

Scope

Scope Inclusion East Midlands

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 

Overall summary

This inspection took place on 9 December 2014. Scope Inclusion East Midlands is a domiciliary care service which provides personal care and support to people in their own home. On the day of our inspection three people were using the service.

The service had a 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.

At our last full inspection in December 2013 we found that the care provider was not meeting the legal requirements

Summary of findings

in respect of the management of medicines and supporting staff. The provider sent us an action plan and told us they would be compliant by March 2014. During this inspection we found that the care provider had made the required improvements.

People received their medicines as prescribed and they were safely stored. The relatives we spoke with told us they felt their loved ones were safe when receiving support from staff. Staff understood their responsibilities to protect people from the risk of abuse.

Risks to people's health and safety were managed and people were supported by a sufficient number of staff.

Staff had the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

People were treated with kindness by staff and caring relationships had been developed. People and their family were able to be involved in the planning and reviewing of their care. Staff supported people to make day to day decisions. People were treated with dignity and respect by staff.

People were provided with care that was responsive to their changing needs, likes and dislikes. Staff helped people to take part in activities they enjoyed and helped to prevent social isolation. People felt able to make a complaint and told us they knew how to do so. Complaints received were responded to in a reasonable timescale and, where possible, resolved to the satisfaction of the person making the complaint.

People and staff gave their opinions on how the service was run and suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service. These resulted in improvements to the service where required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received the support required to keep them and other people safe.

People received their medicines when required and they were recorded appropriately.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to eat and drink enough.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs.

Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

There was an open, positive culture in the service.

People's views about the service were asked for and improvements were made.

There was an effective quality monitoring system to check that the care met people's needs.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 9 December 2014, this was an announced inspection. We gave 48 hours notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and healthcare professionals and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with one person who was using the service, three relatives, two members of care staff and the manager. We looked at the care plans of three people and any associated daily records such as the daily log and medicine administration records. We looked at two staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

At our inspection in December 2013 there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there was not always up to date information available about people's medicines. We saw the required improvements had been made at this inspection and people received their medicines as prescribed and there was up to date information available to staff about medicines.

People's medicines were properly managed and they received their medicines as prescribed. Staff managed the medicines for one person who used the service and their relative was happy with how their medicines were managed. This person's care plan contained detailed information about how staff should administer their medicines. Staff were aware of this information and received specialist training and support before administering medicines. Records confirmed that the person received their medicines as prescribed.

The person we spoke with told us they felt safe when staff were caring for them. The relatives we spoke with also felt their loved ones were safe while receiving care from the staff. One relative said, "I know my relative is safe, I have peace of mind." Relatives also told us they would be happy to speak with the manager if they had any concerns.

People were supported by staff who knew how to keep them safe from harm and could be assured any incidents would be appropriately reported. The staff we spoke with described how they kept people safe and told us they had access to appropriate information and training to help people stay safe. Staff were able to describe the different types of abuse which can occur and how they would report it. Staff told us they would have no hesitation in reporting any matters of concern.

Steps had been taken to reduce the possibility of people suffering from abuse. People's care plans contained information about how staff should support them to keep them safe. For example, there was information in one care plan which described how staff could recognise when the person was not happy. The care plans also provided guidance to staff in how best to respond to keep people safe. The staff we spoke with were aware of this information.

Risks to people's health and safety were well managed without having their freedom restricted. One relative said, "[My relative] is given as much freedom as possible by staff. But they make sure [my relative] is safe first." Relatives told us that risk assessments were carried out by the manager before the care package started and were regularly reviewed.

Different risks were assessed prior to a care package being commenced. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves. For example, one care plan gave staff guidance in how to safely support a person to move themselves into a different position so they could receive personal care.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received training in how to operate different equipment people used and also observed more experienced staff before using the equipment themselves. There was detailed guidance in people's care plans about how to operate equipment and staff were aware of this.

People were cared for by sufficient numbers of suitable staff. The person we spoke with told us they felt there were enough staff to their needs. The relatives we spoke with told us there were enough staff. One person said, "[My relative] has two staff on every call and there are always two staff turn up." Relatives told us that staff usually arrived on time and stayed for the full time assigned on each call.

The rota was planned according to people's needs and two carers were provided for each visit. The manager ensured there were always enough staff to meet people's needs and for staff to be able to take regular days off. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

Is the service effective?

Our findings

At our inspection in December 2013 there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff did not always receive appropriate training and supervision. We saw the required improvements had been made at this inspection and people were cared for by staff who were properly supported.

The person we spoke with told us they were cared for well by staff who they felt were competent. A relative said, “I think the staff are well trained.” Another relative told us, “Any new staff come to the house to shadow before they can start caring for [my relative]. I am happy with the competency of staff.”

People were cared for by staff who were given appropriate support by their manager and the provider. The staff we spoke with told us they received all the training they needed to carry out their duties competently and were positive about the quality of training provided to them. One staff member said, “The training is relevant to our job and to our service users.” Training records confirmed that staff received training relevant to their role, such as safeguarding and infection control, and this was refreshed at regular intervals.

People were cared for by staff who received regular support through supervision and appraisal. Staff told us they received monthly supervision and they found this helpful. The manager also carried out visits to people’s homes to ensure they and their family remained happy with the competency of staff. New staff were provided with an induction which included training and shadowing more experienced staff. A member of staff told us the induction could be extended until they felt confident enough to start providing care.

The person we spoke with told us they were able to make their own decisions and staff supported them to do this. This person had provided consent to the plan of care that was in place for them. The relatives we spoke with told us they were involved in making decisions for their loved ones where they lacked the capacity to make their own decisions.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and ensured their best interests were considered. The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions where possible. We looked at the care plans of two people who had been deemed to lack capacity to make a decision. We saw completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed and the involvement of relevant parties in the assessment process.

The relatives we spoke with told us that staff supported their relatives to eat and drink appropriately. People were supported to eat and drink sufficient amounts appropriate to their individual needs. One person received their nutritional intake through alternative means and staff were aware of how to provide this person with their nutrition. Staff received specialist training in supporting people to eat and drink and this was applied in practice.

People benefitted from care plans which provided detailed guidance in how they preferred to be supported to eat and drink. Staff were aware of this information and could describe in detail the support provided to each person to eat and drink. Care plans included step by step guidance in the operation of specialist equipment that one person used. Records confirmed that people received their nutritional intake as required when staff attended their house to support them.

The relatives we spoke with confirmed that they made healthcare related appointments for their loved one and staff did not carry out this task. People’s health was maintained because staff took on board the information provided by healthcare professionals where it related to the care they provided. For example, one person had received specialist advice about how they could be supported to eat small amounts of food prepared in a certain way. This information was incorporated into the persons care plan and staff told us they provided the support as required.

Is the service caring?

Our findings

The person we spoke with told us staff were caring and compassionate and took the time to make sure they were comfortable. Relatives also told us that staff were genuinely caring and had developed positive relationships with their loved one. One relative said, “The staff seem to really care about [my relative], they know just how to support them.” Another relative told us, “I think the staff are very caring, it seems to be more than just a job for them.”

People were cared for by staff who knew about their needs. Staff could describe the different ways people preferred to be cared for and spoke about people in a caring way. Staff also told us they had the time to be able to develop positive relationships and carried out any tasks whilst engaging with people. Where possible, the same staff were assigned to care for people so that relationships could be developed. Staff told us they appreciated this consistency and found it helped them build relationships with people. The care plans we looked at described people’s needs in an individual way. Care plans contained information about people’s likes and dislikes and how this impacted on the way they preferred to be cared for.

People and their relatives were able to be involved in making decisions and planning their own care. The person we spoke with told us, “I provided lots of information for my care plan and I’m happy with it.” A relative said, “We were fully involved in putting [my relative’s] care plan together and we have got a copy. The care plan is how we want it.” We were told that copies of care plans were kept in people’s homes and kept updated when anything changed.

People had been involved in providing information for their care plans where possible, otherwise their family had been involved in this process. Care plans were reviewed with people and their family on a regular basis and any information provided had been used to complete people’s care plans. This ensured staff had access to information about people’s care needs and how they would prefer their needs to be met.

The person we spoke with told us they were treated with dignity and respect by staff. They said, “Staff are very respectful, they provide only what support I need and let me do the rest for myself.” The relatives we spoke with felt their loved ones were treated with dignity and respect by staff. One relative said, “My relative seems very happy with the staff and from what I have seen the staff are very respectful.”

People were cared for by staff who knew how to protect their dignity and respect their privacy. Staff displayed a clear understanding of how to provide personal care in a way which protected people’s dignity. People were encouraged to maintain some independence by carrying out tasks for themselves where they were able to. People also benefitted from staff who understood the importance of privacy. One member of staff told us, “I can recognise when people don’t want me in the room and so I will make sure they are safe and leave the room for a while.” Staff knowledge was reinforced by the provision of training in equality, diversity and dignity.

Is the service responsive?

Our findings

The person we spoke with told us they received the support they wanted in line with their needs. Relatives told us they had regular discussions with staff about the care provided and were asked if anything needed to be changed.

Relatives confirmed that changes were made to the care package when required.

Before people started to use the service the amount and length of calls was agreed and these remained the same. The manager told us that calls were occasionally rescheduled or cancelled by the person's relative. When this happened the manager responded by arranging for people to receive care at a time more suitable to them.

People and their relatives had provided information about their likes and dislikes and how they wished to be cared for. Staff understood this and provided care that was responsive to individual needs. Staff were aware of the information that had been collated about people and how that impacted on the care and support provided.

Staff told us they involved people in making day to day decisions about their care and support. For example, one member of staff told us about how people let them know what they wanted to do and they supported people to carry out activities of their choice. A training package was being developed to enable staff to learn specialist communication techniques such as Makaton. This is a language programme which uses signs and symbols to help people to communicate. The manager told us this would enable people to exercise greater control over making choices about their care because staff would be able to communicate more effectively with them.

Staff encouraged people to develop relationships and avoid social isolation. People were supported to carry out activities that they enjoyed such as going for a walk. Another person enjoyed the sound and feel of running water. A staff member described how much the person enjoyed this and that they made sure the person could do this whenever they wanted to. Staff told us that they did not feel under any time pressures and could stay longer than the allotted time if required if the person needed additional support.

People had care plans which were reviewed on a regular basis and changes and additions were made when required. For example, one person's care plan had been updated to reflect the medicines they took and any possible side effects from taking the medicines. Staff told us they were always updated by the manager when there had been any changes to a person's care.

The person we spoke with felt they could raise concerns and make a complaint and knew how to do so. The relatives we spoke with also felt they could make a complaint if required, but had not needed to do so. People and their relatives had been provided with accessible information about how to make a complaint.

People could be assured that any complaints they made would be taken seriously and responded to appropriately. We reviewed the response to complaints that had been received in the 12 months prior to our inspection. They were responded to in a timely manner and involved a discussion with the person making the complaint. Where possible, complaints were resolved to the satisfaction of the person making the complaint. Any lessons learnt during the course of investigating complaints were shared with staff to improve the quality of the service provided.

Is the service well-led?

Our findings

The relatives we spoke with told us the manager was approachable and they felt they could contact them at any time. One relative said, “The management are very approachable, I have no hesitation contacting them.” Another relative said, “The manager is easily contactable and deals efficiently with any queries I have.”

People and their relatives received regular phone calls and visits from the manager to check they remained satisfied with the service. This ensured that communication remained on-going and the manager acted on any issues that were raised. The staff we spoke with told us there was an open and honest culture in the service. Staff felt able to raise issues and make suggestions and that they were a valued member of the team. One member of staff said, “I attended a staff meeting just after I started working here. I felt comfortable enough to make a suggestion and it was taken on board.”

People and relatives benefitted from effective systems which were in place to obtain their feedback about the quality of the service. Satisfaction surveys were sent out on a periodic basis and covered different aspects of service provision. The most recently completed surveys showed that there was a high level of satisfaction with the service.

The service had a registered manager and they understood their responsibilities. The person and relatives we spoke with told us the manager was easily contactable and very approachable. People were cared for by staff who felt they were supported to provide a good service. One staff member told us, “I feel my own performance and

confidence has improved in my time here due to the support I have received.” There were clear decision making structures in place, staff understood their role and what they were accountable for.

Resources were provided to drive improvements in the service. For example, a physiotherapist had been employed in order provide specialist support and guidance to people who used the service and staff. The manager told us that the provider had arranged peer support sessions so that managers of different Scope services could get together and share ideas and best practice. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The person and relatives we spoke with told us they felt the service was of a good quality. One relative said, “I really can’t think of anything that can be improved.” Another relative told us, “There were a few teething problems at first, but they have been resolved. We receive a good quality service now.”

The quality of the service people received was regularly assessed and monitored. Where improvements were required, an action plan was put into place which ensured the improvements were made. There was a programme of audits being completed in areas such as medicines and care plans. These had resulted in improvements to the service as well as providing assurances that people were being cared for safely and their needs were being met. The service maintained an on-going action plan to monitor the implementation of any improvements that had been identified. Accurate and up to date records were maintained in respect of people who used the service and staff.