

Scope

Scope. Community Activities Cornwall

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?

Good ●

Summary of findings

Overall summary

We carried out this inspection 12 September 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This is the first time the service has been inspected under the current registration.

Scope Community Activities Cornwall Ltd is a domiciliary care agency that provides personal care and support to people with a physical and/or a learning disability in their own homes. At the time of our inspection the service was providing a service to 22 people, 18 of those were receiving support with their personal care needs.

The Care Quality Commission has responsibility for regulating personal care and this was the area of the service we looked at. Some of these people were receiving a 24 hour supported living service, while others received support from their family home to take part in activities in the community. A supported living service is one where people live in their own home and receive care and support to enable them to live independently. The contractual arrangements for tenancy agreements and personal care are separate so people can choose to change their care provider and remain living in the same house.

At the time of our inspection 22 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 22 staff including management.

There were two registered managers in post. 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.

People and their relatives told us they felt safe using the service, commenting, "I feel safe and am very comfortable with the staff", "I trust the staff and work alongside them to support my [relative]." and "Excellent service, can't fault it." People told us staff were kind, caring and compassionate; whilst being respectful of their privacy and dignity. Comments from people and their relatives included, "Staff are lovely and very helpful", "[Persons' name] is very happy with all the staff" and "Great team. No complaints whatsoever."

The service had faced difficulties recruiting enough staff. In order to meet this challenge, management had put together a recruitment action plan for 2016/17 aimed at attracting and retaining appropriate staff to the organisation. Management said they had employed agency staff to cover any potential gaps in staffing. People and relatives told us that in the main, the service managed staffing cover. One person commented, "The only negative comment is having enough staff to cover absences and sickness."

The service had a contingency plan in place to manage any emergencies. Risks to people in the event of an

emergency, had been assessed and rated, in order to identify who would be at the highest risk. There was 24 hour telephone contact available to people to be able to contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

People received care, as much as possible, from the same care worker or team of care workers. Rotas were planned in such a way as to minimise changes of staff. People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. People said, "We are fortunate that when Scope staff come, they are here for a few hours and if there has been any need to change times for any reason we are always given plenty of notice."

Staff were recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. All staff received an annual appraisal of their work.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I can't speak highly enough of Scope. It is a great organisation to work for" and "I think they provide a high standard of care which comes down to the person specific training staff are given before they're left to get on with the job."

People told us they were involved in decisions about their care and were aware of their care plans. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and goals. These were reviewed regularly to evaluate the progress people were making against their overall goals.

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "They are good about reporting any concerns and asking for advice."

Management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management teams provided strong leadership and led by example. Staff described the service as a 'strong flexible team that pulls together at all times to support customers in some great activities'. Both registered managers had clear visions and values about how they wished their service to be provided and these values were shared with their staff team.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families told us the management teams were approachable and they were included in decisions about the running of the service. People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. Comments from people included, "I would recommend Scope to anyone" and "I would say this Scope service is well

managed."

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. People told us they felt safe.

Staff and the registered managers had a good understanding of how to recognise and report any signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Management and staff had a clear understanding of the Mental Capacity Act 2005; and knew how to make sure people who did not have the mental capacity to make decisions for themselves and had their legal rights protected.

People's changing care needs were referred to relevant health services when concerns were identified.

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve

their goals and aspirations.

People knew how to raise a complaint about the service and said they had confidence in the management to deal with any concerns they had.

Is the service well-led?

Good ●

The service was well-led. Management had a clear vision about how to provide a quality service to people, which was understood by staff and consistently put into practice.

There was a positive culture within both staff teams with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Scope. Community Activities Cornwall

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 announced inspection took place on 12 September 2016. The inspection was carried out by one adult social care inspector. We told the service 48 hours before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. 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.

Prior to the inspection we spoke with one health and social care professional. During the inspection visit we went to the service's office and spoke with both registered managers' for the service, two regional team leaders and a member of support staff. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service.

Following the inspection we met with a member of support staff and a person who used the service. We received feedback from one external adult social care professional who was familiar with the service. We also received feedback from six support staff who worked for the service and two relatives of people who used the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service, commenting, "I feel safe and am very comfortable with the staff", "I trust the staff and work alongside them to support my [relative]." and "Excellent service, can't fault it."

Staff fully understood their role in protecting people from avoidable harm and had received training in safeguarding adults. Staff had a working knowledge of the service's safeguarding and whistle blowing policies and confirmed they felt confident to raise any concerns with management. A summary of the service's safeguarding policy and the local reporting arrangements were available to staff.

The service had faced difficulties recruiting enough staff. In order to meet this challenge, management had put together a recruitment action plan for 2016/17 aimed at attracting appropriate staff to the organisation. Management said they had employed agency staff to cover any potential gaps in staffing. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. One person commented, "The only negative comment is having enough staff to cover absences and sickness."

Rotas were organised into runs of work in specific geographical areas and management ensured they employed enough care staff to cover each area. Any gaps in the rotas were clearly identified so the management team knew the location and times and could arrange agency staff cover. People told us they had regular staff and the times of their visits were agreed with them.

A member of the management team was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

Staff had completed a thorough recruitment process to help ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Management carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a reoccurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff, people and their relatives felt the systems were robust. The person, along with staff, developed a care plan that specified how they wished to be supported in managing their money and how it would be monitored. This also showed consent had been gained by all parties.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "The staff are competent and well trained", "staff are lovely" and, "Scope are really good. Caring staff and they're very flexible in meeting my needs." Relatives also had confidence in the service and felt that staff knew people well and understood how to meet their needs. A relative told us, "[Team leader] works hard to organise the team, they are very approachable and keep us informed of all changes either by direct contact with [person's name] or myself."

New staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

New staff in the Scope service worked alongside other teams such as physiotherapists and occupational therapists, to understand how these services interacted with the Scope service to meet people's health needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. For example, one staff member told us about training they were undertaking to improve their use of sign language. They commented, "Management are good at supporting training I need to do my job. They are proactive at arranging the support we need."

Staff had achieved, or were working towards, a Diploma in Health and Social Care. One support staff member commented how supportive management had been in enabling them to successfully complete their qualification. Staff received training specific to meeting people's health needs. For example, training in stoma care. Staff told us, "We are always encouraged to do as many shadow shifts as possible until you feel confident delivering care. This is important because some of our people's care needs are quite complex."

In addition, all staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults and children, fire safety and food safety. One relative commented, "The staff know my [relative] really well. In my opinion staff are well trained and competent in the care they provide. We trust them."

Management met with staff regularly for either an office based one-to-one supervision or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by management and team leaders. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs.

The service had supported people to access services from a variety of healthcare professionals including

GPs, occupational therapists and district nurses to provide additional support when required. One person told us how staff supported them to use a 'telehealth' system to report and record their health scores using telecommunication technologies.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Information recorded on care plans demonstrated the service had assessed people's nutritional needs and in conjunction with people, appropriately planned for and recorded what people chose for their meals. During our visit to a person's home, we saw drinks were offered and the person told us about how they planned their meals and shopped with support from staff.

Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "Staff are good about reporting any concerns they have and asking for advice appropriately."

We observed that staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. People confirmed staff asked for their agreement before they provided care and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. One relative told us, "One thing I appreciate is the consistency of the small staff team who support [relative]."

Rotas were planned in such a way as to minimise changes of staff. People told us staff were kind, caring and compassionate when they cared for them. Comments from people and their relatives included, "The staff know my [relative]. They are very experienced with their care. We all trust them ", "Staff are cheerful and very helpful" and "[Persons' name] is very happy with all the staff".

Scope staff were committed to promoting people's independence. We were told staff did not rush people and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. People praised staff on how they encouraged and helped them gain the confidence they needed to meet their goals. One person told us how staff supported them to present a weekly community radio show and commented how much they enjoyed doing this. A relative complimented the service on how much their son's confidence and independence had increased since being supported by Scope, saying, "An example of their excellent service is the improvement in [person's name] social life... [person's name] regularly meets with friends and went on holiday supported by Scope. This was a new experience for them and one I know [person's name] would like to repeat."

During our visits to people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. A relative commented, "The team know [person's name] routine and communicate effectively with him and each other to ensure that [person's name] decisions and choices are respected. There is also a communication book, a wipe board and a calendar to make sure no important information is missed."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. Staff communicated with each other using a communication log kept in each person's home to ensure that important messages would always be picked up by the next staff member to arrive.

Staff spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I enjoy the job and am absolutely amazed at the support we give our customers during the day and night. I believe Scope provides a safe and caring service to the clients and I feel proud to work for Scope."

Is the service responsive?

Our findings

Each person who received care from the service had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they, or a close family member had been involved in putting their care plan together and the plans reflected their wishes.

Care plans contained appropriate and detailed information to allow staff to understand the specific care and support each person needed. In some instances care plans were highly detailed due to the complexity of the assessed health needs of the person. The service worked closely and in collaboration with other health agencies such as physiotherapists and district nursing teams to ensure appropriate care was given. The service also employed a specialist nurse to advise and train staff on some specialist procedures.

In addition, care plans provided staff with important information about keeping people safe while travelling and undertaking activities. For example, we saw detailed guidance, including photographs instructing staff how to safely use mobility equipment in a person's vehicle. The risk assessment was clear about training for staff and required knowledge to safely transfer the person's wheelchair before operating the vehicle.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve their goals and aspirations. For example, two people were supported in their goal to present music radio shows. One person who used a wheelchair had expressed a wish to try sailing and this had been organised. Other people had set themselves goals about going on holiday with friends and Scope had supported them to make this happen.

Regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the registered manager. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked by a manager and any updates to the care plan were made. A relative commented, "I consider Scope to be a safe and caring service otherwise I would be continually worried about [relative's name] now living independently."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. Management explained that the service operated a person centred rota system. We were told, "The aim of this is to allow, as much as practicable, our customers to tell us the hours they require on an on-going basis. This means we have to be as flexible as possible." Relatives and people who used the service confirmed this flexibility as a positive aspect of the service.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People told us they knew about their plan of care and a team leader regularly asked them about their care and support needs so their plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name.

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. A survey of people's feedback on the service performance had recently been completed and people were satisfied with the service they received. People told us they were aware of the process for making a formal complaint but had rarely needed to do so. Comments from people who used the service included, "I tell them if there's anything I'm not happy about" and "Staff always encourage me to speak up and say if there is anything wrong".

Is the service well-led?

Our findings

People and their relatives told us of the good standards of care and support they received from Scope Community Activities Cornwall. Comments included, "I benefit a lot from the support I receive" and "I can rely on them and trust Scope to support my [relative]. No reason to complain."

People and their relatives were positive about the support received by Scope staff. Some comments included; "They are very good, they respect what each person wants and the choices they make for themselves" , "Communication is very good, I can phone anytime and they will always listen and help me." People and relatives were also complimentary about the management and felt that they were approachable and they could speak with them at any time.

The provider placed people at the heart of the service. Their values were based on the customer coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff told us they learnt about these values during their induction. Staff consistently demonstrated their understanding and application of the values in their work with people during the inspection. People told us they were treated with dignity and respect at all times.

People, relatives and staff told us they were involved in developing and running the service. Their views were sought out and acted upon. People told us they had been approached about taking part in recruitment activities and there were plans to develop this further. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to.

The registered manager underlined the importance of asking for and listening to people's views including family and advocates about how the service was run so that any areas for improvement would be identified and considered to enable the service to continually improve.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us; "We are a strong flexible team that pull together at all times to support customers in some great activities" and "Our team leader is especially supportive; working to accommodate last minute requests from both staff and customers, she listens and acts on our feedback and regularly updates us of changes. This is a real strength of our team."

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. As a way of recognising and celebrating success, management had worked with the staff to put forward staff members for a Care and Support Award in Cornwall.

Staff told us the management team were approachable and they felt well supported by their line managers. Staff told us that the registered managers, team leaders and colleagues across Scope were; "Always there to listen, support staff and encourage us to be the best we can be." Staff said they had sufficient time to meet people's needs and felt supported by the on call system which meant staff and people could access advice

and support at any time. One commented, "The managers are always available and approachable. I would not want to work anywhere else. They value their staff."

Relatives also commented positively about the quality and responsiveness of management. One person said, ""Management are very approachable. Very good. They keep me informed of anything I need to know about my [relative's] care. I receive rotas and I know I can depend on them."

Staff meetings were held regularly. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service.

People told us team leaders completed "unexpected" spot checks on care staff and telephoned them regularly to ensure they were satisfied with the service. People and relatives were pleased that this occurred so that the management team could check that the care provided was good.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered managers showed effective leadership. People told us the service was well organised and managed. Their comments included; "I know managers and team leaders, I can phone them if I need to" and "I think it's well managed."

The registered managers and team leaders had a strong and positive working relationship and recognised each other's strengths. The organisation received support from their regional and national management structure to help with the running of the organisation. Training was provided to everyone, which meant they were able to keep up to date with developments in the field.

The provider understood the importance of consistent work to improve the service and used an internal Quality Assurance Framework to monitor and maintain standards. This required each service to undertake a self-assessment once a year to assess how well Scope Community Activities Cornwall were supporting people. Seven quality outcomes were measured including people's experience of how they were treated as well as people's on-going health and well-being needs.

People had been asked for their views on the service via a questionnaire. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. In addition surveys were completed to gather feedback on people's initial experiences of care and to discuss any changes the person would like made to their care plan.

In addition, a regional quality manager was available to support the service monthly checks on all aspects of the service.. Recommendations from these checks had included an increase in staff observations in order to identify areas for improvement. The checks had also highlighted areas where training could be developed further.

People told us the service always responded promptly to any questions or enquiries they made. People said; "There is always someone available" and, "I have the contact details I need to get hold of Scope at any time." Scope Community Activities Cornwall had effective systems in place for ensuring information reported to office staff was acted on appropriately. All information reported to the office was recorded on the service's care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.

Twice yearly support meetings took place with the regional director, area manager and other members of

the senior management team to review the service. Both staff and management told us they believed there was good communication within the organisation and staff understood the Scope ethos for providing good quality, personalised care for people in Cornwall.