

Scope

Edward Street

Inspection report

1-3 Edward Street
Halton View
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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 inspection was undertaken on 28 March 2017 and was unannounced.

1-3 Edward Street is a purpose built care home providing personal care and accommodation for up to six people who have a physical disability. The service consists of two linked bungalows each accommodating three people. The home is located in a residential area of Widnes and is within easy access of the local amenities. The property is owned by a housing trust and managed by Scope.

At the last inspection undertaken on 24 November and 2 December 2014, the service was rated as Good. At this inspection we found the service remained Good.

People continued to be safe at Edward Street. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The registered manager told us there were current staff vacancies and they were recruiting new staff. When recruitment was complete this would improve the flexibility of support available for outside activities.

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 received appropriate training and were supported by the registered manager through supervision and meetings, to enable them to meet people's needs effectively.

We observed positive and caring relationship between staff and people using the service. People spoken with confirmed that they were treated in a kind and caring manner. The privacy and dignity of people was supported by the approach of staff.

People had personalised support plans which set out how their care and support needs should be met by staff. These had all been re-written and were reviewed regularly. Staff communicated with people using their preferred methods of communication. We found that they had developed a good understanding of people's needs, preferences and wishes. People were encouraged to be as independent as possible and work towards their goals and aspirations.

People participated in activities and events to meet their social and physical needs. The registered manager told us that this was an area they were developing and aimed to increase the range and flexibility of outings and activities people participated in. People's feedback was sought about how improvements could be made to the service. People spoken with told us that they knew how to complain should they need to.

Good management and leadership continued to be demonstrated. Staff were motivated and positive about the management of the service and told us that they could approach the registered manager with any concerns. The registered manager told us they were working towards a service improvement plan and had

been working collaboratively with the local authority. Quality assurance systems were in place to monitor the service.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Edward Street

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 checked 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 28 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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 spoke with the local authority's quality assurance and contracts team to gather feedback, and they told us that the service was subject to an improvement plan and progress had been made.

During the inspection, we spoke with five people face to face and two relatives over the telephone. The people living in the home had a variety of methods of communication. Some people were able to tell us what they thought about the service verbally, others could indicate by gestures or by using a talk board. We also spoke with six members of staff, including three care support workers, a team coordinator, the regional manager and the registered manager. We checked three people's care records and two medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records. Throughout the inspection, we observed how staff supported people with their care during the day whilst in the communal areas.

Is the service safe?

Our findings

People told us that they continued to feel safe living at the service and felt able to raise any concerns with staff if needed. One person said, "I feel safe, I would speak to (name) if I needed to."

Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. The service had a safeguarding policy in place. Staff told us that they could raise any concerns and felt that they would be dealt with promptly. One person said, "I'd go to the manager, if not you can ring safeguarding or CQC. If it was really bad I would call the police." Minutes of staff team meetings demonstrated that safeguarding procedures were routinely discussed. Safeguarding issues were also discussed with people living at the service within customer meetings. This ensured that people were given appropriate information about how to keep themselves safe and how to report any concerns. The registered manager kept electronic records which contained details about any safeguarding referrals that had been made to the local authority and we saw that the service worked with other agencies to ensure that where necessary action was taken to ensure that people were appropriately protected.

There continued to be enough staff to support people safely. The registered manager told us there were some staff vacancies and they were currently recruiting. Staff rotas and use of a staff assessment tool showed that the registered manager took account of the level of care and support people required to keep them safe. Further reviews had been requested from the local commissioning teams to ensure that people continued to receive the correct level of funding. We observed that staff were visibly present and provided appropriate support to people when this was needed. People and staff told us that there were generally sufficient staff but found that the mornings could be busy. Rotas evidenced that staff on duty varied from two to three staff. We noted that three members of staff enabled the staff to be more flexible, especially with regards to supporting people to go out into the community. We discussed this with the registered manager who confirmed that there would be three people on the rota on a permanent basis, when the recruitment was complete. Occasionally agency staff were used to cover gaps on the rota, where agency staff were utilised we saw that they undertook an initial induction to ensure that they had appropriate information about people's support needs.

We checked the recruitment process of a staff member who had commenced employment since our last inspection and saw that appropriate procedures had been followed.

People were supported by appropriately trained staff to take their prescribed medicines. These were stored safely. We saw there was a fridge specifically to store medication, however the temperatures could sometimes be lower than guidance indicated to be safe. The registered manager had already taken advice and planned to remove the fridge, which was no longer required. People's records contained up to date information about their medical history and medication requirements, including protocols for "when required" medicines. We looked at two medicine administration records (MARs) which were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Appropriate stock checks were also undertaken.

People's care records contained risk assessments relevant to their conditions, such as risk assessments related to falls, pressure area care, medication, eating and drinking and bathing. They contained guidance for staff on how to mitigate these risks. Care records also contained guidance about how to support people to move in a safe way and included what equipment needed to be used. One person confirmed that the staff always used a hoist when supporting them. Staff advised us that they were kept informed about the management of risks to people through regular handover and staff meetings.

There were systems in place to record and monitor incidents and accidents. We saw that an electronic log of these was in place and monitored by the registered manager and health and safety team. This ensured that if trends were identified, actions would be put in place to prevent reoccurrences.

We observed that both bungalows were clean, well maintained and adapted to the needs of the people living there. There was a cleaning rota in place and staff were aware of their responsibilities regarding infection control. Gloves and aprons were available and used by staff. We reviewed records which demonstrated that appropriate maintenance and health and safety checks were undertaken to maintain the safety of the premises and equipment. Each person had an individual emergency evacuation plan, to be instigated in the event of an emergency such as a fire. We saw that fire drills had been undertaken but that a drill was slightly overdue, as their policy was to undertake fire drills every six months. Following the inspection the registered manager sent us information to demonstrate that two further drills had been subsequently undertaken.

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and knowledgeable. Relatives said, "They encourage him to be an individual" and "He's very happy."

Staff continued to attend mandatory training subjects relevant to their role. The management team currently analysed training undertaken on a weekly basis, to ensure staff were up to date with the knowledge and skills required for their roles. We saw from the records that people had completed moving and handling, medication, safeguarding, equality and diversity and fire safety, amongst other training. An audit had been carried out to ensure that records correctly reflected the training that had been completed. We found that staff had a good understanding of the people they supported. For example, knowing the things that were important to people and how they preferred to receive their support.

Staff received appropriate support from the registered manager or team co-ordinator through a programme of regular supervision (one to one meetings) and an annual personal development plan. This was devised to enable staff to focus on their development and review their performance. We saw from records that regular observations of the staff were also undertaken to assess performance and any areas for further improvement. Staff said that they felt well supported by the management team.

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's consent and ability to make specific decisions had been assessed and recorded in their records. Staff explained they understood the importance of ensuring people agreed to the care and support they provided. One member of staff explained about one person, "It's in his notes about giving certain options, people's choices are respected."

We were informed that all of the people living at the service had the mental capacity to make their own decisions. Staff had received training in MCA and DoLS and understood their responsibilities under the Act. Records demonstrated that where there had been potential concerns about a person's capacity to make a decision, an appropriate assessment had been undertaken and people were appropriately supported to make decisions where possible. 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.

People told us that they were satisfied with the food and that they were involved with decisions about shopping and the meal provision. Staff told us how they supported people with their specific dietary requirements. For example, three members of staff were able to tell us about a person who required a specific diet and follows the advice of the speech and language therapist (SALT). Advice had been sought

from a dietician regarding a person's weight loss and we saw that the guidance had been followed by staff and the person had started to gain weight. We saw that instructions and guidance about people's nutritional needs were detailed on their support plans. Drinks were available and offered throughout the day, with people being given choices about their drinks. A member of staff knew for example, that one person's preference was apple juice.

People continued to be supported to maintain good health. Staff ensured that people attended appointments and check-ups such as with their GP or consultant overseeing their individual healthcare needs. We saw that referrals were made to health care professionals where necessary, such as to speech and language therapists, district nurses, dieticians and chiropodists. Within people's support plans we saw that they had specific health action plans which advised staff how they should support people with their specific healthcare needs. One relative commented "They also take care of his health."

Is the service caring?

Our findings

People continued to be positive about Edward Street and told us they liked living there. They told us "I prefer to spend time in my room, if I need something I will ask, they allow me to be independent." A relative explained, "They give him the best quality of life."

We observed positive and caring relationship between staff and people using the service. People spoken with confirmed that they were treated in a kind and caring manner. We saw that people laughed and joked with the staff and were relaxed in their company. A number of staff had been employed by the service for several years and knew people well. We observed that the registered manager was visible around the service and understood people's needs in detail. One relative commented "He has a nice key worker, who's known him a long time."

We found that staff continued to be knowledgeable about the care and support people required. Some people had complex communication needs. Information about people's communication needs and preferences were included in their support plans so that staff had up to date guidance on how people wished to communicate and express themselves through speech, signs, gestures and behaviours. People also had support from speech and language therapists and one person used technology to support their communication. We saw that staff understood the different ways that people expressed what they needed. For example, one staff member explained to us how they knew when someone was experiencing pain because of their gestures. One person, who was unable to communicate verbally, expressed to us that they felt supported by staff to communicate effectively.

Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their support plan. We saw records of regular meetings that keyworkers had with people and we saw that people were involved in their support planning. Relatives told us they were kept well informed about their family members support and when changes in people's needs occurred. We saw that people were supported to keep in contact with people who were important to them through use of skype, home visits and telephones within individual bedrooms.

Staff supported people to express their views and to be involved in making decision about their care. As well as regular individual review meetings, there were monthly meetings held with people living at the service, where people were supported to discuss their views and provide feedback about future developments. People were encouraged to be as independent as they could be. One member of staff said "We do strive to aim for independence." We were told how one person was able to visit the local town independently. Staff had supported the person to minimise potential risks because they were part of a "safe in town" scheme which meant that they could access support from any location displaying a particular poster should they require assistance.

The privacy and dignity of people was supported by the approach of staff, we saw that staff always asked people whether they could enter their bedrooms or knocked on bedroom doors. One person said "It's my

own space, yes they respect my privacy." We saw that staff were respectful when they were talking with people and for example they asked people for permission before they made themselves a drink. Relatives told us staff respected people's privacy and confidentiality. One relative confirmed, "They encourage (name) to be independent and they respect his confidentiality." Support plans reviewed were written in a manner which respected people's dignity and contained specific information about maintaining people's privacy.

Is the service responsive?

Our findings

We found that people continued to receive support within the service which was centred around their needs. Individualised support plans were in place that provided clear information for staff on how to deliver people's care. We saw that these support plans had been discussed with people receiving a service and their relatives. The registered manager told us that staff had focused on making improvements to the support plans over the past few months and they had all been re-written. The plans were used as a working document and included detailed person centred information. A staff member confirmed, "We've worked hard on the support plans and have really involved the customers."

Records included information about people's history, individual preferences, what was important to them, likes and dislikes, places and activities they valued. We discussed the support plans with two people who both confirmed that support was provided to them in line with their wishes as detailed in their plans. We saw that the support plans were reviewed on a regular basis and people had signed their agreement to the plans where possible.

The service promoted inclusion and supported people to take part in activities which reflected their interests. The registered manager told us that over the past few months the service had focused on supporting people to identify their goals and aspirations. For example staff were supporting a person to consider options for getting a job and another person was about to access a computer course. Planning holidays was very important to people and we found that people went on holidays based on their preferences. One person described how much they enjoyed visiting a family member who lived abroad, who they had been able to visit yearly.

People participated in activities and events to meet their social and physical needs. The registered manager told us that this was another area they were developing and aimed to increase the range and flexibility of outings and activities people participated in. There was a weekly timetable of planned activities which had been discussed with people. This included activities such as shopping trips, going for coffee or to the pub, as well as in-house activities. However we noted that these activities were occasionally reliant on there being sufficient staff available to support people, which meant that plans were not as flexible as they could be. The registered manager advised us that when the recruitment had been completed there would be sufficient staff available at all times to provide increased flexibility to the activities programme.

People continued to know how to make a complaint if they needed to. We saw that information was displayed within the bungalows which advised people how they could go about raising a complaint or concern. We spoke with one person who clearly felt about to speak to the registered manager about any issues. Another person told us that he had used the procedures to raise issues in the past and that these had been dealt with satisfactorily. The registered manager maintained a record of any complaints and we saw that two had been received in the past twelve months. Both of which had been responded to appropriately. One of the roles of the key workers was to enable people to raise any issues or concerns. We also saw that people views were sought through customer surveys and one concern received via this feedback had been appropriately dealt with as a complaint.

Is the service well-led?

Our findings

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

The registered manager also had management responsibility for another of the provider's services. Staff told us when the registered manager was not at the home, they were contactable and accessible if they were needed. There was also an on-call rota which meant that support was available outside office hours.

The service continued to be well-led. We found that the registered manager was well organised. All information requested during the inspection was readily available and she was able to discuss her plans for on-going improvements to the service. The registered manager was supported by a wider management team including a regional manager, quality assurance and safeguarding manager. They told us that they were working towards a service improvement plan and had been working collaboratively with the local authority to make improvements to the service. We saw that fortnightly conference calls were held by the management team, to review the improvement plan and focus on continuous development.

Good management and leadership continued to be demonstrated. Staff were motivated and positive about the management of the service and told us that they could approach the registered manager with any concerns. They told us "It's fantastic" and "I feel we all pull together, we're a good strong team". A person centred culture was promoted within the service and the registered manager told us about the importance that they had placed on encouraging people to identify their goals and aspirations. Staff told us there were regular team meetings where they were encouraged to contribute their ideas for changes and improvements that could be made to improve people's experience of the service. One staff member commented "Respect for colleagues is noticeable." Records of meetings showed that information about people's care and support needs and any changes were discussed.

Feedback obtained from people who used the service, their relatives and staff continued to be sought. For example staff told us that training received around a specific topic had not been effective and this had been discussed with the management team. Further training was then sourced from another provider in response to these concerns. We saw that feedback received from customer surveys had been discussed further with people within meetings and action taken to address the issues.

There continued to be systems in place to monitor the quality of the service. The registered manager had undertaken a full audit of the service in February 2017, to ensure best practice under the provider's quality assurance framework, which was due to be verified by the quality assurance manager. Audits were also undertaken in other areas and those seen reviewed areas such as medicines, daily charts, health care action plans. When areas requiring improvement were highlighted, records showed the registered manager took appropriate action to address shortfalls or gaps in the service.

