

**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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FY5 5LR

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2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Scenario management Limited began in response to the needs of one person when other services were not meeting his needs. His relatives arranged for him to purchase a house and a staff team to support him in his home. Later other people with specialist care needs, learning disabilities and behaviour that challenged, became tenants in the house. The staff team expanded to meet the needs of the individuals. Staffing levels were high in Riversmede supported house to meet the needs of the people living there and to effectively manage any behaviours that challenged. This enabled people to access educational, social and leisure facilities.

We spoke with a range of people about Riversmede supported house. We met all three people living at Riversmede. Although they had limited verbal communication and were unable to have a detailed conversation there was clear evidence that they were living a fulfilled and active life. Staff supported each individual to engage in the community activities they enjoyed.

We observed the care, support staff provided to people during our visit. We saw staff supporting people quietly, calmly and sensitively. Records showed that people went out and about on most days, involved in a variety of activities. Support staff encouraged people to eat healthily as much as possible and provided a variety of home cooked meals.

Quality assurance systems were in place to monitor the care and support people received and to gain the views of people living at Riversmede and their relatives.

Staff received formal supervision and appraisals where they discussed their care practice, skills and development needs. They also received regular training to assist them with updating their skills and knowledge.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People who lived at Riversmede 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 we observed how people were supported by staff.

We observed the care, support staff provided to people during our visit. We saw staff supporting people quietly, calmly and sensitively. People were given choices about the activities they wanted to be involved in. One person was out in the local community with support staff when we arrived on the inspection. Two people were relaxing in the garden as it was a warm sunny day. They had their lunch there. After lunch one person went out for a medical appointment and social activity. Another person went out walking with support staff.

Support staff were involved in providing all aspects of care for and with people living in the supported House. Staff cooked and cleaned the house as well as supporting people at home and in the community.

Staffing levels were high in Riversmede supported house to meet the needs of the people living there and to effectively manage any behaviours that challenge. This enabled people to access educational, social and leisure facilities.

We saw that people living in Riversmede went out and about on most days. They were involved in a variety of activities including: meals out, swimming, walking, visiting theme parks and going on holidays and short breaks. We saw that staff were responsive to the needs of the people they were supporting and had enough time to assist people to be involved in social and leisure activities. One relative told us that their family member was always going out. They told us, "The staff are more like his friends. They are always out doing something together."

We observed support staff managing situations sensitively and calmly. One person was agitated when out and came back home earlier than planned. Support staff assisted him

to reduce his levels of anxiety and encouraged him to get involved in a relaxing activity.

We saw evidence that changes in health were noted, acted upon and records updated. The advice of and involvement of other professionals was sought and any guidance acted upon.

We talked with some relatives who told us that they were happy with the care and support their family member received. One relative said that they were relieved that their family member was happy in a lovely house and with good staff. She added "The staff involve us in everything. We always get lots of photographs from the holidays."

Person centred care records were in place, providing up to date information about people. Each individual was involved as much as possible in developing and updating their care records. The records included pictures and photographs of places people visited and activities they were involved in, as well as their likes and dislikes. People's relatives were involved where appropriate.

Support staff were aware of the mental capacity act and how it affected the people they supported. There were informative support plans. These gave a pen picture of each person, their support needs and management of specific risks. There were also more generic risk assessments so all aspects of risk management were in place. There was information about how to effectively manage any behaviour that challenged. This guidance enabled staff to support people in the most effective way.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People who used the service were provided with appropriate food and drink to meet their nutritional needs.

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**Reasons for our judgement**

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We spoke with staff about arrangements in place for meal preparation and choice of meals. They told us that people living in the supported house were involved in shopping with support staff. They bought their shopping from the local shops and supermarkets, choosing the meals they would like each day. Support staff encouraged people to eat healthily as much as possible. We observed people sat together relaxing, enjoying a sandwich lunch in the garden.

Support staff encouraged people to eat healthily as much as possible and provided a variety of home cooked meals. They encouraged people to choose the foods they liked. People helped with some preparation of snacks but the main meals were made by support staff.

We saw that snacks and drinks were available when people wanted them and there was a good variety of foods available. One person told us he liked the food in the house and that the meals were good.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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Rivermede supported House was staffed twenty four hours a day. One person owned the home and the other people had tenancies of the property. The house was in large grounds with lots of space for people to enjoy. Internally there were four bedrooms, two lounges a kitchen/dining room and bathrooms.

The bedrooms were personalised. However personal possessions in the bedrooms were limited as individuals could only tolerate limited amounts of furniture and possessions in their rooms. We saw that people were tolerating more personal possessions in their rooms than on previous inspections. One person had accepted pictures on his wall and a wardrobe in his room, where previously he would have neither. He showed us his bedroom. He was clearly pleased with the pictures in his room. Another person was accepting a clothes rail and his clothes in his room where previously he would have removed them.

Furnishings and furniture were robust and practical. Some more easily breakable items such as some of the TV's were secured for safety. The home was warm and comfortable and there were choices of communal areas to relax in. Appropriate checks had been carried out to ensure the building was safe and secure. Any repairs were carried out quickly and safely.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The manager provided records confirming all staff had access to a structured training and development programme. She showed us how staff used a combination of in house training and external training so that staff had frequent and varied instruction.

All staff had completed national qualifications in care, ranging from levels two to five. They felt this provided them with the skills and knowledge to support people well. Senior staff were accredited trainers for several courses and facilitated these for Riversmede staff and at external venues. These measures ensured that the people in their care were being supported by a well-trained and competent staff team.

Recent training staff had completed had included, fire safety, positive behavioural support and dignity in care. Several training courses including refreshers on health and safety, safeguarding, food hygiene, first aid and infection control had been booked for August and September 2013. Staff told us that if they were supported well with training. One member of staff told us, "We are encouraged to learn and develop our skills."

We saw evidence that staff received formal recorded supervision and appraisals. There were also regular staff meetings. These measures allowed each member of staff to look at the care practice in the supported house and ways to improve the care they gave to people.

## 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

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### Our judgement

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The provider was meeting this standard.

Systems were in place for monitoring the quality of the service people received.

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of service that people received. There were policies and procedures in place to monitor the quality of the service, which had been recently updated. The service was accredited to a national quality assurance framework that assesses and monitors business management in organisations. The service had recently been successfully reassessed as reaching the required standard.

The management team explained how they completed internal audits, including checking on care records, finances, infection control and health and safety checks. These checks were not recorded but senior staff said that they planned to start recording these. Actions were taken to resolve any issues found on checks.

Medication was always administered by two staff, so checks were made on each administration. We saw there were daily handovers, regular staff meetings and staff received formal supervision and appraisal. We looked at these because we wanted to identify that appropriate arrangements were in place to support staff. We also wanted to ensure people using the service felt listened to. Any incident or accident was monitored and responded to and staff reflected on any lessons to be learnt. These measures assisted staff in keeping up to date with any changes.

The manager told us that families and friends visited the home frequently. Community health and social care professionals also visited regularly. The manager asked for their views of the service and any suggested improvements.

Relatives spoken with told us that they felt well supported by the staff team. One relative said they were thankful that their family member was living at Riversmede. They said of their family member, "He is so happy it is a perfect placement."

Staff told us they felt well supported by the manager and senior staff. Staff told us that most of the staff had worked there for a long time and knew people well. This meant that they knew people's likes and dislikes and how they wanted to be supported.

Service contracts were in place confirming the building and equipment used in the home

were maintained so that people were safe.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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