

## Scope

# Warrington Road

### Inspection report

102-108 Warrington Road  
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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

This inspection took place on 2 May 2017 and was unannounced. On the 11 May 2017 we contacted people's relatives by telephone to seek their views about the service. At the last inspection in June 2015, we found the service met all the regulations we looked at and was rated as good.

102 – 108 Warrington Road is a purpose built care home providing personal care and accommodation for up to 12 people who have a physical disability. The service consists of four linked bungalows each accommodating three people. The home is located in a residential area of Widnes and is within easy access of the local amenities. The property is owned by a housing trust and managed by Scope. At the time of the inspection there were 12 people living at the service.

There was a registered manager 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.

We found that people and their relatives were positive and complimentary about the support they received from the service. People lived in a comfortable environment and indicated they were happy and well treated.

We found that there had previously been some shortfalls in the safe management of medicines. A recent medication audit had highlighted some areas of good practice but also a number of areas where improvements were required. The service had been working on some of these issues and had taken immediate action to address these. We recommend that the service continues to monitor closely to ensure that these improvements are sustained.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Staffing levels had recently been increased and there were enough staff to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service was compliant with The Mental Capacity Act 2005 (MCA 2005). Staff received appropriate training and were supported by the registered manager through supervision and meetings, to enable them to meet people's needs effectively. Staff who had transferred had been included within the training matrix and the management were working to ensure that training and competency assessments were refreshed for these staff over the next few weeks.

People's preferences around food were respected and drinks were offered throughout the day, with people being given choices about their drinks. People were also encouraged to make healthy choices. We found that staff had a good understanding about people's nutritional needs and that instructions and guidance

were detailed within their support plans.

People told us that they were well cared for. A number of staff had worked at the service for several years and had developed effective relationships with the people they supported.. It was evident from the discussions we had with people who used the service that they were treated with respect and dignity.

We found that people were involved in deciding how the care and support staff were to help them. Staff told us people and their families were involved in discussions about their care. Details about supporting people to be part of decision making were included in people's support plans and people told us they felt involved in making decisions.

People received care that was personalised and responsive to their needs. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their support plans. People's goals and aspirations were considered as part of the support planning. The service promoted inclusion and supported people to take part in activities which reflected their interests.

The service had a complaints procedure in place and the registered manager kept an electronic record of any complaints received and how they had been dealt with. People spoken with told us that they felt able to raise any concerns should they need to and knew how they could go about this.

We found that the service was well-led. Staff were motivated and positive about the management of the service and told us that they could approach the registered manager with any concerns. The registered manager told us they were keen to continue to improve the service and were working towards a service improvement plan. We found that staff had a good understanding of their roles and responsibilities. Quality assurance systems were in place to monitor the service.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains effective.

### Is the service well-led?

Good ●

The service remains well-led

# Warrington Road

## **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 checked 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 2 May 2017 and was unannounced. We also made telephone contact with relatives of people who used the service on 11 May 2017.

The inspection was undertaken by one adult social care inspector.

Before the inspection, we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We contacted the local quality assurance team who told us that the service was subject to an improvement plan. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we visited two of the bungalows at Warrington Road and spoke with five people who used the service. We contacted three relatives over the telephone to seek their views of the service. The people living in the service had a variety of methods of communication. Some people were able to tell us what they thought about the service verbally, others could indicate by gestures or by using a communication board.

We also spoke with four members of support staff, a team coordinator and the registered manager. We checked three people's care records and three medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as training, safeguarding and health and safety records. We reviewed three staff recruitment files. Throughout the inspection, we observed how staff supported people with their care during the day.

# Is the service safe?

## Our findings

People spoken with told us that they felt safe living at Warrington Road. Relatives told us "She is well looked after" and "I couldn't wish for a better place."

We reviewed how medicines were managed and found they had previously not been managed consistently in a safe way. We saw that the local medicines management team had undertaken a full audit at the service in April 2017. This audit highlighted a number of areas of good practice but also identified some areas of poor practice which they felt needed to improve. These areas included various issues relating to the appropriate storage of medication, medication risk assessments reflective learning and ensuring the competency of staff. The service had been aware and was addressing some areas for improvement regarding the management of medicines. We saw that a detailed action plan had been developed and following the inspection we received information to confirm that the majority of the concerns identified had been rectified. The registered manager had undertaken an analysis of recent medication errors and highlighted that these had now reduced. We saw that the service were undertaking weekly and monthly medication audits and acknowledged the need to ensure that any improvements were sustained.

During the inspection we observed staff administering medication and reviewed medication administration record sheets (MARs). We found a minor issue regarding hand written medication instructions, there were two examples where they had not been counter signed to check their accuracy. All other records had been recorded correctly and we saw that two staff administered the medication as a safety measure.

We recommend that the service continues to monitor and audit the safe management of medication to ensure that the improvements made are adequately sustained.

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. We saw from the records that staff had been trained in safeguarding procedures and discussions identified that they understood their responsibilities to report any concerns. One staff member commented, "We can discuss safeguarding in staff meetings. I'd inform my line manager or on-call, I'd ring the local authority or police if needed." There was also a whistleblowing policy in place called "Speak up", which staff were aware of and meant they knew how to raise any concerns outside of the organisation.

We found that people were given appropriate information about how to keep themselves safe and how to report any concerns. One person for example told us that they felt safe and said they could speak to a member of staff if they had any worries. Scope (the provider) had a safeguarding team and any incidents were notified to them to be assessed for action needing to be taken and any changes which may be needed in the service.

Risk assessments were undertaken with people to identify any risks around areas such as physical health, moving and handling, finances and medication. We reviewed risk assessments within people's support plans which included detailed information about the action staff should take to support people as safely as

possible. However, in one case we saw that the emergency actions identified to support a person at risk of choking could not always be carried out due to not all staff having been trained in that specific area. We highlighted this to the registered manager and they subsequently ensured that the management plan was appropriate and could be carried out effectively.

People had been involved in decisions about taking risks to ensure that their freedom was supported and respected as far as possible. For example we saw in one person's support plan that a risk assessment had been completed around their health and diet needs. The person had the capacity to sometimes make what could be considered unwise decisions around this risk and the staff respected this, whilst encouraging compliance with the management plan.

We reviewed records which demonstrated that appropriate maintenance and health and safety checks were undertaken to maintain the safety of the premises and equipment. Health and safety audits were undertaken on a monthly basis. A current fire risk assessment had been completed for the service and each person had an individual emergency evacuation plan, to be instigated in the event of an emergency such as a fire. We saw that a recent fire drill had been undertaken in April 2017 and staff spoken with could clearly tell us what the procedures were in the event of a fire.

We saw that the service had a business continuity plan and this ensured that all relevant contact numbers were easily available. Systems were in place to minimise any adverse impact on the service people received in the event of an emergency.

People received the care and support they needed in a timely way. We reviewed staffing rotas and observed that there were sufficient staff available to support people when they needed it. Staff told us that there had been a recent increase in the staffing levels which meant that they had more flexibility to spend time with people for social activities, including supporting people to go out into the community. The registered manager told us that they were seeking additional funding for some people within the service due to their needs changing and more support being needed. Therefore reviews were due to be undertaken with the commissioners to assess people's current needs.

A number of staff had recently transferred from another of the provider's services to Warrington Road, however the registered manager told us that there were still some staffing vacancies. Interviews were taking place on the day of the inspection. The service currently used agency staff during the night to ensure that there were sufficient staff to meet people's needs safely. The registered manager explained that as far as possible the same member of agency staff was used to ensure consistency and familiarity for people.

We looked at staff files to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form and evidence of references.

The bungalows visited were clean and well maintained. They were adapted to the needs of the people living there and people's bedrooms were personalised. We noted that the bathroom was used to store some equipment and was a little cluttered, which made the environment more difficult to clean, the registered manager told us that they would address this. Disposable gloves and aprons were available and used by staff.

## Is the service effective?

### Our findings

People and their relatives told us that they found the service to be effective. They told us "Staff are amazing"; "The staff are spot on" and "Two carers have been with (name) for a long time."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. All staff were required to complete induction training before starting work at the service and staff confirmed they had undertaken this training. The registered manager told us that new staff would usually shadow an experienced member of staff for at least 12 shifts. We saw that alongside their induction new staff were required to undertake National Vocational Qualifications (NVQ's) or The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work

All staff were offered regular training and we saw evidence of training certificates within staff files. Training that the service considered to be mandatory, was undertaken on an annual basis and we saw that staff undertook e-learning. This included safeguarding, equality and diversity, MCA/DoLS and infection control. The training included practical assessments for manual handling, as well as medication competency assessments. Training records were an electronic record which was monitored and kept up to date. Specific training was also organised when required. This training enabled staff to meet the people's individual needs, for example staff were currently undertaking epilepsy training because some people who had recently moved to the service required this support. Staff told us that they felt supported and had sufficient training. Comments included "We get lots of training, I did challenging behaviour and infection control recently, next week it's nutrition and hydration" and "There always seems to be training, we have virtual college on the computer."

Recently a number of staff had transferred to Warrington Road from another of the provider's services. The registered manager told us that these staff had been included within the training matrix and they were working to ensure that training and competency assessments were refreshed for these staff over the next few weeks.

Where agency workers were used at the service, we saw from the records that an initial induction was carried out and their competency was checked before starting work.

We saw from the records and by discussions with staff that one to one supervision meetings were carried out on a regular basis. Staff also received appropriate support from the registered manager or team co-ordinator through an annual personal development plan. This was devised to enable staff to focus of their development and review their performance. We saw from records that regular observations of the staff were also undertaken to assess performance and any areas for further improvement. A supervision matrix was maintained to record when supervision had been carried out and highlight when supervision sessions were due. The registered manager told that the service was committed to supporting staff to develop their skills

The Mental Capacity Act 2005 (MCA 2005) 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.

We found that the service was compliant with the MCA 2005. Staff had received training in MCA 2005 and DoLS and understood their responsibilities under the Act. For example we spoke with one member of staff who was able to tell us about the five principles of the MCA 2005 and that the people they supported had the capacity to make their own decisions. We saw that people's consent and ability to make specific decisions had been assessed and recorded in their records. Where possible people had signed their consent to their support plans. We saw examples of MCA 2005 assessments and best interest decisions being made and recorded.

We saw that where appropriate applications had been made under DoLS and there were three people who were currently awaiting a best interest assessment by the supervisory body (local authority). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy with the food provision and told us they were involved with decisions about shopping and meal provision. One person commented "We make a meal planner, I like chips, pie and gravy." People's preferences around food were respected and drinks were offered throughout the day, with people being given choices about their drinks. People were also encouraged to make healthy choices.

Staff spoken with had a good understanding of people's specific dietary requirements. One person enjoyed milkshakes and we observed them drinking a milkshake during the inspection. They requested another milkshake shortly afterwards. The staff member was aware of the person's dietary requirements and discussed these with the person, as it may have been detrimental to have had another milkshake. The person therefore made the decision themselves to have a different type of drink and this ensured that the person's dietary needs were appropriately met. We saw other examples where staff supported people to monitor their weight and had sought advice from dietitians where necessary. One member of staff clearly told us who was at risk of weight loss and those people who required close monitoring. We specifically asked one staff member about a person's dietary requirement and they correctly told us that the person required a fork mashed diet.

We saw that instructions and guidance about people's nutritional needs were detailed on their support plans. However, we noted in one person's support plan that their fluid intake should be monitored and the amount taken totalled at the end of the day to enable the staff to monitor. When we checked the records we saw that this had not been carried out. We discussed this with the team coordinator who told us that the person had been reassessed and it had been decided that this person's fluid intake did not need to be monitored so closely. However the records had not been updated to reflect this. They took action to address this straight away after the inspection.

Records showed us that people had access to healthcare when it was needed. The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. Records demonstrated that the provider had referred to health professionals such as GPs, district nurses, dietitians and occupational therapists where necessary.

## Is the service caring?

### Our findings

People told us they felt well cared for. One person told us "(Name) is very kind, everybody treats me nicely". Relatives spoken with were also positive and told us, "She's well and truly cared for," and "They have been absolutely brilliant with (name)."

During the inspection we saw people and staff together and observed staff interacting with people in a caring and compassionate manner. We overheard joking and laughing and people looked comfortable in the presence of staff. One person told us how much they liked living at Warrington Road, they said "I like living here; I've got loads of friends."

The service kept a record of any compliments they had received. We saw that one relative had commented that their relative was "Treated with gentle respect and she is happy."

A number of staff had worked at the service for several years and had developed effective relationships with the people they supported. Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their support plan. We saw records of regular meetings that keyworkers held with people and we saw that people were involved in their support planning. One person commented "(Name) is my key-worker, she's a lovely girl and she's going to take me out tomorrow." Staff explained that the role of key worker was to help support people with specific tasks, such as remembering important events.

We found that people were involved in deciding how the care and support staff were to help them. Staff told us people and their families were involved in discussions about their care. Where necessary people were provided with information in a suitable format to assist them to understand. Details about supporting people to be part of decision making were included in people's support plans and people told us they felt involved in making decisions. One person's support plan read, "Support me to make day to day decisions, by offering choice about all aspects of my life." People also had access to advocacy services, an advocate is an independent trained professional who supports, enables and empowers people to speak up.

Staff told us they encouraged people to remain as independent as possible and to have a lifestyle of their own choice. We saw an example where one person's specific requirements were met to enable them to meet their continence needs independently. Staff told us about another person who was very independent and was encouraged to help to prepare meals. One support worker explained, "Choice is really offered, we have bungalow meetings and relay any issues, people are listened to."

It was evident from the discussions we had with people who used the service that they were treated with respect and dignity. Staff demonstrated respect for people's dignity in the way they spoke about them. Staff comments included "I think dignity and respect is good here." They gave us examples of knocking on people's doors and covering people during personal care to maintain their dignity.

We did notice that there were a number of notices displayed around the bungalows which provided information for staff. Whilst we noted that this may be important information we found that this may not be the most appropriate way to share this information as the staff needed to be mindful that they were working in people's homes. We discussed this with the registered manager who assured us that this had been noted and would be addressing this.

The management ensured that the expectation that people were treated with dignity and respect was promoted. There were two dignity champions who ensured that dignity was a set agenda item within team meetings and supervisions. We also saw that senior staff undertook practice observations of other staff and part of this check was to ensure that people were treated with dignity. Dignity audits were also undertaken and we saw that the appropriate use of language had been discussed with staff within a recent team meeting.

## Is the service responsive?

### Our findings

People and relatives spoken with told us that the service was responsive. Comments included "There are no faults, they've been marvellous" and "I'm very pleased with things."

People received care that was personalised and responsive to their needs. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their support plans, so they received appropriate care and support. The registered manager informed us that all of the support plans had recently been re-written with people stating how they would like their needs met.

Staff spoken with were knowledgeable about people's needs and how they liked to be supported. People's preferences, likes and dislikes were respected. We saw that support plans reflected how people liked to receive their care. They were very detailed and included information about what was important to people and how best to support them. Examples included information about people's favourite activities or information about personal care preferences. People told us they were able to choose when they would like to get up and go to bed. One staff member commented "(Name) is usually up with night staff as he likes to get up early, but (name) usually buzzes around 10am, people are given choices." Staff told us that they read people's support plans and were regularly informed of any changes through daily handover meetings. We saw that risk assessments and support plans were reviewed on a regular basis.

Information was also included to support people to maintain important relationships. One person told us that they were happy because staff were supporting them to travel to visit their relative the following day. We also spoke with relatives who confirmed that the staff supported people to maintain important contacts. People's spiritual needs were supported and we saw that one person liked to regularly attend church. Information about this was contained within their support plan and they confirmed that they received this support.

We found that people were supported by staff who knew how to communicate with them effectively. Some people had complex communication needs and we found that support plans contained detailed information for staff about how to effectively communicate with people. We saw that people had a range of communication methods available to them. One person had a new electronic communication aid, however despite practice and support from staff this person was struggling to communicate effectively using this method. Staff had already taken action and were awaiting contact from the speech and language therapist for further support to look at alternatives. Staff gave us examples of how they communicated with people, they said "We support (name) to communicate using closed questions and body language." One relative told us "The staff understand him".

People's goals and aspirations were considered as part of the support planning. The service promoted inclusion and supported people to take part in activities which reflected their interests. The registered manager told us that over the past few months the service had focused on supporting people to identify their goals and aspirations. We saw that people were supported to arrange holidays and one person was

aiming to start a job in the near future. Other activities included outings to the theatre, the disco, to bingo and shopping amongst others. One person told us "I go everywhere!" Staff spoken with explained that a recent increase in staffing meant that outings and activities could be more flexible. There had also been a recent focus on activities undertaken within the bungalows, because this has been highlighted as an area for improvement within a customer satisfaction survey.

We found that the service routinely listened to people's experience of their care and learnt from complaints. People living at the service meet with their key worker on a monthly basis to review the support they received. Staff told us they supported people to complete surveys which were also available in an accessible format. Following the last survey the service produced a report and action plan to ensure that the issues raised were dealt with. Relatives told us that they were kept informed and updated. Regular customer meetings were undertaken with people living at the service to discuss their experience of the care. We reviewed minutes of recent meetings and saw that certain topics were set items on the agenda and included safeguarding, complaints and compliments, activities, issues with the accommodation, issues with staff, dignity and respect.

The service had a complaints procedure in place and the registered manager kept an electronic record of any complaints received and how they had been dealt with. We saw that two issues raised within the customer survey had been identified as complaints and appropriately dealt with as such. People spoken with told us that they felt able to raise any concerns should they need to and knew how they could do this. One person said "If I was worried I would tell (name), she's very kind." One of the roles of the key workers was to enable people to raise any issues or concerns.

## Is the service well-led?

### Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were responsive. Staff also told us that the service was well-led. Comments included "I'm happy here" and "I love my job."

Since our last inspection the provider had appointed a new registered manager. 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.

The registered manager also had management responsibility for another of the provider's services. Staff told us when the registered manager was not at the home, they were contactable and accessible if they were needed. There was also an on-call rota which meant that support was available outside office hours. We found that information requested during the inspection was well organised and readily available. The management team responded well to the inspection process and we found them to be helpful and approachable.

The registered manager was supported by a wider management team including a team coordinator, regional manager, and quality assurance team. The registered manager told us that they were working towards a service improvement plan and continued to work with the local authority and local medicines management team to make further improvements to the service. A self-assessment of the service had been undertaken in April 2017, this was to ensure best practice under the provider's quality assurance framework. The assessment included a review of seven outcomes including; achieving goals; making choices; engaging, connecting and contributing; being effective, efficient, well led; health and well-being; experiencing dignity and staying safe. They rated themselves as "silver" from this assessment. The assessment stated that the management team were dedicated to Scope's vision and encouraged the staff to be as well. They believed they were open to learning and wanted the service to improve and be at the highest standard possible for their customers.

Good management and leadership was demonstrated. Staff spoken with were motivated, and positive about the management of the service. The management team were visible within the service and discussions with them demonstrated they understood the needs of the people using the service very well. We saw that there had been a recent change to the management structure of the service and a new team coordinator had been transferred to work alongside the current team coordinator, with oversight from the registered manager. Staff told us they felt able to approach the management with any concerns. They said "The managers are quite approachable" and "I've gone to them lots of times."

We found that staff had a good understanding of their roles and responsibilities. Regular staff meetings were held and we saw from the minutes of these meetings that the registered manager set out her expectations of staff and included discussions around the quality of the care provision. We saw that any

changes to policies and procedures were discussed with staff within these meetings. A person centred culture was promoted within the service and the registered manager told us about the importance that they had placed on encouraging people to identify their goals and aspirations

People's views on the service had been sought through questionnaires. A "family survey" had been carried out and a customer satisfaction report had been created in August 2016. We saw that people had rated their support as either excellent or good. The registered manager had developed an action plan in response to two issues raised within the surveys about the implementation of house activities and choice around food, which were being actioned.

We found that there were systems in place to monitor the quality of the provision. A monthly call was held with the regional manager to review and track staff training. A monthly audit was also completed to check staff compliance with the training requirements. A number of audits were undertaken within the service, including staff recruitments files, health and safety, support plans, medication and finances.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. Our records indicated that notifications had been submitted appropriately in line with CQC guidelines. The current CQC rating was displayed on the provider's web-site.