers to clearly identify the young person’s wishes.

We saw the support plans identified how the support workers could support the young person’s independence and choice throughout the support session. This included identifying when a young person did not require support from the staff member or if the young person should be asked if they felt they would like support during the session. The promotion of a young person’s independence and inclusion as well as their freedom to choose was identified as two of the fundamental beliefs of the service.

Is the service responsive?

Our findings

All but one of the relatives we spoke with said that an initial assessment was done before they started to receive support in their home and they were given all the information along with choices in a way that they could understand. One relative said that the provider “Initially did a full assessment – sleeping, feeding, personal care, medication etc”. Another relative said “The information from the assessment was presented in a nice clear way”. One relative said “The manager came and assessed the needs and did a risk assessment. We were given options”. One relative said that the support plan and risk assessment was only completed within the last month even though they have been with the provider for approximately seven months. The manager explained that they received detailed assessments from the local authority funding the care as part of the initial referral. Once a referral was received the service co-ordinator would meet with the young person and their family to develop the support plan also using the information provided by the local authority. The manager told us the support plan would then be reviewed after six weeks but could be reviewed earlier if the support was not appropriate.

All the relatives we spoke with said that a support plan was in place and they were asked for their opinion. The support was also personalised for their child. One relative said “The care is personalised and the plan is reviewed every six months and we can make changes”. Another relative said that “the plan is good”. A person said “I expect ongoing tweaking of support plans. I wouldn't have it otherwise”. We saw that the support folders included a one page profile of the person receiving care identifying their likes and dislikes as well as how the young person wanted to be supported and what was important to them. The support plan was written clearly using pictures so they were easy to read. The plan described how the young person expressed their choices if they had limited verbal communication. The support plan also included information on how the young person communicated with guidance for staff and how to provide appropriate and safe care if the person's behaviour became challenging. We saw that the support plans we looked at were up to date and relatives were involved in the development and review of their children's support plans.

One relative told us “After every session we can write our comments about that session.” Staff completed a record form after every visit which included a description of what the support worker did during the visit, what did and didn't work well. Other information recorded included what the young person had to eat and drink, any personal care and if any incidents or accidents happened during the session. There were also sections for the relatives to write comments about the session and pictures that the person receiving the support could use to indicate if they were happy or not. The majority of record of visit forms we looked at were detailed and clearly explained that activities were carried out and staff identified any positive or negatives issues they identified during the session. We saw the forms relating to one young person where the support worker had written the same description for the activities for every visit which did not provide an accurate picture of the care provided. We raised this with the manager who confirmed they would speak to the support worker about the recording of activities. On the second day of the inspection the manager confirmed they were organising training for support staff on how to complete the daily record of visit forms.

Young people receiving support were encouraged and supported to identify activities they enjoyed. As part of the support plan, activities the young person had chosen were described for the support worker. These activities included visiting the park, shopping and going swimming. The support plan identified the activities under key outcomes including being fit and healthy, staying safe and making a positive contribution. In some of the support plans we saw the action of involving the young person in the planning of activities was identified under the ‘enjoy and achieve’ outcome. We saw from the daily records of support sessions with these young people that the support staff involved them in these decisions.

Most of the relatives we spoke with had not complained about the care their child received but knew how to. Of those relatives who had made a complaint, one said “We made a complaint to the manager about the previous carer who was not suitable and used to come late. They changed the carer for us”. Another relative told us about a complaint they had made. The agency had resolved this with replacing the support worker. We saw the provider had a complaints policy and procedure in place. There was also a leaflet explaining the complaints process for people using the service. We looked at the complaints folder and saw

Is the service responsive?

there had been one complaint received during 2015 which had been resolved. The records included the details of the complaint, the outcome of the investigation and copies of correspondence. However, one relative told us they had raised a number of concerns which they felt had not been fully resolved.

One relative we spoke with said “I do not remember being asked for feedback. I sometimes get informed of parents' meetings but I have not attended any”. Another relative said “Yes I am asked to give feedback; they are pro-active”.

The manager explained they had sent out questionnaires during July 2014 to all the relatives using the service. We saw they had received two completed forms with feedback from relatives which had mainly positive comments. They also received some email feedback stating that if the relative had any difficulties they would contact their social worker. The questionnaires were designed using pictures to indicate if the person was happy, undecided or unhappy with the care they received.

Is the service well-led?

Our findings

The service had a number of audits in place to monitor the quality of the service provided. The manager completed a compliance tool each month where a sample of support folders were reviewed. The checks included if the support plans were up to date and if the plans identified the person's wishes. A sample of staff records were also reviewed to check supervision and appraisal records. During the inspection we saw a recently completed compliance tool which confirmed these checks were carried out.

The area manager carried out inspection visits every two months where they checked the office environment, spoke with staff and reviewed records. We saw copies of the notes for visits carried out in January and March 2015.

We saw the manager completed a service improvement plan each month where he recorded any actions from other internal audits, the related actions and outcomes. The plan was reviewed during the manager's supervision sessions with the area manager who would then agree to any actions identified and expected completion dates.

As part of the induction pack new staff received a copy of the behaviours framework which explained the expectations for how staff should behave when providing care. The pack also included a code of conduct which staff should sign and a document explaining the beliefs of the organisation.

When we asked staff if they felt the service was well-led we received mixed feedback. Staff said "Individually yes its well-led for example my line manager is very supportive regarding training and refreshers however the overall service can be improved", "The management do not always communicate" and "If we need assistance during a visit

from supervisors they're available and if any specific training is needed to support a service user then we can ask for it." Another staff member told us **"Excellent, frank and open conversation at all times through easy accessibility to the managers. There is always someone at hand to speak to when needed."**

We asked the staff what they felt about the culture of the organisation and if they felt it was open and fair. Staff told us **"It is indeed fair and open"**, "I feel that Scope is an open and accessible enough and inclusive organisation but not all the times fair when it comes to developing myself in term of career progression. Many staff who have potential for development have not been always encouraged to take new roles. But I feel that we have no structured career progression support to develop us to be leaders ourselves."

The manager told us that staff attended meetings every two months and additional meetings were arranged if any specific concerns identified. These meetings were held on different days and at various times to enable as many staff as possible to attend. We saw copies of the notes from recent staff meetings and these were circulated to all staff. The manager said staff were encouraged to discuss any issues or concerns with him and the co-ordinator. We saw a consultation had been carried out with the staff in relation to a planned change of location and their views had been obtained. Copies of the consultation documentation were kept in each staff member's file.

The manager told us they were supported to identify good practice by their area manager with regular supervision sessions. They also had a peer support relationship with two other managers who were responsible for similar services run by Scope so they could discuss any similar issues relating to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that people providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>Regulation 12 (2) (c)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not ensure that persons employed by the service provider in the provision of a regulated activity had received such training as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>