

Scope

Scope Inclusion Leeds

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?

Requires improvement 

Overall summary

We undertook an announced inspection of Scope (DCA) on 12 October 2015. We gave the provider 48 hours' notice of our visit to ensure that the manager of the service would be available.

Scope provides personal care services to people in their own homes. At the time of our inspection nine people were receiving a personal care service.

At our last inspection in September 2013 the service was compliant.

The service did not have a registered manager in place at the time of our inspection. 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.

Summary of findings

Staff, people and their relatives told us they were able to speak to the manager if they had any concerns. The service completed observations on staff whilst they worked and formal supervisions.

The people we spoke with all said that they felt safe in their home whilst care and support was provided.

Records we looked at and in our discussions with staff we found staff received training and understood their roles and responsibilities. They had the required skills and knowledge required to support people with their care and support needs. However on the day of our inspection some staff were overdue training in the mental capacity act and equality and diversity. The manager said that she had plans in place for staff to be placed on both training over the following months. This was evidenced through the staff training matrix.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Scope had a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy. However the manager of the service had not sent out an updated complaints policy to people who use the service and their families. The family had received the 2014 edition; the policy was updated in September 2015. The manager said that she would do this the same day.

Accidents and incidents were recorded and addressed by the manager. The manager used audits to look for any trends or patterns.

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 safe.

Good



The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment practice in place.

Is the service effective?

The service was effective.

Good



Staff had the skills and knowledge to meet people's needs.

Staff received supervisions and practice observations which were carried in line with the agency's policy.

People or relatives had information and access to healthcare appointments.

Is the service caring?

The service was caring.

Good



All the people we spoke with told us that staff spoke to them in a kind and respectful manner.

People's relative's told us they felt that their family members were being well cared for.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

Good



People were consulted in the review of their care.

People said the manager and staff listened and dealt with any concerns or complaints.

Is the service well-led?

The service was not always well led

Requires improvement



There was not a registered manager in post at the time of our inspection

The registered provider kept staff informed about the home and the staff felt listened to.

There was a robust procedure in place for addressing accidents and incidents.

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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.'

The inspection took place on 12 October 2015 and the visit was announced. We gave the provider 48 hours' notice of the inspection. 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 present in the office. This inspection was carried out by one adult social care inspector.

Prior to inspection we reviewed all the information held about the home. We contacted local authority who had no concerns at the time of our inspection. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the agency that is provided by the manager or owner of the agency to the Care Quality Commission.

During the inspection we went to the providers head office and spoke to the manager. We reviewed care records of four people that used the service, reviewed the records of five staff and the records relating to the management of the service. After the inspection visit we spoke on the phone with four staff, two people who used the service and three relatives of people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel safe with the people who look after me.” Another person said, “I feel safe- I have no concerns they take me where I want to go in and out of the community so I do feel safe with them.”

Staff had completed training in safeguarding vulnerable adults and staff were able to demonstrate the different types of abuse. The service had a safeguarding policy in place and the manager told us that all staff had access to a copy of this on their induction. Staff confirmed that they were aware of the policy and what to do and who to go to if they suspected abuse.

People told us that they, or their next-of-kin, were mostly responsible for their medications, but that care workers would sometimes support them with this. People who told us that their care workers gave them their medication were happy with this. The agency had a medication policy in place and staff confirmed they had read and understood this.

Staff were able to tell us about people's medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. They told us they would contact the office for further advice if someone persistently refused to take medication.

We saw risk assessments were in place around supporting people in their home, medication, moving and handling

and communication. All staff had completed an induction programme before working alone in a person's home. The programme consisted of an initial meeting with the person and the staff member, this was documented on how the visit went and what if needed would need to be put in place.

We saw accidents and incidents were appropriately recorded. We saw evidence of staff signatures and also manager's actions which were completed as a response to any accidents and incidents.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. If people's needs changed the manager said they would hold a review so that the manager and staff could support the person in a way they needed to make sure they were safe. Some staff said, “Sometimes work extra shifts to cover but that's ok.”

There had been no missed calls in the last six months. This meant the service was providing the care and support needed.

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. All staff had been checked with the Disclosure and Barring Service (DBS). DBS checks are used to identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people. Staff shadowed senior staff and attended all mandatory training before working with people unsupported at the agency.

Is the service effective?

Our findings

Families of people we spoke with felt that the care workers were well trained, competent and behaved in a professional manner. One person told us about her (family member) carers, saying, “They understand all her needs, as well as her emotional outbursts. Staff are really.” Another relative told us about their family members care, saying that he can sometimes be quite challenging, but staff handle this very well, understanding his needs. He told us, “My (family member) gets upset with new carers but the agency made sure that we were introduced to the carers on a couple of occasions before they supported my son.”

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. Training was completed for all staff both face to face training and also e-learning through access to the internet. Staff who spoke with us confirmed that all training had being completed and that on-going training was available.

Staff received supervisions, practice observations and appraisals from their manager. However it was apparent through the staff files observed on the day of inspection that supervisions were not being signed by the staff members. The manager was made aware that it was good practice for staff to sign supervision records at the time of the inspection. When speaking to the staff they confirmed regular supervisions and practice observations were in place.

Staff were matched to the people they supported according to the needs of the person during induction. All staff had completed a “one page profile” this showed the staff’s interests and hobbies so that they could support the people with the same interests where possible.

People were supported at mealtimes with their own choice of food and drinks. People we spoke with told us they were happy with the levels of support given to them in regard to preparation and also assistance of food and drink. Families of the people told us that they were given choices wherever possible, and that food was prepared well and safely.

Drinks were always offered, and made on request. Staff had received training in food and safety which was evidenced in their file and also in discussion with staff they confirmed they had completed this training.

Staff told us that sometimes people would decide they do not want to eat or drink anything, and staff have to encourage and support people to do this. One carer told us, “When that happens, I try to offer something completely different, to see if I can tempt them. It usually works to be honest with you.” The staff said that they leave notes for the next carer to check on this, and will contact the office if they have severe concerns about someone repeatedly refusing their meals. This meant that the service was responding by feeding back to other care workers or the manager.

We were told by people using the service and their relatives that most healthcare appointments are made by themselves or their relatives.

Peoples care records included all details of their GP, chiropodist and their dentist. The care plan also included any issues around the person’s health so that the staff could support them.

The people who received care had the capacity to make their own decisions at the time of our inspection. Families were involved in developing the support plan with their relative to identify any needs that were required from the service and how this would be carried out. The manager explained that if they had any concerns about a person’s ability to make a decision that they would address this with the local authority and make sure that an assessment of capacity would be completed. The staff had the knowledge and understanding around mental capacity.

The provider had a complaints procedure in place and the manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. We saw record of two complaints which showed the service had responded when people expressed any dissatisfaction with the service within a month The manager told us they took complaints seriously and people and relatives could approach staff and management if they felt unhappy with the standard of the service.

Is the service caring?

Our findings

Relatives of people who use the service said that the staff are really nice. One person told us, “I am happy with what they do for me they understand my care.” Another person said, “They are just lovely.” They’re cheerful and chatty which I very much appreciate.” Another person told us, “I’m happy with everything they do for me. It is all done with great care and understanding.”

People were complimentary about the levels of involvement they had with their care, telling us staff always asked for their permission before care was provided. One person told us, “They’ll always ask if I need anything else done before they go. Nothing’s ever too much trouble for them.”

Relatives we spoke with also told us that they felt fully involved in their relative’s care, and felt they would always be listened to if they needed a care package to be reviewed, or amended. This was evidenced in the care plans. One relative said “I am happy how the carers treat all my family. They treat my relative with dignity and respect and make sure that she is their main focus at all times when supporting her.” Another relative said “I am treated with respect by all the carers when they come into the home they are all really nice who work for the agency.”

Staff spoke about their clients with affection, saying that they are happy supporting people and that they felt

welcome in the client’s home. One staff member told us, “I think we all try to treat people as individuals, and put ourselves in their shoes.” Another staff member told us about their colleagues, “They’re a good group – they do really care about the people we support.” Another staff member said that they treat people with the same respect and dignity as they would do if it was their own relative. Another staff member said “I love my job I wouldn’t change this for anything.”

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people’s individual communication skills, abilities and preferences.

People who used the service and their relatives were involved in developing and reviewing care plans. We saw there was review of support throughout the care plans. These included any changes needed to be made to the support they received. We saw documentary evidence of these. A relative told us they felt fully involved in all aspects of their family member’s life and confirmed care plans were discussed with them and that they were invited to review meetings.

Is the service responsive?

Our findings

Staff were aware of the preferences and interests of people they supported. The staff were also aware of any health and support needs that the person may have. One relative of the person who uses the service told us that they felt fully involved in the person's care that is provided.

Another person told us how grateful they were for the proactive care that their relative received, telling us, "My (family member) wouldn't have received the care that they receive with the staff anywhere else. I truly believe that." They told us that care needs were regularly reviewed, as their relative's condition changed. One family member told us that their care package had decreased or increased as they became more or less dependent and also that the agency changes times throughout the holidays to accommodate the family. This meant the person received the up to date care that was needed.

Staff supported people to access local communities, shops and outings to minimise the risk of people becoming socially isolated. Staff also supported people in their own homes to do daily activities like baking, watching tv and supporting people to put on their makeup.

Care plans were in place for the people using the service. Care plans showed people's interests and current needs. All care plans included a "one page profile" which was readily available for all staff to look through before supporting people in their homes.

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said "I try to keep them as independent as possible and do as much as they can for themselves whether this is an activity or personal care." We looked at the care file and this reflected the changes throughout the person's independence over the last year.

People who use the service and their families were aware of the complaints policy. We saw a complaints procedure in place with any actions needed and addressed by the manager. The manager said that she dealt with complaints by contacting the people themselves if necessary or would write a letter to the person involved. However the manager of the service had not sent out an updated complaints policy to people who use the service and their families. The family had received the 2014 edition; the policy was updated in September 2015. The manager said that she would do this the same day. One person told us that they made a complaint around medication and this was resolved straight away. The relative said that they were grateful that they had been listened to, and this has been resolved.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post. They had recently left the service. The manager from another service was supporting the agency with a view to becoming the registered manager. The manager had yet submitted their application at the time of the inspection. Staff told us that the agency was well led and that they would be listened to if they raised any complaints. People and their families also said that they could approach staff or the manager with any complaints.

The manager produced a weekly report which was sent to the provider and identified key events such as admissions and discharges, staff issues and complaints.

We spoke with the manager about the governance of the service and it was apparent by the system that the manager had in place and feedback by families that they were committed to having a robust quality assurance monitoring system. The area manager completed a monthly service visit audit which looked at care, training and overall delivery of the agency.

We saw the manager audited people's support plans and risk assessments. The manager confirmed there were no identifiable trends or patterns in the six months of working at the service. All safeguarding referrals had been reported to CQC and there have been no whistle blowing concerns.

We saw the manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. Most staff were up to date with all the training, the manager had identified where staff had to complete refresher

training in moving and handling and also mental capacity training. The manager said that she had already planned for staff to be placed on both training over the following months. This was evidenced through the staff training matrix.

The manager told us senior staff carried out observations on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The manager confirmed the frequency of the observations were four times a year. Staff confirmed that this was happening.

The agency held staff meetings, these were arranged at different times of the day so all staff could take part. The team meetings had a set agenda which covered the care delivery, training needs and also any health and safety concerns. The agency also sent out monthly newsletters so all staff would receive the same information at the same time. Staff confirmed that they received these and found them useful in supporting them in their role.

A number of people told us about customer questionnaires they had been sent in April 2015 asking for their views about the service. Some people told us that they felt it was 'a bit too much of a box-ticking exercise' and one person said they were not always asked the questions they wanted to answer. One person said "excellent service." Most people said that they were always happy with the service that the staff provides to them around their care needs. One person did say that they had asked for the questionnaire to be emailed through to them and this was completed by the manager straight away. This meant the agency was responsive to people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.