

## Scope

# Scope Inclusion Norfolk

## Inspection report

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Date of inspection visit:  
27 September 2016

Date of publication:  
23 November 2016

## 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

Scope Inclusion Norwich provides personal care to children and young people under 18 years, in their own homes. The care is usually offered in four hour sessions on a two or four weekly basis.

This announced inspection took place on 27 September 2016. There were two people receiving care at that time.

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 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and very well supported, by their managers. There were sufficient staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were appropriately trained to administer medicines. The registered manager took swift action to ensure that people were only administered medicines by staff who had been assessed as competent to do so.

Staff knew the people they cared for well and understood, and met, their needs. Staff obtained consent before providing care. People's healthcare needs were effectively met.

People received care and support from staff who were caring and respectful to the people they were supporting. Staff were 'matched' to the people they would be offering care and support to. People and their relatives had opportunities to comment on the service provided. People were involved in planning their care and in every day decisions about their care.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care were kept under review to ensure the change was effective.

The registered manager was supported by a staff team that including a local manager, team leaders and includers. The service was well run and staff, including the registered manager, were approachable. People had access to information on how to make a complaint and were confident their concerns would be acted on.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were

identified action was taken to address the shortfalls. People using the service were asked for their views and staff were always looking for ways to improve the service. The registered manager promoted strong values and a person centred culture, which were shared by other staff members.

## 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.

Staff were appropriately trained to administer medicines. The registered manager took swift action to ensure that people were only administered medicines by staff who had been assessed as competent to do so.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

### Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and very well supported.

Staff obtained consent before providing care.

People's healthcare needs were effectively met.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring and respectful.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's needs and knew them well.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

The registered manager promoted strong values and a person centred culture, which were shared by other staff members. Staff were always looking at ways they could improve the service.

The service had an effective quality assurance system that was used to drive and sustain improvement.

# Scope Inclusion Norfolk

## **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 announced inspection took place on 27 September 2016. It was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our planning for this inspection we looked at all the information we held about the service, including notifications. A notification is information about events that registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with the registered manager, the local office manager, a team leader and two includers. 'Includer' is the job title of the staff who provide care to people who use the service.

We looked at two people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection we spoke with the relatives of two people who received care. The registered manager also sent us further information about additional training and competency assessments includers had received to carry out clinical procedures.

# Is the service safe?

## Our findings

Relatives told us that they were satisfied with the support staff provided to administer medicines. They told us they were expected to contact the service if there were any changes to their family member's medicines before their next scheduled visit.

We saw that staff had been appropriately trained to administer medicines. However we found that where this included a clinical procedure, such as administration through a PEG, staff competency had not been assessed by the person assuming clinical responsibility. During our inspection the registered manager took action to ensure staff did not carry out these clinical procedures until their competence had been appropriately assessed. Following our inspection the local manager told us that they expected the competency of all staff who would carry out these procedures would be assessed by mid November 2016.

There were clear directions for staff to ensure that medicines were administered in line with the prescriber's instructions. This included those medicines prescribed to be administered 'when required'. Clear records had been maintained where medicines had been administered.

The relative of one person told us they thought their family member "definitely" felt safe when receiving care. They said they thought this because, "[Person] wasn't upset when we went out and [person] settled down to sleep."

Staff told us they had received training to safeguard people, including children and young people, from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff told us they felt confident that their managers would act on any concerns they raised. The registered manager and local manager were both trained to provide staff with safeguarding training. In addition the local manager sat on the local council safeguarding board. This showed managers and the staff team were knowledgeable about how to keep people safe.

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments that evaluated the risks of people accessing the community, the administration of medicines and risks associated with health conditions. For example, epilepsy and the use of Percutaneous endoscopic gastrostomy (PEG). This is a tube where a person receives medicines and nutrition directly into their stomach.

These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. For example, we saw in one person's care plan directions were supplemented with pictures that provided further guidance on how to position and move a person safely. The assessments focused on what the person could do, and the support they needed so that activities were carried out safely and sensibly. We saw that staff checked equipment was well maintained and serviced at the required frequency. Environmental risks within the person's home had also been assessed to ensure tasks could be carried out safely.

Staff had considered ways of planning for emergencies. For example, there were clear directions on what

staff should do if a person's medical condition caused them to become unconscious while staff were assisting them to move. However, we noted that there were no clear directions for staff to evacuate people from their homes in an emergency. For example, in the case of a fire. We saw that staff started to address this issue during our inspection by discussing this with parents and staff.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw that the potential for future recurrences had been minimised.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. One includer told us, "I had to wait until my checks were through [before I started working with people]." The recruitment process involved an interview and a literacy test. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet the needs of the people receiving care. People's needs were assessed and agreed prior to care being provided. Senior staff then matched includers with appropriate skills and training to provide care to each person. Each person had a small team of includers who worked with them. Senior staff told us that if an includer is absent at short notice, they discuss this with the person's family, and offered alternative includers to cover the visit where this was appropriate. A staff member told us, "It very much depends on what the family wants" and explained that some families prefer to cancel the call. One relative said, "We have a team of three [includers] so there is almost always someone to cover if one of the staff are off."



## Is the service effective?

### Our findings

Relatives told us the staff were well trained and competent. One relative said, "Yes, I think [staff] know what they are doing. They don't keep asking me things."

All staff members praised the provider for the amount and quality of training they received. They all said they felt the training had equipped them to carry out their roles competently. One staff member said, "I think my training covers me."

In the PIR the registered manager told us that staff had to successfully complete safeguarding training and the Care Certification in order to complete their probation period. The care certificate is a nationally recognised qualification in social care.

Staff told us, and records showed, they were trained, prior to providing care, in the subjects deemed mandatory by the provider. These included subjects such as moving and handling, first aid, and safeguarding people from harm. Following this training staff were introduced to the people they would be providing care to and 'shadowed' more experienced inclusions until they were deemed confident to provide care.

We saw that additional training was provided in topics relevant to the needs of the people each staff member was supporting. For example, we saw that some staff had received additional training in bereavement because a family member of one person was terminally ill.

Senior staff were trained to train inclusions in topics such as safeguarding, moving and handling, and managing behaviours that may challenge. This meant that training was delivered flexibly and at short notice.

The service closed for one week each year for staff to receive intensive refresher training in key areas. These included the prevention and control of infection, medicines and safeguarding. Staff told us of the additional benefits of receiving this training together. They explained that because for the majority of time they worked alone in the person's home or in the community, they rarely saw other staff. The week's intensive training provided them with opportunities to share information and learn from each other. One staff member told us, "I really like [the week's training], getting to see everyone. You can swap information. It's been quite helpful at times." A senior member of staff commented, "It's lovely to see the staff, some you rarely see. We can also observe staff from a management point of view. You can see how they interact with each other and gauge how much information they've retained. Sometimes they've surprised themselves by what they've remembered."

There were opportunities for staff to develop and obtain relevant qualifications. In addition to the care certificate, staff told us of opportunities to work towards additional qualifications. For example, one inclusion who had recently completed their care certificate was working towards a level three diploma in health and social care.

Staff received regular, effective supervision and appraisal. One staff member told us, "[Supervision] is useful. It's a good opportunity to chat about things with your team leader and look at progressing and development."

Staff were well supported. They said senior staff were approachable and available. One staff member told us, "I like Scope. They do support their employees." Another staff member said, "I am very well supported. I had [personal] issues and was really well supported [through them]." A third staff member particularly praised the senior staff member who directly supervised them. They said, "I've never had management support like I've had from here." They went on to tell us, "I feel comfortable 'phoning [the office]. I know they will help as much as they can."

There was an effective on-call service that staff could access outside of business hours. One staff member said, "Managers take turns [to be on-call]. They know [all the people receiving the service] and can access their information." Another staff member said that senior staff, "Always pick up [the telephone] straight away or call us straight back."

As the people using this service were under 18 years old, their parents usually signed consent on the person's behalf to receive care. We saw care plans included information on the choices people were able to make and how they would communicate these. For example, one person's care plan stated that they were unable to provide verbal consent, but they implied consent by "showing a willingness" to take part in the task or activity. Such tasks and activities included taking their medicines or receiving personal care. Staff spoke knowledgeably about the people they supported. They clearly knew the people well and described reactions, expressions and behaviours that indicated consent or lack of it. For example, one inclusion told us they looked for, "[Person's] reaction and expressions" to gauge their consent.

Relatives told us that staff kept them informed if they noticed any changes in the person's health. Staff were aware of and knowledgeable about people's healthcare needs, including when emergency assistance should be sought. Staff explained to us of the importance of following the guidance put in place by healthcare professionals. For example, in relation to the procedures to follow when supporting a person with their PEG.

Care plans contained detailed guidance for staff about people's healthcare conditions, the signs to look for and what action to take. For example, one person was particularly prone to infections. The symptoms of these infections were clearly listed for staff with the action they should take. This showed that staff supported people to maintain their health.

# Is the service caring?

## Our findings

Relatives were complimentary about the staff and the service their family member received. One relative told us, "[The inclusions are] really good, very good. [Named inclusion] has a real way with [my family member]. [The inclusion] treats [family member] as we do."

All the staff we spoke with told us they would be happy with someone they loved receiving care from this service. One staff member told us, "They don't do the job just to get paid. They are a very caring team. I know the support structures and training are in place. I'd be more than happy for a family member to receive care from this service." Another staff member said, "[The service] gives [people] the freedom [to decide] how they are looked after. It's in their best interest all the time."

A small number of staff were allocated to work with each person. This enabled the person and staff to get to know each other well. One relative commented on how happy their family member was with their inclusion. They told us, "When we leave [family member] is always giggling and very happy."

The registered manager told us there was a "high emphasis on matching inclusions to people." When doing this senior staff took account of staff skills and personalities. A senior staff member told us, "We listen to what the families think of the inclusions. We are aware that personalities don't always work together. We try very hard to match workers with children and families."

Where possible, people, and their relatives, were involved in planning their care. Relatives told us that before care was provided, a staff member met with them to find out about their family member's needs. They described the process as "very thorough." Staff told us that before they worked with a person they always carried out a "meet and greet" visit where they spent time with the person and their family getting to know them. This showed that people and their relatives were involved in the planning of their care.

Staff knew people well and told us about people's history, family circumstances, health and personal care needs. This detailed information had been incorporated into people's care plans and was available for staff to refer to in the service's office and in the person's home. This meant staff had access to up to date information about the people they supported.

People told us that staff respected them, their family member and their homes. Records supported staff with this. For example, one person's care plan advised staff to remove their shoes when entering the person's home.

Staff told us about the importance of involving people in every day decisions and care plans supported staff to do this. For example, one care plan advised staff to give the person "time to process options" and advised the person may need "10 seconds" before providing an answer. Another person's care plan contained clear information about how the person communicated. It explained that the person did not use speech but could vocalise. The care plan then went on to describe the noises the person made when they were happy or in pain etc. An inclusion told us, "We get very little feedback from [person] but we talk to [person] and tell

[person] everything we're doing." This showed staff involved people in their care.

Staff told us they looked for different ways of supporting people to be involved in their care planning process. For example, one person used finger paints to "sign" their name to show their choices and agreement. This showed that people's views were sought and choices respected.

## Is the service responsive?

### Our findings

Relatives felt that staff understood and responded to people's needs. One relative told us, "One includer has been caring for [my family member] much longer than the others. [That includer] knows [my family member] really well. They went on to say that the includer had shared their in-depth knowledge with other staff.

People and their relatives also responded positively about the staff in the provider's survey. Of the seven people and relatives who responded, three said the includers approach was "good" and four said that their approach was "outstanding".

People's care needs were assessed prior to them receiving the service. This helped to ensure staff could meet people's needs. One relative told us staff were "very thorough. When [staff] first came and interviewed us they asked us questions and did an assessment [of the person's needs]." This included information about the person's home life, family, health, care needs, preferences and interests. This assessment formed the basis of people's care plans and helped staff ensure that the care provided would effectively and consistently meet the person's needs.

Staff told us this process varied depending on the family's preference. They explained to us that some families preferred to write their own care plans. In these circumstances, staff told us they then discuss, and where necessary expanded on, these care plans with the family to ensure they had a full understanding of the person's needs.

Care plans provided detailed guidance for staff on how to care for and support the person effectively. For example, one person's care plan explained that they rarely responded to staff, but that staff should talk to them and tell them what they were doing. Another care plan explained which areas of care the person's relative would undertake and which staff were responsible for when they were present. The care plan included detailed and clear instructions including verbal prompts the staff should use when providing care. For example, "Head up [person's name]." The plan also stated the approximate length of time the task should take with the person. For example, to assist one person to bathe, their care plan said it would be between 30 and 45 minutes. The care plans were sufficiently detailed that staff could provide care to the person without having to consult the relatives. For example, one person's care plan explained where everything was kept in the house that the includer would need when bathing the person. The relative confirmed the care plan was effective and staff rarely asked them to clarify anything. These detailed care plans helped to ensure staff provided consistent, effective care.

We saw that people's care and their care plans were regularly reviewed. This helped staff ensure that people's care effectively met their needs.

Staff completed records showing the care and support they had provided on each occasion. There were also detailed information on how the person had responded to the care. Relatives told us staff informed them about these matters at the end of their visits. One relative said, "Staff always tell me if [person] is unwell or anything. They write everything down."

The service was responsive to people's needs. For example, relatives said that the service responded quickly when they needed the care to be set up. One relative said, "[Staff] realised we did need a break and got it in place as soon as possible." They went on, "It's a really good service. I wish I'd known about it years ago. It helps you cope knowing you will get a break."

Relatives said that staff listened to them and that they knew who to speak to if they had any concerns. One relative told us, "I'd go to [named senior staff member]. I can't see that there will be any problems. They were confident that staff would listen to them and address any issues they raised."

Information about how people could complain, make suggestions or raise concerns was available in the folders staff left in people's homes. Staff had a good working understanding of how to refer complaints to senior managers for them to address. The registered manager had told us they had not received any complaints since registration.

## Is the service well-led?

### Our findings

We received positive comments about the management of the service from relatives. One relative described the service as "brilliant." They said, "It's a really good service. We went out last night. That was the first break we'd had for a couple of months. We felt as though the fairies had come. Having the break makes a massive difference." The other relative said, "The service gives me time to go out. I know [my family member] will be showered and got ready for bed. [The service] just gives me that bit of time with [other family members]."

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

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

The registered manager was supported by a staff team that included a local manager, team leaders and includers. Staff were clear about the reporting structure in the service. From discussion we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service. Throughout our inspection the registered manager and staff promoted strong person centred values. Staff were committed to the provider's vision. One includer told us their role was to, "Help [people] access society... Help them access the life everyone deserves."

The registered manager was approachable and a staff member said, "[The registered manager] is always available. She likes to know what's going on. I feel generally well supported." Staff members told us they felt the provider organisation had a supportive, caring culture. One staff member said, "I like Scope. They do support their employees."

We saw staff meetings were held regularly where staff could share their views and receive information. Staff told us they felt the service was well managed. An includer told us that senior staff had "got everything pretty well covered." They explained that senior staff "know what it's like because they've been includers." The includer clearly valued the senior staff members experience and support. They went on to say, "Everything's good [about this service]. I love it. This service has done so much for me personally. I just love it." Another staff member told us, "I wouldn't change anything [about the service]."

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager.

The registered manager sought feedback from people in various ways to monitor the quality of care provided. This included surveys, which showed a high level of satisfaction with the service, reviews and

informal contact. Relatives told us that all staff, were approachable and listened to what they said. Each family had a named senior staff member who co-ordinated their care. One relative said the frequency they spoke with this staff member varied. They said, "I've had quite a few chats with [named staff member] recently. [Staff member] never seems to mind me phoning her."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify the capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right care workers available to meet people's needs.

The provider had a robust quality assurance system in place. The registered manager told us the organisation conducted an annual audit of the service. We saw that where areas had been identified for improvements an action plan was in place to achieve this. For example, a project had been set up to look at best interest decisions and the documentation used to record these. The registered manager monitored these action plans with the local manager when they made their monthly checks on the management of the service. We saw the reports from two of these checks. These showed the registered manager spoke with staff and people who used the service or their relatives to get their views.

The registered manager looked to continually improve the service. They told us, "If something's not right, we will fix it." During our inspection we identified that staff members had been trained to carry out certain clinical procedures. However, the professional who maintained the clinical responsibility for the procedure had not assessed their competence. We saw that the registered manager took swift action to rectify this situation and ensure the clinical procedures were carried out safely. The team co-ordinator told us they were also always looking for ways to improve the service. They told us that all care plans are reviewed by another member of staff prior to them being issued. They said, "When a support plan is written, another member of staff reads it to question how we provide the care and make sure it's all covered." They told us this had improved the quality and detail within people's care plans.

The registered manager told us they and the staff team kept up to date with best practice. They and the local manager attended various meetings and boards within the provider organisation and with external organisations. These included a thematic group looking at the provider's audits, and the local safeguarding board. They said this helped to keep up to date with best practice. They told us "We knew the care certificate was coming and had prepared for it. We thought it was something that was good to do." This meant that staff had been prepared for the implementation of the care certificate and it was already established within the service. The registered manager told us that they had several areas they wanted to improve over the next 12 months. These included the design of satisfaction surveys in various formats so more people would be able to complete them and additional specialist training for staff.

The provider and registered manager recognised and celebrated success. They had introduced a "positive new box" where people, relatives and other staff could provide positive feedback about a staff member's work. The service displayed their award for coming runner up in the Norfolk Star Awards team category. Staff told us they had enjoyed their own awards ceremony during their training week when work they had carried out during the year was recognised within the team.