

## Scope

# Scope Inclusion South West

## Inspection report

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11 August 2017  
16 August 2017

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 10, 11 and 16 August 2017 and was announced. We announced the inspection 72 hours in advance as the service provides care in people's home and we needed to ensure someone could meet us at the office. We also needed to give time for the registered manager to contact relatives and staff so they could consent to our speaking with them.

We last inspected the service on 26 July and 2 August 2016. We found breaches of Regulations in respect of how the service was ensuring they were staffed safely and meeting people's needs in a personalised manner. The service was judged to be Requires Improvement overall. They were also Requires Improvement in respect of the whether the service was safe, effective, responsive and well-led. Whether the service was caring was judged to be Good. The registered manager sent us an action plan on how and when they were going to put this right. They told us this would be put right by December 2016. We checked on this inspection and found the issues raised in 2016 had been addressed.

Scope Inclusion South West (referred to as Scope South West) provides care to people in their own homes. Care can be provided to all ages from children to older people. At the time of the inspection eight people were receiving personal care and were aged between four and 64 years. People's needs could include physical disabilities, sensory impairment, learning disabilities and autistic spectrum disorder.

A registered manager was employed to manage the service locally. 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.

Systems were not operated effectively to ensure there were enough staff to meet the requirements of people's care plans at all times. The provider had recruited more staff since the last inspection and the percentage of missed shifts had fallen. However, the contingency plan was not always working to make sure staffing needs were met where there was advance or short term notice. The provider's quality auditing had not ensured staffing was identified as an on-going need. Having identified the service was not meeting 100 per cent of staffing, this had been challenged further.

Staff were recruited safely and trained to meet people's individual needs. Wherever possible people were only cared for by staff known to them and trained to meet their needs. Relatives told us they felt staff were caring, considerate and able to meet their loved ones needs in a caring way.

People's care was planned in a personalised way and people's relative and relevant professionals were involved in planning and meeting their needs. People had the necessary risk assessment in place to keep them safe. People's health needs were identified and acted on. Staff understood how important consent was and the requirements to ensure they were acting in people's best interests (adults) or parental consent (children) where this was required. People were supported to stay active in their community and access

local facilities.

Relatives felt their loved one was safe with staff. Staff were trained in safeguarding adults and children and understood how to raise a concern. Staff felt the registered manager and other senior staff would act to keep people safe. The provider had a whistle blowing policy which staff knew about and would use if their concerns were not listened to.

People's needs were met where staff were responsible for people's medicine and ensuring people had enough to eat and drink. Clear records were kept and issues followed up on.

Staff liked working for the service and told us the registered manager and other senior staff were approachable and supportive. Relatives were involved in planning the care of their loved one and asked their view of the running of the service. Complaints were investigated and ensured they were fully concluded to the complainant's satisfaction.

## 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.

Staffing had improved since the last inspection.

People told us they felt safe being care for by the service.  
People's medicines were managed safely.

People were protected by staff who could identify abuse and who would act to protect people. Staff were recruited safely.

People had risk assessments in place to mitigate risks associated with being cared for by the service.

### Is the service effective?

Good ●

The service was effective.

People were looked after/cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff understood the need to be aware of people's right to consent to their care.

People's nutritional and hydration needs were met.

People had their health needs met.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to reflect their current needs.

People were able to keep links with their local community.

People's concerns were picked up early and reviewed to resolve

the issues involved.

**Is the service well-led?**

The service was not always well-led.

The provider and registered manager had not ensured effective systems were in place for reviewing and monitoring staffing levels in the service.

Systems of quality auditing were not robust enough to ensure the service was meeting all requirements. The registered manager was not evidencing their auditing of the quality and safety of the service.

People and staff felt the registered manager was approachable. Relatives and staff said they could suggest new ideas.

**Requires Improvement** 

# Scope Inclusion South West

## **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 10, 11 and 16 August 2017 and was announced. We announced the inspection 72 hours in advance as the service provides care in people's home and we needed to ensure someone could meet us at the office. We also needed to give time for the registered manager to contact relatives and staff so they could consent to our speaking with them.

The inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed our records including the previous inspection report and provider's action plan. The registered manager had submitted a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR as part of our planning for the inspection.

On the first day of the inspection, we visited the office and reviewed three people's care records. We read three staff personnel, training and supervision records. We looked at how the registered manager was ensuring staff training was up to date. We also reviewed how the registered manager and provider measured the quality of the service.

On the second day, we spoke with four relatives and four staff by telephone with the third day reviewing records of staffing further.

# Is the service safe?

## Our findings

In 2016 we found the service was not meeting all the legal requirements to be safe. We then rated the service as Requires Improvement. This was because we found the service was not staffed safely. This was especially when people had been assessed as requiring two staff to meet their need for personal care and transfers with equipment such as a hoist. We found staff staffing levels were not always sufficient and relatives at times were relied on to provide support. We asked the provider to address this and tell us how and when they would achieve this. They told us this would be achieved by December 2016. We found staffing was met during this inspection.

People had a dedicated pool of staff and where possible, they were cared for by these known staff. This made sure only staff with the right training and skills were meeting their needs.

On the first day of this inspection we saw records in the office which stated the service had met 98 percent of care packages in July 2017. Staff were trained to meet different people's needs. Therefore, the incidences of not being able to staff people's care safely had greatly reduced to very rare events that could not be prevented. In that case, people's care records and agreements with those who funded the care was an agreement with the person's relative would step in and support Scope staff until that shift could be covered.

Staff told us they felt there was enough staff. They added that they felt this had improved since the last inspection and most care times were met.

However, when we spoke with relatives we received a mixed view of the staffing of the service. Everyone told us they never had a care session missed and one also added that on occasions more staff than required had come to their home. The gaps were in times when the second member of staff for people assessed as needing two staff, had not been provided or had been absent at the last minute. Relatives also raised a concern about the staff turnover and the number of new staff that then need training to meet their loved ones needs. Two different relatives told us, "Lots of problems with staffing my child uses a hoist and sometimes there is no cover. The odd time now I'm left on my own I was left four hours once to look after him. They've got no back up for sickness now [staff member] has gone" and, "X has been with them 10 plus years. They go through an awful lot of staff. If someone comes who X wasn't happy with I'd just say "no". They always struggle with staff they just come and go."

We returned to the service on the 16 August 2017 to look at staffing in more detail. We met with the registered manager and a quality assurance manager from Scope. We found that the people's need to have two staff had not been met on all occasions. This was for a variety of reasons including staff sickness and relatives requesting a change that could not be met at short notice. However, most gaps in staffing were met within an hour by the person's dedicated team or the services bank staff. In July we saw that two shifts had not been covered by a second member of staff and the relative would have been needed to support staff; some shifts for the rest of August also need a second member of staff allocated. The registered manager advised this would be met.

Immediately following the inspection, the registered manager advised people will have all the required staff

on each occasion. They added that other staff had been recruited and were in the final stages of approval to start working during this period. The registered manager should then prevent any future staffing issues as the staffing numbers will be at the required level.

Relatives told us they felt their family member was safe while being looked after by the staff from Scope. One relative told us, "X is safe yes, been with them many years now three hours a week. He gets on with people he's happy he would tell me if he wasn't". Staff received training in safeguarding vulnerable adults and children. Staff knew how to whistle blow and report internally and externally if they felt people were at risk and if concerns were not being addressed appropriately. One staff member said, "Safeguarding is used when there is a concern of abuse. We report to the manager. If it involves the manager we go to the area manager".

Staff were recruited safely. Staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was thorough. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

Risk assessments were in place to support people to receive care safely. People had risk assessments completed which were up to date. Relatives were involved in identifying their own risk and in reviewing their own risk assessments. All risk assessments were clearly linked to people's care plans and staff training. Staff had training in areas of specific needs for that person. For example, the risks associated with epilepsy and how staff were to identify how to meet individual people's needs.

People's medicines were administered safely where staff had responsibility for this. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Some entries were handwritten and required a second signature to ensure the records were accurate. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Clear records were kept to show creams were administered as prescribed.



# Is the service effective?

## Our findings

In 2016 we found the service was not meeting all the requirements to be effective. We then rated the service as Requires Improvement. This was because sufficient training was not in place so staff could not meet everyone's individual needs. We found this had been met during this inspection.

Relatives were positive about the ability and training of the staff. One relative told us, "They are well trained and skilled enough they've done epilepsy training, behaviour training and first aid training. I know they have a lot of training days".

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults and children; infection control and food safety. Staff were trained in areas to meet specific needs of people being cared for by the service. For example, training in supporting people with specialist dietary needs, epilepsy and looking after people's skin was provided. Training had been reviewed for all staff to ensure they were having the training essential to their role.

Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required extra input and support.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. The progress of new staff was reviewed often to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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.

Scope South West staff had been trained and demonstrated they understood the MCA and their responsibility to adhere to the legislation. The registered manager was aware of the MCA and their role in ensuring they assessed and planned people's care accordingly. They worked with other agencies to assess people's capacity. Staff, other professionals and relatives worked together to ensure the care planning was in the person's best interests.

Staff were aware they were caring for people who may lack the ability to consent to their care and treatment. They would talk to people while delivering care. We were advised by one relative that staff could sometimes forget this. We have advised the registered manager and they told us so they would follow this

up with staff.

Where staff were responsible for people's nutritional and hydration needs, this was met. Where there were concerns about a person's ability to swallow, the care plan detailed the professional assessment and how staff were to ensure they provided the food and drink in line with this. Where the relative had the responsibility, staff related closely with relatives to make sure the food provided was in line with current assessments and as the person liked.

Staff made sure any health needs were alerted to the relative and or the person's GP. Records and the staff role in meeting the changing or new need were made clear. For example, one person needed antibiotics and another a short term cream applied for a skin condition. This was recorded in the persons MAR and care records so staff could ensure theses medicines were given as needed.

## Is the service caring?

### Our findings

At our last inspection we found this area to be Good. We have continued to rate this part as Good.

Relatives told us that on the whole there was a dedicated staff team, and that they were involved in choosing staff, so their loved one had the right staff supporting them.

Relatives told us their loved ones were cared for by staff who treated them kindly, with compassion and with respect. Relatives told us they were happy with the atmosphere in the home. They added that staff were mindful this was their home. They said staff were friendly and always made sure people's dignity was maintained.

One relative said, "X's entire budget goes on having fun. Though they struggle with staff I've never been let down". Other comments from relatives included, "The office staff and care staff are caring, kind and compassionate. I'm quite happy over all" and, "One particular carer goes above and beyond. She's really helpful, thoughtful and caring. All the carers are a bunch".

Another relative told us how a member of her child's staff team had arranged to keep in touch with her when they went on holiday so they could share stories from the pictures when they came back.

Relatives told us that the change of staff had meant not all staff new them or their loved one as well, but felt the new staff soon settled under the guidance and knowledge of the staff who they had known for some time.

Staff worked closely with people's relatives to ensure they understood people's needs and could identify changes in mood and how the person was feeling. Staff worked closely together to meet people's needs and to help understand and fulfil their wishes and pre-empt their desires.

## Is the service responsive?

### Our findings

At our last inspection in 2016 we found the service was not meeting all the legal requirements to be responsive. We rated this section as Requires improvement. This was because staff could not always provide person centred care because there was not enough of them. We asked the provider to put this right and they told us they would have achieved this by December 2016. On this inspection we found person centred care to be met.

Prior to Scope South West providing care, people's needs were assessed to ensure the service could meet their needs. A care plan and risk assessments were then drawn up with the initial information and from meeting people's relative and relevant professionals. This care plan was then reviewed annually or more often depending on need. The care of people who had been receiving care long term was reviewed less often than people's who were new to the service. This was because staff still had to refine that person's care to ensure it was personalised.

People had care plans in place which were personalised and reflected their current needs. Relatives confirmed they were involved in writing the care plan. One parent care told us, "The care plan is updated every twelve months We are fully involved" and another, "The care plan records X's main needs and stuff; it's reviewed every six months and I'm fully involved. If there's been an issue, I tell the [staff] and the office. The office sends a text message reminding [staff] what they should be doing".

People received consistent, personalised care, treatment and support. Everyone's care plans involved an overall assessment of people's needs that were refined into specific care plans for specific situations as they were identified. Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. Relatives said staff would act promptly and tell them if they felt their loved one was poorly or they had a concern. Staff respected the relatives were key in the decision making process about how needs were met.

Staff confirmed the care plans gave them the information they needed to meet people's needs.

People were supported to be part of their local community and attend local groups and facilities in the community as needed. For example, people attended social sessions and hydro therapy locally where they could benefit from this treatment.

People's concerns and complaints were acknowledged and investigated. Relatives said they knew how to raise a complaint and felt comfortable speaking to the registered manager and other office staff. The service had a complaints policy in place. This was made available to people and relatives on enquiring about the service. Scope had systems in place where people's concerns could be picked up and resolved quickly. All concerns and complaints were made known to Scope at a national level, investigated and only closed once staff were assured the person was happy with the outcome. One relative said, "I made a complaint last year to the area manager. I got a letter to say they were sorting it. They did it within a month".

## Is the service well-led?

### Our findings

At our last inspection in 2016, we rated this area as Require improvement . On this inspection we found concerns in respect of how the service is being led and have judged this area to be Requires Improvement.

The provider and registered manager did not have adequate systems of quality assurance to identify staffing was an ongoing issue at the service and ensure this requirement was met. On the 18 May 2016 the registered manager had told us they were struggling to staff the service fully. We inspected the service in July and August 2016 and found the service was not meeting the required staffing levels. When we had breached the service following the last inspection, we had been told staffing would have been put right by December 2016. On this inspection we found issues with how staffing was organised.

We saw records of provider oversight that stated staffing in June 2017 was due to be 98% and 99.4% in July 2017. When we spoke with relatives on the 11 August 2017 we received concerns that staffing and the related on call systems was causing them concerns. We received the following comments from two relatives, "Things that need improving - staff levels and a better system for the on call" and, "More staff and coordination of staff more effectively".

We revisited the office on the 16 August to meet with the registered manager and a quality assurance manager to discuss the on-going relative's concerns with the staffing. We asked the registered manager and quality assurance manager why people were continuing to not have the required staff at all times. We also raised the issue with the on call system which the registered manager agreed to review.

We asked why the staffing was an issue over seven months after we were told us they would have remedied this. However, we found staffing to be an issue despite advance notice of this in some cases of at least three weeks or a month. We asked why the service's contingency plan and bank staff had not ensured people's staff needs had been met. We also asked why we had not been notified of ongoing issues and whether the commissioners of the care had been informed of the service's inability to meet the staffing requirement.

We asked they report to us in writing. On 18 August 2017 they told us, "Most missed shifts appear to be due to last minute ill health. We endeavour to cover all shifts but may not have the capacity to cover all last minute sickness" and, "We recognise that we must always strive for improvement and therefore recruitment remains a standing agenda item on the service's improvement plan". Also, when fully staffed, "We have enough staff to cover delivery hours plus 20%". Communication with commissioners was during regular contract reviews.

The report also told us, "Rotas are reviewed daily and is a high priority that customers are informed of rota changes via telephone calls. In addition to this, the Area Manager and Service Manager review the rotas to ensure they are adequate" and, staffing levels "have improved [since the last inspection]. The CQC action plan [of the 15 September 2016] reported that staffing levels were at 98.8%".

The registered manager had local auditing systems in place but kept no written record of these. For

example, they told us they spot check work by other senior staff but there was no record of this. This included care plan audits, medicine audits, checks of session reports by staff, oversight of staff supervision and ensuring staff training was up to date. They told us they would review this and put a system in place to evidence this.

The registered manager knew how to notify the Care Quality Commission (CQC) of all other significant events which occurred in line with their legal obligations. They advised they would ensure we are informed of any future staffing issues. They will also communicate with commissioners of people's care.

Scope South West is run by the national organisation Scope. Scope's website states, "Scope is a charity that exists to make this country a place where disabled people have the same opportunities as everyone else". They provide information to people, their carers and professionals. They run a number of services. In Plymouth, at the same place where Scope South West operates, they also run a day service where people and their carers can drop in. A registered manager was employed to manage the service locally. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with relatives who used the service and the staff.

Relatives said they were involved in regular reviews of their loved ones care and sent annual feedback forms on the service. They said they felt they could speak to the registered manager or other staff in the office.

Staff confirmed they were able to raise ideas and concerns about how the service was run. They agreed any suggestions would be listened to and concerns raised dealt with immediately. Staff said they were well supported by the registered manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together. One staff member said, "I'm very, very happy working for Scope".

The registered manager understood their responsibilities in respect of the Duty of Candour (DoC). The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.