

## Scope

# Mulberry Court and Scope Inclusion Dorset

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection of Mulberry Court and Scope Inclusion took place on 24 May 2016.

Mulberry Court provides supported living services in two bungalows for up to 12 people. During our inspection there was 11 people accommodated at the service. The buildings had been purposely built to provide housing for people who needed support to remain as independent as possible. Some people had lived there for a number of years and people lived with varying degrees of support needs. Scope Inclusion is a domiciliary care service that operates from the location, and provides domiciliary care services to three people who live in their own homes in the community.

When we last inspected the service in February 2014 we found it was not meeting all the requirements in the areas we inspected. The service had not notified the CQC of an incident. We told the provider that improvements were required and they wrote to us to inform us when the improvements would be made.

The current registered manager has been registered since September 2014. 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.

There was a relaxed and friendly atmosphere within the service. It was evident that Mulberry Court was people's home and staff were respectful of that. Some people were out and others chose not to talk with us others were able to engage with us and tell us about their experiences.

People were supported to live as independently as they were able. There was a wide range of ages and support needs and people received care and support based on them as an individual. People, staff and health and social care professional described the care and support as personalised. One person told us they could do whatever they chose to do.

People were positive about staff using terms such as brilliant, five star and one relative told us the importance of staff engaging in humour with their relation. Staff were kind and considerate to people.

Staffing was arranged according to what people had planned for the day and we saw that minimum numbers were achieved. People who received support from the inclusion service told us they received their visits on time and staff were unhurried.

People received enough to eat and drink, some people were independent and others required more support. Staff were flexible to the needs of people. Some people had specific needs around eating and drink such as at risk of choking and there were support plans developed to provide guidance for staff on how to support people safely.

Staff received appropriate training to enable them to carry out their job roles effectively and there were processes in place to provide supervision and carry out observations on their practice. Feedback from both informed staff annual appraisal and staff were supported with their professional development.

People felt involved in making decisions about their care and were actively involved in planning their daily lives and regular review of their care and support needs. There was a key worker system and people had monthly meetings with them as well as an annual review. Staff were responsive to people's changing health needs and one person received urgent medical attention because of staff vigilance.

There were quality monitoring systems in place to ensure that areas for improvements were identified and added to the service improvement plan, which was then monitored and signed off when actions were completed.

People had access to a wide range of activities and some people could access these independently using their own cars. Other people accessed the community using public transport and staff supported people when needed.

## 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 were supported to take risks and make choices. Support plans were developed to minimise the risk of harm to people.

Staff were aware how to identify and respond to actual or suspected abuse

There were enough staff, numbers of staff were based on the activities planned for the day and levels of support people needed.

Medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

People received care from appropriately trained and experienced staff.

Staff received regular supervision and support. All staff received an annual appraisal.

People were supported to have sufficient food and drink.

The service worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People had personalised support plans which they were involved in developing and reviewing.

People knew how to raise concerns and complaints. The service kept a log.

People were engaged in a range of activities at home and within the community.

### Is the service well-led?

Good ●

The service was well led.

There were quality monitoring systems. Areas for improvement were added onto the service development plan and signed off when completed.

Staff told us the management team were supportive.

# Mulberry Court and Scope Inclusion Dorset

## **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 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we requested and received a Provider Information Return (PIR). A PIR 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 reviewed information we held about the service including notifications of incidents. A notification is the way providers tell us important information that affects the care people receive. We sought the views of the local authority quality improvement team and received a contracts monitoring report dated February 2016.

People were able to engage with us and express their views of the service, some people were not home on the day and some people chose not to talk with us. We spoke with four people who lived at Mulberry Court and two people who received support from the inclusion service as well as one relative. We spoke with five members of staff and the registered manager. We looked at three care records and three staff files. We also spoke with one healthcare professional and one social care professional. We saw staff training records and other information about the management of the service.

# Is the service safe?

## Our findings

The service was safe. One person told us "I feel safe here." People were involved in assessment and review of their care and support needs and where risks were identified a plan was developed in order to minimise risks to them. For example one person had risks associated with having a bath. There was a support plan in place which ensured the person could have a bath when they chose to. There was guidance for staff how to support the person safely and to maintain their privacy. Another person was supported to remain independent when going out alone, there were contingency measures in place to ensure the person and staff understood what actions may be taken if needed. This meant that people were supported to take risks and make choices.

A relative told us they were confident their relation was safe they said "I have no worries; the staff are confident and competent."

People had individual personal emergency evacuation plans which meant if there was an emergency situation staff were aware of how people needed support to leave the premises.

People were at reduced risk of harm and abuse. The provider had reviewed their own internal safeguarding reporting systems which meant there was a process for investigating all incidents of a safeguarding concern, even when the incident may not meet the local authority safeguarding threshold. For example a minor medicine error was reported and investigated internally and actions put in place to prevent a reoccurrence. There was a log of all incidents which included actions taken. All staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. The registered manager was at safeguarding training for managers during our inspection. Staff were able to describe how they would escalate concerns about poor practice and were aware of whistleblowing procedures. The provider had produced safeguarding leaflets for people and staff. One person showed us their leaflet and told us they would know how to get help if they thought they were at risk of abuse.

There were sufficient staff to meet people's needs. There had been some staff changes, one person told us they had a change of key worker although commented that this was going well. People on the whole told us they preferred it when the staff team was consistent although understood changes were inevitable. One team leader told us staff levels were variable depending on what activities were taking place, there was always a minimum of three staff during the day and two staff at nights, the duty rosters verified this. One person told us that people were involved in making decisions about staff recruitment. Staff confirmed that people were involved in the recruitment process and were able to influence decision making.

Staff were recruited safely and had relevant checks carried out such as criminal records checks, identity checks and gaining references in relation to previous employment. When there was use of agency staff the team leader showed us they had appropriate information about them so that they were reassured the agency staff had been recruited safely and had appropriate training.

People who received support from the inclusion service told us staff arrived on time and were unhurried.

There was a health and safety lead within the service and they linked into the provider's health and safety structures. The provider monitored health and safety incidents. Such as there was a procedure for reporting incidents and accidents and we saw that they were monitored on an on-line system and trends were identified. For example one person had an increase in falls, this was identified and appropriate actions taken to reduce the risks of reoccurrence. There were regular checks of equipment such as hoists and electrical equipment and any faults in the contents of the building were reported centrally to the provider and actions were taken. One member of staff gave an example of a broken chair which they reported to management and it was replaced. There was a rolling redecoration programme which meant the home was kept in good decorative order.

Medicines were stored and administered safely. Staff had received training and there were processes in place to ensure that people received prescribed medicines at the right time. One person told us they received their medicines on time and was glad they had support with their medicines.



# Is the service effective?

## Our findings

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 by 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in the MCA and understood their responsibilities in ensuring that people were supported to make their own decisions about how they lived their life. One person told us "I can do what I like, we are free here." Records demonstrated that most people had capacity to make decisions. The registered manager had made a DoLS application for one person and had followed the correct processes regarding assessment of the person's mental capacity. They were waiting for the local authority to carry out an assessment.

Staff told us they received enough training to enable them to carry out their job roles effectively. One member of staff told us how they were receiving "A lot of training," they gave examples of recent training in supporting people living with a learning disability, infection control and medicine administration. There was a training matrix which identified training which the provider considered essential such as fire, health and safety and safeguarding. There was a system for flagging up when training was due and we saw staff had either completed or booked to undertake refresher training as required.

New staff underwent an induction and staff new to care work were enrolled on the Care Certificate. This a nationally recognised induction programme for new care workers. One team leader told us all existing staff within the service had signed up to a self-assessment to ensure that all of the staff team met the requirements of the Care Certificate.

Staff received supervision six-eight weekly as well as this they had random three monthly observed checks which were carried out by senior staff. Feedback from supervision and observed checks was used as evidence to inform staff annual appraisal. One member of staff told us they experienced the annual appraisal as a positive experience and felt they were supported to complete further training. Some staff were completing levels, five, three and two of a health and social care diploma.

People told us they had access to health care, one person told us "I tell staff if I'm not feeling right." They told us staff ensured they saw the nurse or doctor if needed. We saw evidence of appointments with a range of healthcare professional such as the Speech and Language Team (SALT), Community Rehabilitation Team and GP's and District Nurses. People had a hospital passport in their support plans which meant if they needed to go to hospital, important information about them was transferred with them. One healthcare

professional told us they were confident staff carried out recommendations they had made.

People had sufficient food and drink. People had varying levels of support to menu plan, shop and prepare meals. This was clearly documented in their support plans. One person showed us how fridge and cupboard space was arranged so that people had their own groceries. Staff understood when people required support for example one person had a potential risk of choking associated with a medical condition and the persons support plan indicated that staff needed to be present when the person was eating. People had their nutritional needs assessed and where appropriate they had been referred to SALT and received specialist dietary advice. Staff told us they supported people to choose a healthy varied diet and where needed people had their weight monitored.

## Is the service caring?

### Our findings

People told us they were happy living in the home and there was a relaxed and informal atmosphere. One person described staff as "Brilliant." They described staff as being friendly and helpful. Another person told us "Staff are so friendly, you can't believe it, it's like they enjoy being with you." Staff were observed engaging in positive interactions with people. We heard staff asking people before providing support and checking with people what they wanted to do. Staff were open with us about what they were doing and carried on their work with people in a relaxed manner. One person described having a good relationship with staff and told us "staff are kind – we have a laugh and joke."

A relative told us how humour was important to their relation; they told us "staff always end up having a good laugh, that's what's important for us." One social care professional described how touched they were at the level of support given to one person; they told us that staff "went over and beyond their call of duty to ensure (name) safety and well- being."

One person told us that staff were kind and respectful of their privacy. During our inspection we saw evidence of this, for example people were asked if we could view their rooms and when some people declined, staff were respectful of their decision. Staff explained to people our presence and invited people to talk with us if they chose. Another person told us "staff are respectful of our own space and privacy." They went on to say "staff are five star, they treat us as normal."

People told us they actively made decisions with support from staff. One person told us they felt they were independent but with the support of staff. They considered staff listened to them and enabled them to make their own decisions. People were allocated a key worker who worked with the person to ensure their support plan reflected their care and support needs. They spent one to one time with them. One person told us they had a good relationship with their key worker. We saw that people were involved in key worker meetings and their annual review and contributed to decision making related to their care and support needs.

As many of the people had lived in the service for a number of years, when there was a vacancy we were told people were fully engaged in the process of accepting someone new to move in. For example the person would be invited to look round, talk with and eat with other people. One person confirmed they felt involved in this process and felt their views were listened to.

Staff had an understanding of people's individual communication styles and this was reflected in peoples' support plans. Such as one person communicated better with people they had known longer and could display certain mannerisms if they were uncomfortable and this was recorded in their support plan. One member of staff was able to describe to us how the person communicated.

## Is the service responsive?

### Our findings

People were supported to live independently. People required varying levels of support and this was identified through assessment and review of their individual needs. One member of staff told us what they considered works well in the service; they said "The personalisation- it's a frame of mind we are always working with people as individuals." They gave an example of one person who preferred to have their meals cooked for them and others who were independent. A social care professional agreed that the care and support provided is personalised to meet people's individual needs. One person told us "staff know what I like and dislike –I tell them." People's support plans included their likes, dis-likes and preferences.

People were engaged in activities which were of interest to them. During our inspection some people were out for the day. People attended work and voluntary schemes as well as using facilities within the local community and some people chose to go on trips out and holidays. Staff provided support when needed for people to access the community. One person told us they attended riding, swimming, woodwork and the gym. They commented "we can do as much or as little as we like."

People accessed the community in a variety of ways, some people had their own cars, and others used public transport or walked. One person showed us their room and explained that most of the furniture and contents were their own.

People and their families were involved in a monthly review of their support plan. We saw actions were followed up from these meetings for example one person wanted their room redecorated and there was a plan in place to address this.

People were involved in an annual review of their care and support needs and we saw that support plans were revised to reflect peoples changing needs, such as one person had a change in their health needs and their support plan reflected an increase in support with an aspect of personal care. A social care professional told us staff "always completed actions identified from review and if in doubt have escalated the issue to higher management."

People were able to voice their suggestions and have information shared during monthly meetings. One person told us they had spoken about people tidying up after using the kitchen and the meetings were an opportunity for there to be discussions on daily household concerns. People received customer questionnaires which enabled them to provide feedback to the service. These were filed with their support plans and we saw evidence that actions had been taken following some feedback. People identified questions they would like to be asked in staff interviews, such as, "Do you like gardening?"

There was a policy for dealing with complaints, a log was kept and we saw there had not been any complaints within the last 12 months. How to make a complaint was clearly displayed and people told us they would know how to raise concerns with staff or a manager. There was a record of any low level concerns which we saw had been dealt with satisfactorily and one person told us they were happy how staff supported them to achieve a mutually agreed resolution with another person in the home.

We saw compliments had been received including one which came from a relative who gave their thanks to staff for "fantastic care and support." Staff recognised when one person was in need of urgent medical intervention, their vigilance and support ensured the person received the treatment required.

## Is the service well-led?

### Our findings

We found the provider had made improvements since our last inspection in February 2014. Our previous inspection found that the service did not always notify the CQC about incidents that affect the health, safety and welfare of the people who use the service. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we saw that improvements had been made.

People understood how the staffing was organised within the home including the different staff roles. People knew there was a registered manager and told us they were confident in the management of the service. Staff felt supported and one member of staff told us they felt listened to. There were staff meetings held on a regular basis which included monthly meetings for senior staff as well as monthly staff meetings. Minutes of these meetings showed that information was shared and discussed. One member of staff told us they were confident they could make suggestions.

The registered manager showed us the service improvement plan which was an on-going log of areas for improvement and we saw that when actions were completed these had been signed for, such as plans to improve person centred support plans and introduce additional tools to support the process, was signed off as completed within the agreed timeframe. There were monthly quality checks carried out, for example health and safety checks and checks of medicines. There had been a recent pharmacy audit with positive results requiring no actions.

The registered manager followed human resources process appropriately to ensure staff were supported to do their job. We saw one member of staff went through a disciplinary process and was on an improvement plan and this was intended to ensure the person had the right support to continue to carry out their job safely.

The provider had a quality assurance framework which was based on the CQC domains, this meant the service was aware of its responsibilities in terms of providing regulated activities and was monitoring the relevant areas to ensure that it achieved compliance. There was a requirement for the registered manager to report monthly compliance information such as training, complaints and accidents or incidents. This meant the provider had a system in place for supporting the registered manager to identify areas requiring improvement. Staff told us the regional manager visited the service at least monthly and there were monthly area meetings which the registered manager attended. Staff told us they felt supported by the leadership team.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.