Scope

Roman House and Scope Inclusion Basingstoke

Inspection report

Roman House
Winklebury Way
Basingstoke
Hampshire
RG23 8BJ

Date of inspection visit:
02 December 2016

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26 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 2 December 2016 and was announced. Roman House and Scope Inclusion Basingstoke is a domiciliary care agency based within Roman House. The service aims to meet the needs of people living in the local community. There were three people using the service at the time of the inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service had special communication needs and communicated mainly by body language, gestures or sounds. Information on how to communicate with people was incorporated into care plans and staff were familiar with people's communication needs.

Relatives told us they felt their family members were safe with the service provider. Risks to people were identified, plans were in place to identify and manage assessed risks to people. There were sufficient numbers of staff to keep people safe. Appropriate recruitment practices were in place to ensure that staff were safe to work with vulnerable people.

People were protected from avoidable harm. Staff had received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

Staff were suitably trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. An induction programme was in place which enabled staff to undertake the Care Certificate. Staff received regular supervision.

People's rights were upheld in line with the Mental Capacity Act 2005. The Mental Capacity Act is a legal framework to protect people who are unable to make certain decisions themselves.

Relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the registered manager knew people's preferences. People were provided with information in a clear, individualised and accessible way as staff had a good understanding of how people communicated. People's privacy and dignity were respected.

People received the care they needed and staff were aware of the support each person required. Care records were focused on people's wishes and emphasized people's views and preferences. As a result, staff were able to provide people with relevant care. A complaints procedure was in place. People's relatives knew how to make a complaint and were confident that staff would respond to it immediately.

The management promoted an open, person-centred culture. There was a clear management structure and

people, relatives and staff felt comfortable raising any issues. There were systems in place to monitor and improvement the quality of the service provided. There was an improvement plan in place that identified improvements the provider planned to make.

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.

There were systems and processes in place to minimise the risk of abuse.

Risks associated with people's care and support were effectively assessed and managed.

There were enough staff to meet the needs of people. All staff had undergone recruitment checks to make sure that they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training, supervision and support.

Staff were aware of their responsibilities regarding the Mental Capacity Act.

People were supported to maintain a nutritionally balanced diet. People's health was effectively monitored.

Is the service caring?

Good

The service was caring.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

People were provided with information in a way that was accessible to them and staff had a good understanding of people's preferred methods of communication.

The confidentiality of personal information was maintained.

Is the service responsive?

Good

The service was responsive.

People's care plans included personal profiles which specified what was important to the person and how to support them.

People received individualised care that was tailored to their needs.

Relatives told us they felt listened to. The service had not received any complaints since the last inspection.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were involved in giving their feedback on how the service was run.

There were procedures in place to monitor the quality of the service. Where issues had been identified, actions plans were in place to address the problems.

Staff and relatives said that they felt supported and that management were supportive and approachable.

Roman House and Scope Inclusion Basingstoke

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.

We carried out the visit to the service on 2 December 2016 as an announced inspection. The provider was given 48 hours' notice prior to the inspection because we needed to be sure that the registered manager could be contacted in person on the service's premises. The inspection was conducted by one inspector.

Before the inspection, the registered manager 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 also reviewed the information we held about the service. This included both information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted health and social care professionals and the commissioners of the service for feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two staff members, the registered manager and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at three people's care plans and other associated daily records. We also looked at four staff files. We looked at a range of other records relating to the running of the service, which included daily records, audits and policies.

Good

Is the service safe?

Our findings

One person's relative told us, "[Name] is safe. He is assisted everywhere by one of his carers".

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. Staff recruitment records contained information which showed the provider had taken the necessary steps to ensure they only employed individuals who were suitable to provide care and support to vulnerable people. Each staff file included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff told us they had received safeguarding training and records confirmed this. Staff were aware of the procedures they should follow if they needed to raise a safeguarding concern. Staff were able to describe the processes the service had in place to ensure people were kept safe. One staff member said, "If I had any concerns, I would tell the management straight away and document this in the records." Another staff member told us, "If the manager didn't act upon my concerns, I would report it further. I can report this to the local safeguarding team, to the police or to you, to the Care Quality Commission (CQC)". All staff were aware of the signs and symptoms of abuse as well as of the safeguarding policies and procedures of the provider.

Risks to people were managed to ensure that people's freedom was protected. Staff were provided with individualised guidance so they could support people effectively and reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to manage these risks safely. Care plans contained risk assessments in relation to people's mobility, allergic reactions, violent behaviour (for example, throwing objects), attending various activities and travel. All the risk assessments were reviewed regularly and as required.

Staff had been trained in the safe handling of medicines. Staff members had their competency assessed following the completion of their training. This was repeated annually and if there were any concerns about unsafe administration practices. No one currently using the service required support with the administration of medicines.

Incidents and accident forms were completed by staff when necessary and reviewed by the registered manager. This was done to reduce the risk of reoccurrence of an incident or accident. The records contained a description of the incident, the location of the incident and the action taken. Analysis of these records enabled the registered manager to implement strategies to prevent the further similar incidents.

There was a process in place for monitoring incidents and accidents designed to identify patterns and trends. However, there had been no incidents reported since our last inspection.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions.

Good

Is the service effective?

Our findings

People received effective care that met their individual needs. One person's relative gave us positive feedback about the care their family member received. They told us staff knew the person and provided them with individualised care and support. The relative said, "The carers know how to take care about [name] and they seem to be really well-trained".

The registered manage told us that all staff had obtained or were working towards a recognised qualification in health and social care. The registered manager supported staff to undertake the appropriate induction and training and therefore helped staff to meet their personal and professional developmental needs. At the time of the inspection two members of staff were in the process completing the Care Certificate. The Care Certificate is a set of standards that social care workers follow in their daily working life. The Care Certificate gives everyone the confidence that care workers learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Some people who used the service required hoist equipment to be support them to move, whilst some other people needed special equipment to help them meet their nutritional needs. Staff confirmed they had received relevant training in using the equipment in question and felt confident to assist people safely. Other training was also available to care workers which included; moving and handling, health and safety and safeguarding. One member of staff told us, "Training courses are brilliant. The training is person-specific. For example, if the service user suffers from epileptic seizures we are provided with epilepsy awareness training".

Staff told us they had regular supervision and appraisal meetings with the registered manager. They told us the meetings were supportive and useful as staff were given opportunities to discuss any subjects that were important to them. A member of staff told us, "I can give my feedback to the provider and they can also provide me with feedback on my performance or training needs". Staff could also discuss any development needs relating to performing their role.

The Mental Capacity Act 2005 (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 in their best interests and as least restrictive as possible. 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. We checked whether the service was working within the principles of the MCA.

People's human rights were protected as the registered manager had ensured that the principles of the MCA were followed. The registered manager and staff understood and followed the requirements of the MCA. One staff member said, "We do presume that everyone has got capacity until assessed and stated otherwise. People have the right to make an unwise decision".

Where required, people were supported to eat and drink, and maintain a balanced diet based on their needs and preferences. We saw that people's care plans included what kind of food people preferred and how they preferred to eat it. For example, one person enjoyed soft foods and liked to be fed with a baby spoon. Another person's care plan clearly stated that the person's food was to be fortified due to the person's low body mass index. Staff were aware of people's nutritional needs. One member of staff told us, "I always check the temperature of the food and the quantity of the food as [name] does not feel when the food is hot and does not recognise when to stop eating". Staff told us they routinely checked if people had eaten their meal and how much they had eaten.

People were supported to maintain good health. Staff we spoke with were aware of people's changing needs. Staff members gave examples of when a person might need to contact a health care professional, for instance, in case of confusion, dizziness or becoming unwell.

Good

Is the service caring?

Our findings

One person's relative told us staff were kind and caring. The relative told us, "I think [name] is happy when he sees the staff. There is always friendly atmosphere between [name] and his staff".

Staff had developed positive and caring relationships with people. We saw companionable, relaxed interactions between staff and people during our inspection. We saw a member of staff using humour and touch while engaging with a person. They exchanged banter and this showed they both enjoyed each other's company. The person sought physical comfort from the staff member and the member of staff sat with them to make sure the person felt safe and relaxed.

Staff we spoke with said that the issues of privacy, dignity and confidentiality had been discussed with them during their induction. They gave examples of following these values in their practice, for example, by ensuring curtains were closed and internal doors shut while providing people with care. A member of staff told us, "When assisting [person] with personal care, I always close the door and explain what is going to happen next using his preferred name".

Staff knew people's individual abilities, habits and preferences. A member of staff told us, "[Name] gets bored really quick. He likes throwing the ball and playing with his favourite toy. He loves the little park when the weather is good". We checked the person's daily record and we could see that the person was regularly supported to eat their favourite food and visit the park.

People were provided with information in a format that was accessible to them. We saw that information was offered in a variety of formats, including signs, symbols and photos. For example, 'how to help me day-to-day' file was completed with people or their relatives when appropriate and prepared in an easy-to-read format.

Care plans contained detailed information about the person's communication needs. This ensured staff could meet these needs in an effective and caring way. A member of staff told us, "Care plans give you information, but when you develop the bond with the person, it provides you with more information than any care plan can do". Staff knew people's individual communication methods. For example, one care plan stated that if offering something to a person, the object needed to be placed near the person's right arm and the person would point at the thing if they would like to have it. Staff confirmed they were aware of that information.

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. Some personal information was stored within a password protected computer. A member of staff told us, "This is very important to keep the personal information confidential. We may share this information only with other professionals if they officially request this information to be disclosed to them".

Good

Is the service responsive?

Our findings

People received a personalised service that met their needs. People received good care that was adjusted to their needs and preferences and staff assisted people in the activities they had freely chosen to do.

Staff were responsive to people's needs. Staff had outstanding skills and an excellent understanding of people's individual needs. We observed that even though a person was unable to sign what they needed or articulate it with words, staff were able to read the person's behaviour and address their needs. Staff told us how the person communicated by uttering sounds and told us what the vocalisation means. This was confirmed in the person's care plan.

People's needs were initially assessed prior to the commencement of service provision. People's needs were constantly reassessed, and people's relatives and relevant professionals were involved in this process.

People who used the service were not able to be actively involved in the development of their care plans. However, the person-centred nature of the care plans indicated that these had been developed based upon staff learning of what was important to each person and how to support them to meet their needs. Where possible, relatives of people who used the service had been involved in developing people's care plans.

People's preferences, such as food likes, and preferred names were clearly recorded in their care plans. For example, one person's care plan specified they liked to have their nails painted and make-up done while another person's care plan stated they preferred spending time in a garden. The detailed content of the care plans ensured staff were provided with the knowledge they needed to assist people to do the things they enjoyed doing. The registered manager had systems in place to ensure individual care plans were regularly updated and reflected the current needs of the person.

Care plans were designed to help people access the community, develop life skills and give respite to people's families. Staff told us the care plans were informative and described the appropriate means to provide personalised care to people. When asked about particular needs of people, staff were able to give us clear and accurate information about the best way to care for the person. We saw care and support was personalised and where possible, staff were matched with the person to ensure good relationships would develop. The care records showed how people wanted their preferred care to be provided. This clearly indicated that people had the opportunity to make choices about their care.

Where people were assessed as presenting with behaviour that may be seen as challenging to themselves or others, care records provided strategies staff should follow to support the person when they were exhibiting this behaviour. Behaviour was monitored and staff completed a behaviour record. This enabled the service to monitor possible triggers and amend plans, if required. Staff we spoke with were knowledgeable about the person's specific behaviour.

One person's relative told us the person had the opportunity to get out and about and pursue their interests and hobbies. Records showed the person enjoyed walks and playing with their musical instruments.

Another person's care records showed the person enjoyed such activities like shopping, bowling or cinema.

The service sought views of people and their relatives on care and support provided. Surveys were sent twice a year to people and their relatives asking for feedback. The feedback was complimentary from relatives, stating that staff were friendly and caring and people were happy.

The relative we spoke with told us they felt they would be able to raise concerns if they needed to and had been given a copy of the complaints procedure. They said that if there were any issues they were always resolved by the registered manager. The person's relative told us, "There was a time when I found few carers not suitable to take care of [name]. I spoke to the registered manager who addressed the issue and those carers have never attended to support [name] again".

The provider had systems in place to receive and monitor any complaints that were made. No formal complaints had been received since our last inspection in December 2013.

Good

Is the service well-led?

Our findings

The person's relative was complimentary about the registered manager. They told us, "The manager is really good". A member of staff also praised the manager, "Our manager is very knowledgeable and very supportive. This is why things are running so smoothly".

The registered manager was on duty on the day of our inspection and they supported us with the provision of information required for our inspection. There was positive feedback from everyone we spoke with about the leadership of the service and there was confidence in how the service was run. There was a clear management structure in place and staff understood their roles and responsibilities. The registered manager had a good knowledge of all people using the service. They were familiar with each person's individual needs.

The values of people's dignity and independence were the basis of the person-centred approach in the service. The registered manager ensured these values were followed in delivering care and support to people. They also motivated staff to provide people with a high quality service.

The atmosphere in the office was friendly and professional. Staff were able to speak to the manager whenever needed, who was supportive. The manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the manager. One member of staff told us, "I receive plenty of support from my manager. I can talk to her and she listens to me. If I would like her to add or change something in a person's care plan, she would listen to me, she would value my opinion".

There were monthly staff meetings and the minutes were available to staff. The recent meetings included topics such as the use of mobile phones at work, and changes in policies and handovers. Staff knew how to whistleblow as they were provided with relevant information concerning whistleblowing procedures.

Audits and checks were carried out to monitor and improve the quality of care. The registered manager and the deputy manager had conducted detailed audits in various areas. For example, in training, daily records, care plans and risk assessments. After the audits had been completed, the registered manager had used them to identify areas where improvements had been needed and a relevant action plan had been put in place. For example, the most recent audits had identified the need to provide staff with person-centred training. Due to the audits, the managers had also found out that staff needed to complete a Care Certificate course. We saw that the registered manager had taken action to address the issues highlighted in the action plan.

We saw policies, procedures and practice were regularly reviewed in line with changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including the conditions of registration with the CQC, and those placed on them by other external organisations were understood and met. The service was committed to supporting each person by offering independent advocacy when appropriate and working

with their local authority social worker to find out what kind of support people would like in future.

When appropriate, the provider had submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.