

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

Scenario Management - Riversmede

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Date of Inspection: 27 September 2012

Date of Publication: October
2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Scenario Management Limited
Registered Manager	Ms. Barbara ODonnell
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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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 announced 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 27 September 2012, 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

Scenario management Limited began in response to the needs of one person when other services were not meeting his needs. The relatives arranged the purchase of a house and provided a staff team to support him, This gradually led to supporting other people who had behaviour that challenged.

We met all three people living at Riversmede. We spoke with a range of people about the home. They had limited verbal communication and were unable to have a detailed conversation about the care and support they received. However it was clear that they enjoyed a busy and fulfilled lifestyle, going out and about with staff support.

We spoke with the provider, relatives and staff. We also asked for the views of external agencies in order to gain a balanced overview of what people experienced. Relatives told us that they were happy with the care. One relative told us that their family member had a good life at Riversmede and that he was always happy to go back there. Relatives and staff that we spoke with told us routines in the home were flexible.

We observed the care and support provided to people during our visit. We saw staff supporting people sensitively and effectively. Staff were responsive to the needs of the people they were supporting and had time to spend with people. Relatives told us that any health issues or changes in care were discussed with them, so they always felt involved.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

There were three people living in their supported home when we carried out the inspection. All were adults who enjoyed a busy and fulfilled lifestyle, going out and about with staff support. We met all the people living at Riversmede. We observed them being treated with respect and dignity and being encouraged to carry out tasks in the way which they preferred. We saw people being given choices about activities they wanted to be involved in and food they wanted to eat.

People who lived at Riversmede had limited verbal communication and were unable to have a detailed conversation about the care and support they received. However we talked with people in a general way and we observed how people were supported by staff.

We spoke with staff, relatives and other professionals about the service in order to gain a balanced overview of what people experienced. There were no concerns raised about the service provided. We spoke with one person's relatives who were also involved in managing the service. We also spoke with relatives of another person. They told us they were so relieved to have found somewhere so nice where their family member could enjoy life. They said they liked the outdoor space available and that their family member was supported to go walking which he loved.

Relatives and staff that we spoke with told us routines in the home were flexible. They said people were encouraged to make decisions about their daily routine and had chosen the activities they were involved in. Relatives told us that any health issues or changes in care were discussed with them, so they always felt involved.

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

Our judgement

The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

We observed the care and support provided to people during our visit. We saw staff supporting people sensitively and effectively. One person was waiting to see their GP before going out on activities. At times he became anxious and upset about the wait. Staff supported him well, distracting him when he became anxious about the wait.

One person showed us around the house. He took us into his bedroom and lounge which were personalised and clearly showed his likes and dislikes. Although some rooms had limited personal possessions in them, this related to how much stimulus people could manage without becoming distressed. This varied between individuals and at different times. Staff attempted to balance this by giving enough choices and activities to individuals without over stimulating them.

We saw that staff were responsive to the needs of the people they were supporting and had time to spend with people. Two people were out on activities with support staff for much of the inspection. One person remained indoors, only because he was awaiting a GP visit. One person told us, "I am going out to KFC. I like going out." We talked with relatives who told us that they were happy with the care. They said that their family member had a good life at Riversmede and that he was always happy to go back there.

Detailed care records were in place providing regular up to date information about people. The care records were person centred. They involved each individual living in the home as much as possible and their relatives where appropriate. There were detailed risk assessments covering all areas of care. Information about how to effectively manage any behaviour that challenged was in place. Staff were aware of any specific areas of risk and made sure that these were reduced without affecting the person's rights.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Safeguarding procedures were in place to protect people from abusive practices.

Reasons for our judgement

The provider had procedures in place for dealing with allegations of abuse. The staff we spoke with told us they had read and understood the procedures. Staff knew what they needed to do if they were told of or suspected abuse. They told us they would immediately report any concerns to staff or the management team. Relatives we spoke with told us that they had not experienced any problem while their family member lived at Riversmede but said, "If we had any problems we could talk to any of the staff."

The people supported at Riversmede, had their own bank accounts with clear accounting procedures. All transactions were recorded and receipts kept of all transactions. This meant there was less chance of financial errors or mismanagement.

Staff we spoke with understood the provisions of the Mental Capacity Act (MCA) and those that relate to Deprivation of Liberty Safeguards (DOLS) applications. Senior staff had received training to recognise situations where an application may be required.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

Sufficient skilled numbers of staff were available to meet the needs of people.

Reasons for our judgement

We looked at how staff were provided to support people. Riversmede was staffed 24 hours a day. We saw staffing levels during the inspection, looked at recent rotas and talked with the manager and staff on duty. There were sufficient numbers of staff available to provide support in the home and the local community. We saw that two staff supported each person during the morning and afternoon. This assisted people to get out and about on a variety of activities. In the evening two staff supported all three people unless there were plans to go out.

Scenario management had a 'core' staff team who worked regular hours in the supported house. There were also staff employed 'as and when' to provide extra support when needed. This arrangement provided additional support at the times when it was most useful.

All staff employed by Scenario Management were given appropriate training to make sure they supported people effectively. Staff we spoke with told us they worked as a team and were flexible in how they worked. This meant people were being cared for by staff with the knowledge and skills to meet people's care and support needs. One member of staff said, "I enjoy working here. We work well together to give good support." Relatives told us, "We are really pleased with the good relationship we have with staff."

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 provider had policies and procedures in place to monitor the quality of the service. The service was accredited to a national quality assurance framework as well as the management team completing internal audits. Any incident or accident was monitored and responded to and staff reflected on any lessons to be learnt.

Relatives told us staff were approachable and always willing to listen and help. Staff told us communication with senior managers was good. They said they felt confident they could talk to them. Staff had regular supervision where they were able to discuss their performance, care practice in the home and future plans. Staff told us that regular staff meetings were held to discuss the running of the service; we saw documented evidence that these had been held.

Service contracts were in place confirming the building was maintained and a safe place for people to stay.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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