Scope

Edward Street

Inspection report

1-3 Edward Street
Halton View
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Cheshire
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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

The inspection was unannounced and took place on the 24 November and 2 December 2014.

The last inspection took place on the 16 May 2013 when Edward Street was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

Edward Street is required to have 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.

The day to day management of the home was carried out by a team coordinator.

Edward Street is a purpose built care home providing personal care and accommodation for up to six people who have a physical disability. The service consists of two

Summary of findings

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.

All the people we spoke with either told us verbally or indicated by another means such as nodding or using an electronic talkboard that they liked living in the home. We did not receive any specific comment regarding their safety but we did observe relaxed and friendly relationships between the people living in Edward Street and the staff members working there.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they described this as their mandatory training and that it was up to date.

The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

The care files were reviewed regularly so staff knew what changes in care provision, if any, had been made. The three files we looked at all explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?
The service was effective.

Good

We found that the staff members knew the people they were supporting well.

Edward Street consists of two separate bungalows; each had its own kitchen facilities. Menus and shopping for food were planned and undertaken with the people who lived in each bungalow. This was done by discussing likes/dislikes and what people felt like eating. This provided a very flexible menu for people and in practice it meant that at any mealtime it was likely that different meals would be made in each bungalow.

Is the service caring?
The service was caring.

Good

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Direct feedback from the people living at Edward Street about the quality of the service being provided was also obtained via the key worker process in place. This was a monthly meeting between the staff member allocated to each person using the service and the person themselves.

Is the service responsive?
The service was responsive.

Good

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately.

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Is the service well-led?
The service was well- led

Good

There was a registered manager in place.

Summary of findings

The registered manager and team coordinator spoke with the people living in the home on a very regular basis. In addition to this there were regular 'house' meetings to discuss anything that the people living there wanted to. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback from the people who lived there.

Edward Street

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..

We carried out an unannounced inspection on the 24 November and 2 December 2014. The inspection was carried out by an adult social care inspector.

Before our inspection the home provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Edward Street.

Edward Street is made up of two linked domestic properties so we were conscious of not being intrusive. With the consent of the people living there we spent time in all areas of the home, including the lounges and the dining areas in both bungalows; this enabled us to observe how people's care and support was provided. In addition and with the consent and accompaniment of some people whose room it was we were also able to look at two of the bedrooms within the two bungalows.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with all six people living there and three staff members plus the home manager and team coordinator. The people living in the home had a variety of methods of communication. Some people were able to tell us what they thought verbally, others could indicate by nodding or by using an electronic talkboard what they thought about the home and the staff members working there.

We looked around the home as well as checking records. We looked at a total of three care plans. We looked at other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they liked living in the home. We did not receive any specific comment regarding their safety but we did observe relaxed and friendly relationships between the people living in Edward Street and the staff members working there.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there. For example the fitting of ceiling hoists meant that people could be transferred from their chair to their bed safely.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The home manager and team coordinator were both aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Edward Street are required to notify the CQC and the local authority of any safeguarding incidents that arise. There have been no safeguarding incidents requiring notification at the home since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example for medication were kept within the care plan folder that the provider had called the 'common care file'.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection. The rota we looked at confirmed that there were two or three members of staff on duty from 07.00am until 10.30pm. During the night there was one waking night staff member. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. The registered manager and team coordinator were in addition to these numbers. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

No new staff had been recruited recently so we asked the team coordinator to explain the process that would be followed in the event that a new permanent staff member was needed. She explained that people would have to complete an application form following which, if they were considered possibly suitable as an employee they would be invited to an open coffe morning. The people using the service would also attend this following which they were able to have a say regarding each person's suitability. People would then be shortlisted and called for interview. During the interview any questions regarding the person's employment history including any gaps would be explored. If the interview was successful the relevant checks including references and a disclosure undertaken by the Disclosure and Barring Service would then be carried out. All of the checks at interview and those that took place afterwards were all aimed at helping employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. When this process had been completed the new staff member would be sent a letter confirming their start date.

We saw that policies and procedures were in place to help ensure that people's medication was being managed appropriately. Each person's medication was kept in a lockable cupboard in their bedroom. With the consent of

Good

Is the service safe?

two people we carried out a check on the administration records signed by staff members whenever any medicine was given and the actual medication stored in the cabinets. We saw that clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required.

Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medication safely. Staff members received regular medication training.

Good

Is the service effective?

Our findings

Scope had its own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. This induction included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own).

We asked staff members about training and they all confirmed that they received regular training throughout the year, they described this as their mandatory training and that it was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, medication, first aid and health and safety.

The staff members we spoke with told us that they received support, supervision and appraisal. We checked records, which confirmed that supervision sessions for each member of staff were being held and that they were being held every few weeks. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves, for example leaving the home unaccompanied. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

All of the information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care. The people we spoke with who were using the service confirmed using their preferred method of communication that they had been involved in making decisions about their support plan.

Visits to other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The team coordinator informed us that no formal mental capacity assessments had been completed because everyone living at Edward Street had the capacity to make their own decisions. Nobody using the service was subject to a DoLS at the time of our inspection.

Edward Street consists of two separate bungalows; each had its own kitchen facilities. Menus and shopping for food were planned and undertaken with the people who lived in each bungalow. This was done by discussing likes/dislikes and what people felt like eating. This provided a very flexible menu for people and in practice it meant that at any mealtime it was likely that different meals would be made in each bungalow. Drinks and snacks were readily available whenever anybody wanted them. The people living in the home confirmed this. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Good

Is the service caring?

Our findings

We asked the people living at Edward Street about the home and the staff members working there. Everyone who commented said they liked the staff members supporting them and that they liked living there. One person told us, “Everything is ok”.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw that the relationships between the people living in the house and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed. We observed people being supported with their daily life activities, for example Christmas shopping in a caring and relaxed way.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. We asked people if they liked the staff and if they were always treated properly. They either told us verbally or indicated using another communication method such as nodding or using an electronic talkboard that they did like the staff. They also told us that they would say if this was not the case.

Direct feedback from the people living at Edward Street about the quality of the service being provided was also obtained via the key worker process in place. This was a monthly meeting between the staff member allocated to each person using the service and the person themselves. This in turn fed in to the care planning system and the review process. These could include a variety of topics including wishes for the future such as holidays.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

Because the bedroom doors were open we were able to see all of the bedrooms within the two bungalows during our visit. These were homely, comfortable and had been furnished and decorated to reflect the preferences of each person whose room it was.

The provider had developed a range of information, including a service user guide for the people living in the home. This was also available in an easy read format if necessary. These gave people detailed information on such topics as daily life and social contact, involvement and information and how to make a complaint.

Nobody using the service had an advocate at the time of the inspection visit.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

After obtaining consent we looked at three care files to see what support people needed and how this was recorded. These files included people's support plans, risk assessments and information about the service. The support plans we looked at were person centred and included, for example, information on how best to communicate with the person and their likes and dislikes. (Person-centred approaches place the person at the centre of planning rather than the service.) They also contained evidence to show how the views of the person using the service had been taken into account when planning what they wanted. We saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. The plans were generally reviewed monthly so staff knew what changes, if any, had been made. The files each had a 24 hour summary of the support each person needed which explained what was important to the individual and how best to support them. This is recognised good practice.

Apart from an admission from another of Scope's services locally nobody had moved into Edward Street for approximately two years. We therefore did not see any pre-admission paperwork for the people who were living there. We are aware that the provider does have an assessment process in place should this be required in the future. This would include a full assessment of their needs, and would be followed by a gradual introduction into the home; by visiting for a meal, spending a few hours there and having an overnight stay so that when the placement became permanent it would be successful for all parties.

Everyone living at Edward Street had capacity to make their own decisions about their day to day activities so they did not need a fixed weekly timetable to provide guidance for the staff members. Any activities were discussed on an on-going basis with each person. This would include practical tasks such as appointments, shopping for food, cooking and housework as well as any social activities. Planned events were discussed and recorded in the care plans and as they occurred they were then recorded on the staff rota. We looked at one of the recent rotas and could see activities such as Christmas shopping, visits to concerts, reviews and appointments had been recorded.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us they did not have any concerns. Because of the nature of the service minor issues were dealt with as they occurred.

Good

Is the service well-led?

Our findings

The registered manager and team coordinator spoke with the people living in the home on a daily basis. We observed them both talking to people during our visit and could see that the people living in there were comfortable and relaxed with them. In addition to this there were regular 'house' meetings to discuss anything that the people living there wanted to talk about. These took place approximately every two months. We looked at the last meetings minutes from October and could see that a number of practical topics had been discussed. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback from the people who lived there. The team coordinator told us of an example that had been dealt with recently. As a result the service was able to react quickly to any issues that arose. These could include support or care needs, concerns or complaints. Staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the care being provided. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager or team coordinator.

The staff members and team coordinator told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including individual care needs had been discussed.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

Scope also had its own monthly internal audit system called the 'compliance tool'. This was currently based upon the outcomes the CQC use to measure homes against and each service had to declare if it was compliant or not against each outcome. Each service had to submit information based on the audits above to Scope's head office. This was then analysed and the team coordinator was sent a report of the findings. If action was needed a plan was drawn up and the issues addressed. This helped to ensure any issues in this area were identified and addressed in a timely manner.

The care coordinator confirmed that representatives from Scope visited the service as part of its own quality monitoring system and spoke to the people living there on a regular basis; this also helped to ensure any issues were identified and dealt with.