

Scope

Scope Inclusion North London

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced inspection on the 10 September 2015. The last inspection of this service was carried out on 14 May 2014 and all the regulations we inspected were met.

Scope Inclusion North London provides personal care and befriending support for children and adults with

learning disabilities, physical disabilities and sensory impairment. Forty two children living in their own homes and three adults were being supported in a shared house at the time of our visit.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We could not always evidence that training identified for staff was completed. Staff training records did not always reflect the training that staff had undertaken with other organisation.

Support staff did not always receive regular supervision and appraisal from senior staff or the registered manager.

We could not evidence that effective systems were in place to ensure spot checks on staff practice were being conducted regularly.

You can see what action we told the provider to take at the back of the full version of the report.

There were detailed generic risk assessments in place; however the generic risk assessments could make the person less safe if a care worker followed them instead of a more person specific assessment.

We recommend that, where appropriate, risk assessments are personalised to ensure that they meet people's needs.

There were suitable arrangements in place to safeguard adults and children including procedures to follow and how to report and record information.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe.

Medicines were administered appropriately in line with medicine policies and procedures.

Staff had a good understanding of the Mental Capacity Act 2005 and knew how to support people using the principles of the Act.

People were supported to maintain a balanced diet and their requirements were detailed in their support plans.

Staff respected people's wishes and encouraged people to be as independent as possible. They understood how to support people with regards to equality and diversity.

Assessments were undertaken to identify people's support needs and support plans were developed outlining how these needs were to be met.

There was good engagement with community health and social care professionals who confirmed that staff had a positive approach, provided regular feedback and assisted them in delivering appropriate support for people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risk assessments were not always personalised for people using the service.

Staff knew how to report concerns or allegations of abuse and procedures were in place for them to follow.

There were sufficient staff available to meet people's needs.

There were suitable arrangements for the safe prompting and recording of medicines in line with the provider's medicines policy.

Requires improvement



Is the service effective?

The service was not always effective. Staff were not always trained to ensure they had the knowledge and skills to carry out their role and did not always receive regular supervision.

Staff had a good understanding of the Mental Capacity Act 2005 and knew how to support people using the principles of the Act.

People were supported to maintain a balanced diet and their requirements were detailed in their support plans.

People were assisted to access on-going healthcare support.

Requires improvement



Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

People were supported to express their views and be actively involved in decision making as far as possible.

Staff supported people appropriately in relation to equality and diversity.

Good



Is the service responsive?

The service was responsive. People and their relatives were involved in planning their support, including providing information for reviews.

People were supported as much as possible by staff who shared similar interests.

The service had a complaints policy in place and people knew how to use it.

Good



Is the service well-led?

The service was not always well-led. Spot checks on staff practice were not being conducted regularly and there were no systems in place to ensure this happened.

Requires improvement



Summary of findings

Relatives of people we spoke with told us they had opportunities to feedback to the management team, face to face, over the telephone or via review meetings.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Scope Inclusion North London

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 10 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. Three inspectors and an expert by experience with expertise in learning

disabilities conducted the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with seven staff including the registered manager, the manager at the supported house and the office administrator. We gained feedback from seven relatives of people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed care eleven records, five staff files as well as policies and procedures relating to the service.

Is the service safe?

Our findings

Parents we spoke with felt that the service was safe and staff were aware of the risks associated with the care provided to the people they supported. One parent told us, "They know the potential risks. So far they've worked with her brilliantly."

Staff had a good understanding of safeguarding people and the types of abuse that may occur. There were suitable arrangements in place to safeguard adults and children including procedures to follow and how to report and record information. A whistleblowing procedure was also in place and staff told us they knew about the procedure and how to use it. The registered manager told us that any safeguarding concerns were immediately reported to the appropriate local authority safeguarding team and the Care Quality Commission. Training records showed that staff had attended training on safeguarding adults and children. One care worker told us, "I would always report my concerns to the manager and it's important not to make assumptions about what you see." Staff told us they were required to complete body maps of any injuries and also record any information and pass it to the senior person on duty.

Assessments were undertaken to assess any risks to people using the service and to the staff supporting them. This included any risks due to the health and support needs of the person. We noted there were generic risk assessments on all records we looked at. These included 'Getting lost', 'Trips and falls', 'Needing feeding', 'Wheelchair risk assessment' and 'Travelling on public transport'. Whilst these assessments were comprehensive, they did not all apply to the person on whose record they were. For example, there was a 'Needing feeding' risk assessment on the record of a person who could not take food orally and on another, where there was a 'Travelling on public transport' risk assessment, this was for a person who was unable to use public transport. These generic risk assessments could make the person less safe if a care worker followed them instead of a person specific assessment. Staff we spoke with understood the risks for people they supported and were often involved in highlighting changing needs around risks as well as being

involved in the assessment. They told us that as well as reading the risk assessments, they always consulted the relatives and a senior staff member if they were unsure of anything.

We discussed the issue of risk assessments with the registered manager who explained that often the risks identified were common to the people using the service and that more personalised assessments are also used for people. He acknowledged that this may cause confusion for the staff supporting people, although no issues had arose to date. We were also told that this practice would be reviewed and improved immediately to ensure staff fully understood how to manage the risks identified for people.

We recommend that, where appropriate, risk assessments are personalised to ensure that they meet people's needs.

We saw there were supplies of personal protection equipment held in the office. The manager told us how staff accessed this as and when required. He also told us how each support worker carried a mini first aid kit at all times. Whilst there was no example of one to see on the day of our inspection, we were told it included a basic array of items such as plasters.

Parents we spoke with told us they thought there were sufficient numbers of suitable staff to meet people's needs and keep them safe. One parent said, "Yes so far, there are enough staff." Another said, "We have a carer the same time every week. It's the same person unless someone is off sick. They do notify us." Two parents we spoke with were concerned about staff turnover due staff leaving. We discussed this with the registered manager who told us they were always proactive in recruiting staff and they did their best to ensure staff were supporting the same people as much as possible. This was evident from the rotas we saw.

There was a safe a recruitment process in place. Each record had two references and a Disclosure and Barring Service (DBS) check, there was also proof of eligibility to work in UK. This meant that staff were considered safe to work with people who used the service. Where there had been a delay in references being returned, we saw evidence of this being pursued by office staff.

We saw that staff supporting children did not administer medicines as parents were responsible for this. Where staff had responsibility for this they prompted people to take

Is the service safe?

their medicines usually from blister packs. They recorded this on a Medicine Administration Record (MAR). We saw

evidence that these records had been completed appropriately. Staff were trained in prompting and administering medicines, checks on their competency took place every six months.

Is the service effective?

Our findings

Of the seven parents that we spoke with six told us they thought the service was effective and their relative's needs were met. One person said, "Yes they are knowledgeable." Another said, "Yes, the support worker also works in a special needs school." However, one parent told us they thought there were some support workers who were more skilled and knowledgeable than others in working with their relative and they did not always feel the support was consistent.

Care records demonstrated that where a person had specific healthcare needs there was written guidance for the training requirements of the support worker. However, one risk assessment we looked at stated 'support worker must have epilepsy training' and how this person 'needs assistance with eating'. Training records for the member of staff supporting this person confirmed that they had not completed any training in either epilepsy or first aid. Another person's risk assessment had identified that the support worker should be trained in first aid and although they started working for the organisation in March 2015 training records indicated this had not been done. It was noted on one recent support plan review (July 2015), that a parent had raised issues with regard to the support worker needing to be more confident with moving and handling and use of the wheelchair. Records showed that the care worker last had training in 2013. We spoke with the registered manager about this and after investigating further, he confirmed that the support worker had in fact received training recently from another employer they were working with and they were waiting for them to bring in their certificate. He went on to say that staff often received training from other organisations where they work and they are asked to bring in certificates for their records but this often takes time. One other staff member we spoke with confirmed that they had received moving and handling and first aid training in other organisations where they worked, however this was not recorded on their staff records or on the training matrix. We could not evidence from the records we saw that the training identified for staff had been completed. The registered manager confirmed there was an on-going programme of training for staff and acknowledged the gaps in staff receiving training as well as the records and that it could impact on the safety and appropriate care delivery of people using the service.

In relation to checking whether staff had received appropriate training and refresher training when it was required, as well as ensuring staff attended training courses in a timely way, we saw a training matrix, which was also sub headed the training needs analysis. It was dated January 2015 - August 2015. An additional training plan we saw did not outline the training required for individual staff but it was a list of general training arranged with dates, locations and the name of trainer. This only covered the month of September 2015. The registered manager confirmed that managing training and ensuring staff had training when it was due was often difficult. He said, "We chase people up via telephone or e-mail." We were therefore unable to evidence that effective systems were in place to check and plan for staff training requirements in order to ensure the quality of the service being provided to people was safe and appropriate to their needs.

All staff were required to complete an induction programme and the staff we spoke with confirmed that they had completed a programme when they began working for the service. However, this information was not on four out of the five staff records we looked at. The office administrator told us that information regarding staff inductions had only started to be recorded from August 2015.

Support staff did not always receive regular supervision and appraisal from senior staff or the registered manager. We asked the registered manager about their supervision policy and were told, "Ideally, this would be every six weeks. It is via a mix of face to face and telephone calls. However, this has slipped a bit in recent months as our service has expanded." The Performance Management Policy and Procedure confirmed that supervision should take place at least every six weeks or monthly if staff were in their probationary period. Staff records showed that four out of five staff had last received supervision in April 2015. There was no record of supervision on the other staff members file, despite the staff member joining the organisation in March 2015. We saw evidence of a recent appraisal on one staff record that we looked at, this was conducted in April 2015. On two others the last recorded appraisal took place in April 2014. There was no record on two others as they had recently joined the organisation. The Performance Management Policy and Procedure confirmed that appraisal meetings should take place annually. One support worker we spoke with told us they had one to one supervision, "About every six months to one

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year”, another told us they receive it monthly and another said they had it every three months from their manager. We saw evidence of regular monthly team meetings as well as staff receiving a monthly publication called a ‘monthly update. Staff we spoke with told us they felt supervision was useful and provided space to discuss any issues regarding the people they supported as well as personal and developmental issues. The registered manager told us that some staff worked only a few hours each week and it was often difficult to find an appropriate time to meet for one to one supervision, he told us that they aimed to meet with those staff at least once a quarter which he felt was a more proportionate standard for staff working between three and fifteen hours.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). They knew how to support people who lacked mental capacity and worked in line with the principles of the act, particularly around decision making.

There were signed and dated consent forms on the care records of people who used the service. Consent for adults

who lacked mental capacity was done in people’s best interest using the principals of the Mental Capacity Act 2005. Consent forms for children were signed by parents and included consent to holding data, observation of staff by manager as part of quality assurance, consent to first aiders administering first aid, sharing information with other professionals, personal care and accessing the community.

Support plans identified the types of food and drink a person liked or disliked, including allergies and dietary needs. Relatives of people we spoke with told us they thought staff supported people to maintain a well-balanced healthy diet. One person said, “He is eating really well. His weight is being maintained”. Another said, “He’s on a low fat diet and they support him in that.”

The registered manager told us that relatives of people using the service took responsibility for their health care needs and co-ordinated their health care appointments except for the people in the shared house as care workers assisted with this. This was confirmed by relatives of people we spoke with and also demonstrated in the care records we looked at.

Is the service caring?

Our findings

All of the relatives we spoke with told us they thought the staff were caring. One said, "They make a fuss of him and I can see they are patient with him. He is happy and if he wasn't we would know." Another said, "Yes. They are thoughtful about what his needs are."

Relatives told us they were involved in developing support plans as well as identifying what support was needed from the service and how this was to be carried out. They told us that once the support plan had been agreed, staff took time to get to know their relative and support was delivered in a way that was personal to them. We saw evidence of this in the support plans looked at.

The registered manager and staff we spoke with all told us about the importance of treating people with dignity and respect and making sure people are seen as individuals and have their needs met in a person centred way. One staff member told us, "Having a disability doesn't mean people are not individual." Staff at the supported living project told us that they had recently agreed to set aside some quiet time for the young people they supported to allow them to have private time for them to be alone, even if it's just a short time. Relatives told us that the support

their relatives received was always respectful and dignified. One relative told us about the support their relative received and said, "Staff are caring. They treat her like their own children. They talk with us."

The registered manager told us that support workers supported the same people as much as possible in order to ensure consistency and for staff to build relationships with people. Staff confirmed this approach and told us that they had become very knowledgeable about the people they supported as well as their families and worked with them to ensure trust and confidence was built.

Staff told us they respected people's wishes and encouraged people to be as independent as possible. One staff member told us, "They make some decisions for themselves and sometimes their parents are involved, it just depends what it is."

Staff had a good understanding of equality and diversity issues. There was evidence that people's cultural diversity was taken into consideration when matching care workers with those who used the service. We saw how there was a request from a relative for a worker to be familiar with a person's cultural and religious needs. We confirmed with the registered manager that this was put in place. We also saw how staff considered issues for younger adults for example around sexual health and plans were in place to support people to maintain personal space.

Is the service responsive?

Our findings

Relatives told us the service their relatives received was responsive and met their needs. One relative told us, "She likes to be out. Staff always ask her where she would like to go." Another relative said they thought staff knew their relative better than them at times and they had a good understanding of how to support them. They told us staff were responsive and there were no worries.

Assessments were undertaken to identify people's support needs and support plans were developed outlining how these needs were to be met. We saw that assessments were detailed and included, health information regarding, medicines, mobility, communication and behaviour. These were easy to understand and included detailed information and guidance to staff about how people's care and support needs should be met.

During the initial assessment the registered manager found out about people's interests and hobbies so that support workers that shared similar interests were allocated to them where possible. Relatives we spoke with told us that activities were tailored to their relative's needs and choices. One said, "He likes going to the park and slide." Another said, "If she likes something she does it, if she doesn't she won't do it. We planned activities at the review meeting."

The support plans we looked at had been recently reviewed and the relatives we spoke with told us they were

involved in the review process. There was evidence of good engagement with community health and social care professionals who confirmed that staff had a positive approach, provided regular feedback and assisted them in delivering appropriate support for people using the service. They told us there had been significant improvements recently in the supported house and were very pleased with the progress the manager had made.

The service had a complaints policy in place and people had access to this. Relatives we spoke with told us they knew how to make a complaint and felt confident to do so. One relative said, "I have nothing to complain about. If I did I would talk to the manager". Another told us they know the facilities were in place to make a complaint but they hadn't needed to. Staff knew how to support people and their relatives to make a complaint. One said, "I would always encourage them to speak to the manager." The service had a complaints policy and people and their relatives were also encouraged to speak to their social worker or health professional if they had any issues.

Relatives told us they felt staff listened to people they were supporting. However, one relative said that staff did not always understand what their child was trying to say, particularly if staff were unfamiliar to them. The management team told us about the importance of developing good support plans as well as providing consistency by having reliable staff and this was something they were always trying to achieve.

Is the service well-led?

Our findings

Relatives of people using the service told us they thought the service was well run. The registered manager told us that the staff team were committed to improving support for people as well as finding ways to ensure people contributed to the development of the service. One relative said, "The manager is good, understanding." Others told us they felt that recent changes in the management team had been very positive and they could see the improvements.

We saw evidence of a recent audit of support plans, complaints, and safeguarding using the provider's audit tool. It highlighted the outcome and any actions that needed to be taken.

Spot checks on support workers to assess if people were receiving good quality support were not being carried out on a regular basis. One staff member who had been working for the service since 2013 told us they had not had a spot check by a manager. Another said they would often work alongside a senior staff member but it was not made clear if this was part of a formal spot-check.

Of the five staff records we looked out three staff members started working for the services in 2014 and two staff started in March 2015. Two of those that started in 2014 had 'Practice observation and feedback' monitoring forms (spot checks) on their files and there were no written comments under the sections, 'good practice observed', 'learning points' or 'actions to be taken'. On three staff records there were no record of spot checks. We drew this to the

registered manager's attention and he was unable to evidence that these checks were carried out systematically. He told us, "We have never really formalised a system of spot checks."

The above is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw evidence of senior management oversight, including service plans, recent site visits and service improvement plan for 2015/16 that showed plans to improve systems and processes to support efficiency and service delivery.

Staff told us they felt well supported and that the registered manager was approachable and supportive. They told us they were encouraged and supported with their personal development and any other issues that arose.

The relatives of people we spoke with told us they had opportunities to feedback to the management team, face to face, over the telephone or via review meetings. Attempts had been made to gain feedback from people and their relatives via a survey but they had not received many responses. The registered manager told us they were planning different ways to gain the views of people and their relatives through separate feedback events, one for young people who use the service and another for their relatives. This was planned for October 2015.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work and they could access them from the office or on the computer system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered manager did not ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)(a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered manager did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17(2)(a)</p>