

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Scenario Management - Riversmede

10 River Road, Stannah, Thornton Cleveleys,
FY5 5LR

Tel: 01253869317

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Scenario Management Limited
Registered Manager	Ms Barbara O'Donnell
Overview of the service	Scenario management Limited is registered as a domiciliary care agency which provides a supported house for people with learning disabilities and behaviour that challenges. Staffing is provided 24 hours each day to support the people living in the supported house.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our visit we spoke with the owner/manager, staff, relatives and people who used the service (although they had limited verbal communication and we were unable to have a detailed conversation) and relatives. They helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, observing interaction with staff and people living in the house and from looking at records. We also had responses from external agencies including social services. This helped us to gain a balanced overview of what people experienced.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

A relative we spoke with told us they felt their rights and dignity for their relative were respected. They said, "They are all really caring and we feel he is safe and well looked after by people who are well trained."

We saw systems were in place to make sure the management and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced risks to people and helped the service to continually improve.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. The deputy manager had been trained to understand when an application should be made and how to submit one. This meant that people would be safeguarded as required.

Is the service effective?

People's health, support and care needs were assessed with them and their relatives.

Support plans were developed with the best interest of the person using the service. This meant people were able to be supported within their home and out in the community to follow their chosen interests.

A relative we spoke with said, "They are always out with him and provide support and help so that he can achieve what he wants to every day. They are all lovely people."

The manager and staff members we spoke with had a good awareness of people's care needs. We discussed with staff the individual needs of people. Comments included, "We have supported the three men for a long time now and have developed good relationships so that we understand the complex support they need."

Is the service caring?

We spoke with relatives about the service. We asked them for their opinions about staff who supported people who lived there. Comments were positive and included, "They are all fantastic, we are so happy knowing W... is cared for so well." Also, "They keep us informed of anything that goes on. The owner and staff are wonderful."

We spent part of the day in the home observing staff interaction with people as they were preparing to go out for the day. People were supported by kind and attentive staff. We saw staff showed patience and gave encouragement when supporting people

When speaking with staff it was clear they genuinely cared for people they supported. One staff member said, "We have a family atmosphere here. We have staff who had worked here for years and all support each other."

Is the service responsive?

The service worked with other agencies including social services, nurses and healthcare professionals to make sure people received care and support in a coherent way. This meant people received the right care and support to remain as independent as possible even though receiving 24 hour care.

We saw literature informing people of the complaints procedure. The manager told us a recording system was in place to investigate, record and reach outcomes for any complaints they received. People could therefore be assured complaints would be investigated and action taken as necessary, if any issues were raised. However no complaints had been received by the service. We also spoke with relatives who confirmed they have never had to make a complaint.

Is the service well-led?

There were a range of audits and systems put in place in by the management team to monitor the quality of the service being provided. This helped to ensure people received a quality service at all times.

We had responses from external agencies including social services .They told us they had a working relationship with the manager and staff to make sure people received their care and support they required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who received a service experienced appropriate, effective care and support to ensure their needs were met and their rights protected.

Reasons for our judgement

People living at the house had limited verbal communication and were unable to have an in-depth conversation about the care and support they received. However we talked with people in a general way and saw they were supported by skilled staff, who used a range of communication skills. This ensured people's needs and wishes were being understood and met.

Risk assessments we saw provided instructions for staff members when delivering care and support. Risk assessments were completed for the environment, in the community as well as personal risk. We saw evidence risk assessments and care records were reviewed and changes would be made when circumstances changed. However the manager might like to note, more frequent reviews of care records and risk assessments should ensure monitoring of people's support needs would be more accurate and up to date.

We observed the care, support staff provided to people during our visit. We saw staff supporting people quietly, calmly and sensitively. They were given choices about the activities they wanted to be involved in. When we arrived two of the men were getting ready to go out with staff. One was excited and said, "Were going for a coffee."

Visits to the General Practitioner and other healthcare professionals had been recorded. Hospital passport information was provided to ensure people were aware of individuals care and support needs. We also noted regular contact was being made with family members where possible. The personal history of each person who lived at the house had been completed with themselves. The care records were recorded in picture format. This meant staff had a better understanding of the needs of the people they supported.

The care and support format used a person centred approach. This described in detail the support and care people required. Personal records reflected people's personal routines and the support they received. The records included pictures and photographs of places people visited and social activities they were involved in, as well as their likes and dislikes. Relatives we spoke with told us they were involved in their care planning where

appropriate. One said, "They always keep me up to date with all aspects of W... care and any changes that may happen."

We spoke with Lancashire council's contracts monitoring team; they confirmed there were no concerns with the service.

Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

The service works positively with external health and social care professionals so people benefit from well managed effective care.

Reasons for our judgement

Care records we looked at showed evidence of input from external agencies including social services and health professionals. This ensured people were receiving support from services and able to respond to emergency situations.

The manager told us they had good communication links with healthcare professionals and the local doctor in relation to peoples care and support they need. They said, "The doctor is very good and will always come and visit the home to see them."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Appropriate systems were in place for monitoring the quality of the service people receive.

Reasons for our judgement

The manager had policies and procedures in place to monitor the quality of the service. These included seeking the views of the people they supported by way of a variety of communication methods, relatives surveys and care reviews. The manager would act on any issues found on audits completed.

Relatives spoken with told us that they felt well supported by the staff team. One relative said, "They always keep us informed of what is going on and any health problems that may arise."

We saw evidence that regular staff meetings were held. This was confirmed by talking with staff members. In addition surveys were sent out annually to relatives. These were produced to seek the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the service.

Staff we spoke with felt they could raise issues with the management at any time and felt she was approachable. Most of the staff team had worked there for years and felt they had a good team who supported each other. One staff member said, "We have been here a long time most of us. It helps build relationships and help each other out when we need to."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Systems were in place so that people were confident their comments and complaints would be listened to and acted upon.

Reasons for our judgement

The manager told us they would investigate any concerns and resolve the complaint, in the best interest of the person using the service. They said, "We have a system but have never received any complaints or concerns."

We saw evidence the home had a complaints procedure in place as well as informing people of the procedure in their written literature.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Records relevant to the management of the service were accurate and fit for purpose.

Reasons for our judgement

Records we looked at were complete and up to date. They reflected how people's support needs were being recorded and reviewed. This included care planning, risk assessments, quality assurance and staff records.

We saw evidence records at the agency were maintained and stored safely. This included staff and residents confidential records. The manager told us they were aware of the procedures and policies they must follow to make sure all records were confidential. This meant safe and secure management systems were in place. "

Information was both electronically recorded and in paper format. We saw it had been updated when required. The home used records in accordance with the Data Protection Act 1998. This ensured the agency protected information relating to residents.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@cqc.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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