

## Scope

# Scope Community Services Cambridgeshire

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Scope Community Services Cambridgeshire provides personal care for adults, with a learning disability, physical disability, sensory impairment and/or autistic spectrum disorder in their own homes. At the time of our inspection there were four people using this service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This inspection was carried out on 24 and 26 July 2017 and was an announced inspection. This is the first inspection of this service since it was registered with the CQC in May 2016.

Staff understood their duty to report suspicions of poor care and harm. Staff were only employed by the service to look after people, once all pre-employment checks had been completed and were found to be satisfactory. There was a sufficient number of suitably trained staff to provide people with safe care and support.

Staff helped people in a way that maintained their safety and people were looked after by staff in a kind, and patient manner. Staff engaged with people they assisted in a caring way. Staff supported and encouraged people to make their own choices and live as independently as possible. People were treated with respect and dignity from the staff members who assisted them. People's privacy was promoted by staff.

People's care arrangements took account of people's wishes and choices, including their likes and dislikes, what was important to them and any future goals. Care and support plans recorded people's individual assessed needs and any assistance they required from staff. Risks to people were identified, and plans were put into place by staff to monitor and minimise these risks, as far as possible, without limiting people's independence and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff enjoyed their work and were supported and managed to look after the people they assisted. Staff understood their roles and responsibilities in meeting people's needs and they were trained to provide effective and safe care. Staff were supported to maintain their skills and the standard of staff members' work performance was reviewed by way of supervision, competency checks, and personal development plans [appraisals].

People were supported to take their medicines as prescribed and medicines were safely managed by staff who were trained, and whose competency had been assessed.

The service was flexible and responsive to people's needs. People were encouraged to maintain contact with their relatives and friends when they wished to do so. Staff assisted people to maintain and develop their links with the local community and encouraged them to continue with any hobbies and pursue their interests.

People were supported to eat and drink sufficient amounts of food and fluids. People's choice about what they wished to eat and drink was promoted and supported. Staff monitored people's health and well-being needs and acted upon issues identified by assisting people to access a range of external health care services.

There was a process in place to manage any compliments, suggestions, and complaints received and to resolve them to the complainants' satisfaction.

Staff meetings were opportunities for staff to feedback their experiences and receive updates about the service and organisation. Staff were encouraged to raise any suggestions or concerns they may have had at these meetings. Staff felt supported and listened to by the registered manager. Staff knew the values of the service and these service values were embedded.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who used the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided and felt listened to. Actions were taken as a result to drive forward any improvements required and implement continual improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were managed and administered as prescribed.

Staff were aware of their responsibility to report any concerns about suspicions of harm and/or poor care.

People's risks were assessed and managed by staff, without removing a person's choice or independence.

People's care and support needs were met by a sufficient number of suitably trained staff. Checks were in place to make sure that new staff were suitable to work with the people they supported.

### Is the service effective?

Good ●

The service was effective.

The provider was acting in accordance with the principles of the Mental Capacity Act 2005.

People's nutritional and hydration needs were met.

Staff were trained to support people effectively. Staff performance was reviewed via supervisions, competency checks and appraisals.

People were assisted with external healthcare appointments by staff when required.

### Is the service caring?

Good ●

The service was caring.

Staff were respectful, kind and caring in the manner in which they supported and engaged with people.

People's privacy was respected and maintained by staff.

Staff encouraged people to make their own choices about things that were important to them. Staff encouraged people to maintain their independence.

### Is the service responsive?

**Outstanding** ☆

The service was very responsive.

Staff supported people to maintain their links with the local community to promote and develop social inclusion.

Staff used creative ways to help people maintain and develop their hobbies and interests.

People's support and care needs were assessed, discussed, planned, agreed and appraised to make sure they met their current requirements.

There was a process in place to receive and manage people's suggestions, concerns and/or compliments.

### Is the service well-led?

**Good** ●

The service was well-led.

There was a registered manager in place who made sure that the values of the service were embedded and known/promoted by staff.

Audits were carried out as part of the on-going service monitoring process to identify and drive forward any improvements needed.

People and their relatives were given opportunities to feedback on the quality of the service provided and felt listened to.

# Scope Community Services Cambridgeshire

## **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 24 and 26 July 2017 and was announced. This was so that staff and service users would be available during the inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from representatives of the local authority contracts monitoring team; the local authority safeguarding team; Healthwatch and a physiotherapist to aid us with planning this inspection.

During the inspection we spoke with one person who used the service and two relatives of people using the service. We also spoke with the registered manager, one support worker and an agency staff member. We looked at two people's care records and records in relation to the management of the service; quality monitoring records; management of staff; management of people's medicines; compliments and complaints, and three staff recruitment files. We also observed the care and support people received to assist us in our understanding of the quality of care provided to people with limited communication skills. We also received additional evidence to support the inspection from the provider on the 26th July 2017.

# Is the service safe?

## Our findings

People's relatives told us their family member felt safe because of the care and support they received from staff. One relative said, "I was able to go on holiday for [stated number of] weeks without any stress as I felt [family member] was safe."

Staff were able to demonstrate they knew how to recognise any suspicions of poor care and/or incidents of harm. They described to us the action they would take in reporting such incidents, internally, or to external agencies. One staff member said, "Any concerns I would raise with the [registered] manager. There is [also] a designated safeguarding person also in Scope. If you are worried about something you have to report it. I feel it is a duty to raise a concern. 100%." A relative told us, "I have never had any worries about staff." This demonstrated to us that staff knew the processes in place to reduce the risk of poor care and harm occurring.

Records showed that pre-employment checks were carried out to determine that the proposed new staff member was deemed to be of a good character. Checks included references from previous employers; employment history checks; identity checks and criminal records checks (Disclosure and Barring Service). Staff were also asked to sign a health declaration to make sure that they were able to undertake this role. An agency staff member told us that they had to prove to their employer that their criminal records check was clear [nothing recorded] before they could start work at this service. This demonstrated to us that there was a process in place to make sure that staff were suitable to work with the people they supported. However, records showed that on occasion any queries and explanations from these recruitment checks were not always documented. We spoke with the registered manager who was able to give us clear explanations for any missing information. They agreed that in future this information would be documented within the recruitment process and records held.

People had individual care and support plans and risk assessments in place in relation to their assessed needs. Risks included, people not maintaining their own personal care; mobility requirements; continence needs; nutrition and being at risk of choking. These records gave information and guidance to staff to make sure that any risk was minimised, for example, when a person used public transport or undertook an activity. Within these records staff were also given detailed information on how people, who had limited or no verbal skills, communicated and expressed their choices. This demonstrated that processes were in place to help assist people to live as safe and independent a life as possible, and to help ensure people's care and support was safe.

Risk assessments included risks in the event of a foreseeable emergency such as a fire, environmental hazards and evacuation. Records showed that personal emergency evacuation plans were available for people using the service and staff confirmed that practice evacuations took place. This showed us that there was information available for staff to assist people to evacuate safely in the event of a fire or other emergency.

Care records showed that each person had their needs assessed and that this helped determine how many

staff a person required to assist them, and for what length of time they needed this support. People using the service were supported by a member of staff throughout the day and during the night. Our observations showed how staff would be there for people when needed. One relative told us, "Staff make themselves available to support trips out with [family member] and myself due to my health care concerns."

Agency staff were used to cover any staff absences or leave. Agency staff used were consistent and one agency staff member confirmed to us that they had supported one person at the service for several years. They said, "I feel that there is no difference between me and permanent staff in how I am supported." Safe staff numbers were determined by the amount of support people required and increased and/or decreased when necessary. This demonstrated to us that the provider had enough staff available to deliver safe support and care for people who used the service.

Care records documented whether the person or a staff member was responsible for the administration of their prescribed medicines. Systems were in place for people who required support with their 'as and when needed' (prn) medicines such as those for pain relief and the frequency people could have these, if required. We saw accurate records of people's administration were kept. One relative said, "Medication records are meticulous, my husband is a [health professional] so knows detailed records when they see them." Relatives of people using the service told us that they had no concerns around the management of their family member's medicines. One relative told us how staff had resolved an issue around their family members prescribed medicine and that they were grateful a solution had been found and how it had benefited their family member greatly.

Staff told us, and records confirmed, that staff were trained to administer medicines and that their competency to do this was checked by a more senior staff member. Audits were carried out so that people could be assured that they would be administered medicines as prescribed. This demonstrated to us that the registered manager had checks in place to help maintain the safe management of people's prescribed medicines.



## Is the service effective?

### Our findings

New staff completed the organisations induction programme that was based on the care certificate. The care certificate is a nationally recognised induction programme that applies across health and social care and was designed to develop staff's knowledge and skills. Staff, including agency staff said that when 'new' they were supported with an induction process. This included training and 'shadowing' a more experienced member of staff. This was until they were deemed competent and confident by the registered manager to provide effective and safe support and care.

Staff told us they enjoyed their work and were well supported. Records confirmed that staff received training, including specialist training, to deliver effective care and support that met people's individual and complex health and support needs. Training included, but was not limited to; moving and handling; epilepsy awareness; safeguarding adults; medication administration, ears, nose and eye-drop administration; the use of bed rails and health and safety. Other training included infection control; first aid; food safety; mental capacity act 2005; and autism awareness. Competency checks on staff's moving and handling techniques, and medicines administration, were undertaken.

Supervisions and personal development plans [appraisals] were used by the registered manager to monitor and review staff members' performance. These meetings were also a forum to discuss any additional support needed, and any training and developmental needs. This demonstrated to us that staff were supported to maintain and develop their skills and knowledge.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). People's capacity to make day-to-day decisions were assessed where necessary, and staff acted in people's 'best interest' where appropriate.

Staff we spoke with demonstrated to us an understanding of how they put their MCA training into practice. One staff member said, "Always assume capacity, assess whether a person can understand the information, retain the information and communicate a choice." Another staff member told us, "You have to think that [named person] has capacity to make choices and you use supports to help him make decisions and listen to this. Choices can be made for his own good, but do not remove his rights or his freedoms." We found that people were supported with making decisions and applications had been made to the local authority supervisory body so people had no unlawful restrictions imposed on them.

Observations showed that staff respected and encouraged people's right to make their own choices. One person, when asked if staff gave them a choice, answered, "Yes." We saw staff asked people their choice over meals, snacks, drinks, activities and what bedding they would like on their bed. A staff member told us, when asked how people communicated with them, "[People] use facial expressions and body language to show they are not happy with something." We observed that staff respected the choices people made throughout this inspection.

Relatives of people using the service were positive about the meals provided to their family member. One relative said they had no concerns, "Staff encourage [family member] to eat healthy meals and some carers [staff] are better at cooking than others." One person when asked if staff gave them a choice of meals told us, "Yes." Alternative meals and individual diets were catered for, and staff talked us through how they promoted healthy eating. One staff member said, "There are no special diets but I need to promote [named person] to eat healthily and I am able to encourage him to make healthy choices."

Records showed that people had access to external health care and social professionals when needed, and were supported by staff to attend these appointments. One relative told us how the registered manager had arranged for key staff to support them and their family member whilst their family member was in hospital. They said how much this had been appreciated by them and their family member. We saw that those people assessed to be at risk were referred by staff to specialist external health care professionals when appropriate.

## Is the service caring?

### Our findings

People and their relatives made very positive comments about the support and care provided by staff. This was because staff were motivated to deliver care to people that was compassionate and empowering. One person, when asked if staff spoke to them kindly answered, "Yes." A relative said, "[Family member] has to re-adjust to any changes in care workers. Care workers that are with [family member] a long time build up to having a [working] relationship and bond...they are like family, we value these people [staff] so much." Another relative confirmed to us that they were, "Very pleased with it [the care provided]."

Observations showed that staff were quick to offer people reassurance when they were becoming anxious. One staff member, on request of the person they supported, made certain noises to help the person remain calm and manage their anxieties. We saw that this was done in a very patient, attentive, and caring manner by the staff member. Our observations showed that this support and reassurance from staff helped the person become calmer and much less anxious.

People's respect, dignity and independence were promoted by staff. Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining their privacy and dignity. Staff were aware of the importance of promoting the dignity and privacy of the people they assisted. One relative said, "I have no worries about [family members] personal care and dignity, their flat is kept clean and it is a nice environment."

We saw that staff spoke to people in way they would understand and included them in everyday conversations including choices of activities and daily chores to help maintain their independence. Staff were seen asking and gaining the persons permission before undertaking any tasks. We observed staff encouraging people to make their own choices using verbal or visual prompts. This supported the person's independence and promoted and maintained their autonomy. Where appropriate, people were encouraged by the staff who assisted them, to help with day-to-day tasks, such as laundry, to maximise and develop their life skills.

People's diverse needs were planned for; this included any religious or cultural needs. Care and support records gave guidance to staff to help them understand how to support people to meet these requirements.

People and their relatives were involved in the setting up and agreement in decisions about their/their family members care. Documents were in a pictorial/easy read format to help aid with people's understanding. A relative said, "I feel involved, it has not been easy definitely, [putting family members care into the hands of an agency] but it has not been as bad as I thought it would be." Care records we looked at showed that staff reviewed and updated care and support plans needed. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs.

Advocates are people who are independent of the service and who support people to make and communicate their wishes. Advocacy information would be made available for people if they needed to be supported with this type of service.

## Is the service responsive?

### Our findings

The registered manager and staff had an excellent understanding of each person's individual needs, of which they were very responsive to. The whole staff team were committed to assisting each person to live as meaningful and full a life as possible based upon their wishes. This was done in conjunction with the person, their relatives and others such as health and social care professionals. A relative said, "It is very important to us that we see ourselves as part of the team as well, and being able to being able to resolve most issues."

Relatives of people who used the service were very positive about the initiatives the service had implemented to promote people's social inclusion. The registered manager and staff used both creativity and innovation to develop people's interests in response to their individual wishes and goals. They told us of the huge and positive impact this had made on their family member's lives and how this made their family member feel energised and valued. One relative said, "They [staff team] have a historical knowledge of [family members] evolution, they are like family." Another relative told us, "They are a group of intelligent carers [care workers] that look after [family member]. They don't just do their job, they think outside of the box." One example given was when the registered manager and staff had facilitated a trip to an overseas theme park which was a person's wish and future goal. It had been assessed that the person would become anxious around the increased noise of children attending the resort (identified trigger for behaviours). The registered manager and staff had planned the trip with the utmost care; risk assessed it and had chosen the timing of the trip to reduce the risk of any anxieties occurring and help the person stay within their budget. This meant that the person had been supported to develop their interest and achieve one of their goals in life. The person's home had souvenirs and photographs of the memories made during this trip, of which they were very proud and keen to share with us, during this visit.

In addition, other events were arranged for people. We saw staff support a person with a trip into London to celebrate a special occasion. This outing was inspired and then planned in response to the person's love of trains. When asked about this trip, the person confirmed to us where they had visited and that they had travelled by train. They said, "Went on [the] underground," and made a train noise to demonstrate this. Again, they proudly showed us their photographs and memories of the day. A staff member told us how they had worked with a local railway station staff and with permission, visited the station on occasion, with the person to watch the trains. This, they told us, gave the person immense pleasure and that by developing their interests, enriched the person's life. A relative said, "Staff make an effort to give [family member] a social life, it helps his well-being and social interactions. The service has been a God send."

A 'two minute talk' was set up in response to people's wishes and to agree any future plans, big or small, they may have had. This conversation took place on a monthly basis and set out action points of what people wished to achieve and the date these had been completed. The registered manager told us that these conversations quite often lasted longer than two minutes, but were in place to make people feel valued and empowered. One relative said, "[Family members] communication skills have developed no end because he has been listened to and this organisation specialises in this." In response to these meetings we saw that people had been out on shopping trips to purchase particular items, attended music therapy sessions, music groups, tai chi, and went swimming supported by staff. This demonstrated to us that people

who used the service were able to choose social activities that were creative, met their individual needs and interests, and built further links within the community.

Regular meetings were held with people using the service, so that they could feedback anything they wished to discuss. Pictorial prompts such as a, 'thumbs up, or thumbs down' helped aid people with their understanding and helped them answer the questions, 'what had gone well/not so well. Records showed that people's ideas were listened to and acted upon and that people's responses to staff were very positive. People were also encouraged to speak about which staff members they felt supported them best (based on the strength of different approaches). This information was then used to match staff as key workers (assigned staff members) to certain people using the service. The registered manager told us, "People living in their own flats, it opens up their world and maintains their independence. [Named person using the service] picked their own staff team." A relative confirmed to us, "They [family member] are always happy when returning home to their flat [after a visit]."

Our observations showed that staff took time to deliver person centred care, and that staff were skilled in responding when a person became unsettled or anxious. For example, when whistling to a person on their request, as this was known to give them comfort and reassurance. A staff member said, "We help manage the person to communicate in different ways to support them and manage their anxieties." Examples seen included pictorial and photographic prompts. One relative told us that, "[They have] built up a centre of excellence to look after young adults...they have a care team in place that works well. The commitment [to the people they supported] is staggering by staff."

Staff had invested time right from the start with each new person, by getting to know and understand them. Documents entitled, 'what people like and admire about me,' 'what's important to me,' 'my perfect day,' and 'how best to support me' were in place. These gave staff detailed and personalised information about each person, such as, 'I don't like unexpected noises,' and 'how I would like to take my medication.' This guidance prompted staff to remember and understand these important details when supporting a person. These records were enhanced, by staff on an on-going basis to reflect people's changing abilities, interests and wishes.

People's health and welfare continued to be met by staff who remained responsive to their needs. When new to the service, people's care and support needs were considered, planned, discussed and agreed to make sure that the service could meet their individual requirements. One relative said, "I feel involved in the care [decisions] and communication is good, you can talk to management if needed." If the service was able to support a person's care needs, a personalised care and support plan was put in place to provide detailed and individual information for staff on the care and support needed. People's health care and support needs were assessed, planned and appraised to agree their individual plan of care and support. Staff demonstrated to us an excellent understanding of each individual persons care, support needs and backgrounds. Ways they demonstrated this was how staff read people's body language and facial expressions to ascertain what support or assistance the person required. These interactions by staff, we noted, were often rewarded with a smile. Care plans contained information about people's lives [life history] before they used the service, so that staff could understand the people they assisted with their personalised care needs.

Staff told us that they had time to read people's care and support plans. They said that if they needed updating to reflect people's current needs, the registered manager and staff would respond to this and this would be actioned. One staff member talked us through how they had raised concerns about a person's weight management. The registered manager had listened to this and in response; this had involved a dietician and updated the person's care and support plan, with any guidance as a result of this involvement.

A relative confirmed to us, "There is a good partnership with Scope [the provider] to resolve any issues and feedback is always given [to me]."

Records showed that people were assisted to raise a compliment, suggestion or concern should they wish to do so. This was available in an easy read, pictorial format to help aid people's understanding. People were also asked to feedback on the quality of the service provided and any concerns they may have had using a 'thumbs up/thumbs down pictorial prompt by staff. People's relatives told us how they felt listened to and how the registered manager and staff team worked hard to resolve any concerns.

We noted that compliments had been received by the service. Staff were able to tell us how they would support a person to raise a concern they might have. One staff member said, "Open communication is encouraged within the service." The providers PIR and discussions with the registered manager showed that there had been only one complaint made within the last twelve months. The registered manager talked us through how they had worked hard, alongside local taxi companies (transport issues/wheelchair access) in an attempt to resolve the concern to the complainants' satisfaction. One relative said, "Staff listen and take on board [our] suggestions."

## Is the service well-led?

### Our findings

There was a registered manager in post during this inspection. They were assisted in the day-to-day running of the service by a team of care workers. We observed that people and staff interacted extremely positively with the registered manager, who spent time out and about at the service. Relatives of people using the service had exceptionally positive comments about the staff and the registered manager. One relative confirmed to us, when asked about quality of the service provided, "I would be happy if the staff were to care for me." This was said because of the significant positive difference the staff had made to their family member's well-being.

As an innovative and creative way to help with the promotion of the service's core values, we saw a dignity tree had been created by people using the service and the registered manager and staff team during a 'dignity day.' This was tree on which people and staff could hang hand written tags. This encouraged and inspired all involved to think about what the values of the service were; and what the word 'dignity' meant to them as an individual. During the dignity day, there was a slide show, organised by the staff team with lots of the photos, people using the service wanted to show, to evidence how dignity was indeed, part of their everyday life. The service had a 'dignity champion' in place but the registered manager told us that they were actively looking at different ways to expand this role to help empower the lives of the people they supported.

Staff talked us through the values of the service. One agency staff member said, "What impresses me is that customers [people using the service] are put first. If the customers [people] are happy then that makes me happy." Another staff member told us, "Scope's [provider's] vision is to enable disabled people to have the same opportunities as everyone else and feel equal to everyone else." Our observations showed that these values ran through the core of the service being delivered on a day-to-day basis. Relatives told us that these values were embedded throughout the service provided and that this had a very positive impact on the care and support their family member received. For example, a relative confirmed that their family member was now evolving and had grown as an individual due to the staff support received and the ethos of the leadership at the service.

The registered manager enabled their staff to support people to access and build links with the local community. This was promoted to empower people's well-being. As a result of this leadership, staff had used innovative and creative ways to enable people to develop their interests and achieve lifelong goals. We also saw people maintaining their links in the community with the support of staff members on a day-to-day basis. People were able to come and go from the service, as they wished, with the support of staff. The registered manager told us and showed examples of how they were encouraging the people they supported to share 'good news stories' around the local areas in which they lived. This had built links with local religious centres and at local events such as the 'Histon feast event.'

Staff spoke of a very positive culture that existed within the service and that they were free to raise concerns, make suggestions and drive improvement. They confirmed to us that their role was to give people the best care they could whilst promoting and maintaining the person's independence. The service had an

embedded culture that was open, positive, inclusive and inspiring. They told us that the registered manager was very supportive to them and had an 'open door' policy. This meant that staff could speak to them if they wished to do so. One staff member said, "At the staff meetings you can raise any concerns you may have and feel listened to." An agency staff member told us, "There is an on-call service 24 hours a day. If you need information you can call. The phone is always answered by the registered manager or another manager within Scope [provider] will take your call. You always get help." This showed us that staff were made to feel supported, empowered and valued.

People and their relatives were given the opportunity and were actively encouraged to feedback on the quality of the service provided. The registered manager and team of staff put great emphasis and value on the feedback received and information from the feedback was used to continually improve the quality of service where possible. The feedback showed very positive comments about the quality of the service provided. Improvements required included work with local taxi firms to make sure transportation that could carry wheelchairs was available, when needed, to enable people to attend therapy sessions and interests. We saw that as a result of this the benefit to people had been an enrichment of their lives in being enabled to do everyday things but in an individualised way.

To promote people's involvement and to enable people to feel valued and in control of their care decisions, a 'customer forum' had been set up as another way of capturing feedback on the quality of the service provided. These meetings were opportunities for people and the staff that supported them, to discuss the quality of the service, any future visions and values and what was important to people whether 'big or small' suggestions. One of the actions to come out of these open discussions was to promote people's safety when out and about in the summertime, by the use of sun cream.

The provider [Scope] at the time of this inspection was going through the process of changing this service to another care provider. We found that this had caused concern with relatives of people using the service due to the high standard of care currently being delivered. We saw that to provide a smooth transition, relatives had been sent letters from the provider, updating them of the changes. A strategy was also in place for the management team of the provider, to offer support to both people using the service, their relatives, and staff. One relative said, "I worry about the proposed organisation change." Another relative told us, "No other charity deals with people with cerebral palsy quite like [Scope] does."

Staff told us that staff meetings happened and that these were a forum in which they were actively encouraged to raise topics they wished to discuss and feel listened to. Topics included care and support updates for people using the service, organisation (provider) updates 'bigger picture/smaller detail' from the service improvement plan, areas of improvement/lessons learnt and the standards expected of staff.

The registered manager showed us records of their on-going quality monitoring process called the 'quality assurance framework.' Learning took place and actions taken to reduce the risk of recurrence of events such as booked transport failing to show. Audits were also carried out and these included audits for a person's prescribed medicines, risk to the health of people, staffing requirements, and people assessing external healthcare professionals when needed. Monthly meetings were then held with the person and they staff member (key worker) to plan the month ahead including any goals they wished to achieve. Any improvements required were recorded in an action plan and this helped drive improvement. This demonstrated to us that there was a robust quality monitoring process in place.

The registered manager notified the CQC, in a timely manner, of incidents that occurred within the service that they were legally obliged to inform us about such as incidents of harm.



Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This demonstrated to us that staff understood their roles and responsibilities to the people who lived at the service.