

Melton Mowbray Mencap and Gateway

Melton Mencap

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Melton Mencap is a domiciliary care agency. At the time of the inspection they were providing personal care to one person living in their own home.

People's experience of using this service:

The person and their relative felt they were supported in a safe way by staff. Staff knew how to keep people safe. Risks associated with providing care were assessed and managed correctly. Recruitment procedures were safe. The person was supported to follow a healthy diet and lifestyle. Staff sought support from healthcare professionals when required. Staff were appropriately inducted, trained and supported to do their jobs. The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care and support was provided by caring and compassionate staff who knew the person well. Care plans were individualized and gave staff the information to provide care and support in the way the person preferred. The person, their relatives and staff had the opportunity to make suggestions to improve the service. The person and their relative felt the service was managed well, and that staff and the registered manager were approachable. Staff felt supported in their role. The service strived to continually learn and improve. The quality of service provision was monitored and changes were made where required. Staff worked effectively with other agencies

Rating at last inspection:

At the last inspection we rated this service Good (report published on 25 July 2016). Why we inspected: This was a scheduled inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Melton Mencap

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Melton Mencap is a Domiciliary Care Agency providing care and support to people in their own home's. It provides personal care to people living in their own houses and flats. It provides a service to people with a learning disabilities or autistic spectrum disorder.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff. We needed to be sure that they would be in. We carried out the inspection visit on 14 May 2019.

What we did

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the service that the provider must let us know about.

During our inspection visit we spoke with the person who used the service and to one relative. We spoke with one member of the care staff, the registered manager and the deputy manager. We looked at care records as well as other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The person and their relative felt the service was safe.
- The provider had systems in place to protect people from abuse and avoidable harm. The registered manager gave us examples they had taken to safeguard people from the risk of abuse.
- Staff had received training and knew how to recognise the signs of abuse and how to report their concerns.
- Staff supported the person to stay safe and this included maintaining appropriate boundaries and staying safe in the community.
- Clear records were kept of all financial transactions where staff supported the person. This meant the risk of financial abuse was reduced.

Assessing risk, safety monitoring and management

- Risk was assessed for specific activities the person undertook and for the environment. Where risk was identified there were management plans in place. Staff had put guidance in place so that staff knew how to minimise the risks without taking away people's independence.
- Health and safety checks were carried out for the environment and equipment was provided to increase safety where this was required.
- The person was involved in writing their own fire evacuation plan so they would know what to do in the event of a fire.

Staffing and recruitment

- Staffing was calculated to meet the needs of the person using the service. Additional hours were also provided to ensure that staff had time to communicate any changes each time there was a changeover of staff member.
- There was a small and consistent team of staff that knew and understood the person's needs. The registered manager told us they would never use staff who were not known to the person.
- There were contingency plans to cover short notice staff absence and this included the person's family. The person's relative told us was never an issue with staffing numbers or skill mix, they confirmed the staff group was small and all knew the person well.
- There was a recruitment policy so that as far as possible, only staff with the right character and experience were employed.

Using medicines safely

- Staff managed medicines well. They had undertaken training and had their competency checked so that they could give people their prescribed medicines safely.
- The person told us staff supported them with their medicines in the right way.

- There were policies in place about the safe management of medicines and staff knew what to do in the event of a medicine error.
- There was clear guidance about when to give medicines prescribed only 'as required' and staff understood these.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices that controlled and prevented infection as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including food hygiene, washing their hands thoroughly and wearing gloves and aprons appropriately.
- The person was supported to keep their home clean and tidy and to also follow good practice guidelines.

Learning lessons when things go wrong

- There were systems in place to check incidents and these were used as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to minimise the risk of recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service to ensure staff had the required skills and experience to meet people's needs.
- Staff kept up to date with changes within the sector to ensure care and support was delivered in line with best practice standards, guidance and the law. They did this through the wider organisation (MENCAP), attending training and working with other professionals such as learning disability nurses. This ensured that staff delivered care in line with all relevant guidelines.
- People's protected characteristics under the Equality Act were respected to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. New staff completed induction training and worked with more experienced staff until they were confident and competent.
- The person and their relative had confidence in the staff and felt they were competent and effective.
- Staff told us they had the training and support they required to do their jobs. The majority of care staff had achieved a nationally recognised qualification in care. Staff could request additional training and this was provided.
- All staff had regular supervision. Staff also knew they could seek support from their managers and from other staff whenever this was required.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff knew and understood the person's nutritional needs and supported them to follow a healthy eating plan.
- The person and their relative were happy with the quality of meals provided. The person was encouraged to make healthy meal choices.
- Staff had sought support from healthcare professionals such as dieticians and GP's.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the leaders of the groups the person attended and other healthcare professionals. This meant changes were communicated and the person received seamless and consistent care and support.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported the person to lead an active life and to take exercise such as walking every day.
- The person had access to all the healthcare professionals they required and were supported to attend appointments.
- Staff were knowledgeable and quickly recognised changes to the person's physical and mental health and took appropriate action.

Adapting service, design, decoration to meet people's needs

- Staff supported the person to maintain their home and garden.
- Equipment to support the person to maintain their independence was used such as a safer system for making hot drinks on their own.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community based services, this is usually through MCA application for a Court of Protection Order.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training and were following the principles of the MCA. They supported the person to make decisions and made sure consent was given before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- The person and their relative liked the staff and said they were caring. A relative said about the staff, "I cannot speak highly enough about them, they are like friends to my relative."
- Staff made the person feel like they mattered and was cared about. Staff knew the person extremely well. They knew how to recognise signs of distress and how to reassure the person when this was required.
- A staff member told us they all worked well as a team and this included the person who used the service. They said, "The staff are a good team, they are friendly and support each other. There is a good atmosphere."
- Staff told us the management team were supportive.
- The person was supported to follow their chosen religion and to be involved in local community groups.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported the person to make choices about the care and support they received. They were involved in the handover between staff. The person told us they and the staff were a team.
- Staff gave us examples of how they supported the person to make choices.
- A relative told us they were asked for their feedback and staff consulted with them and communicated any changes effectively.
- Staff arranged for advocates to assist people to make decisions where this was required.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training about maintaining privacy and dignity. They gave us examples of how they promoted dignity and supported the person to maintain their privacy.
- The person's independence was promoted in all aspects of their day to day lives. Staff supported the person to do as much for themselves as they could and to have choice and flexibility about the things they did.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was personalised and met the needs and preferences of the person. Staff involved the person and their relatives in developing the care plan and made changes to reflect changing needs and circumstances.
- Staff considered and met the person's physical, mental, emotional and social needs. Care plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- The provider employed a 'communication officer'. There was a range of communication training available to people, staff and relatives.
- Guidance from occupational therapists and the mental health outreach team were used as part of the person's communication care plan.
- Talking mats were used to support the person to explore different topics with staff.
- Staff worked hard to increase the predictability in the person's day and this helped to reduce anxiety.
- The person was able to follow their hobbies and interests and take part in activities they enjoyed. They had a busy and active life and took part in many community groups and activities.
- Staff supported the person to maintain relationships with people who were important to them.
- Staff supported the person go on an annual holiday of their choice.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident raising a complaint and were sure that managers would listen and take action.
- Staff felt sure the person would speak up if they had a complaint. They gave us examples of how they supported the person to do this.
- The provider's complaints procedure was available in accessible formats to assist people to understand their rights and the complaints procedure.
- Complaints were discussed at all executive team meetings along with any action taken.
- Complaints were used as an opportunity to learn and improve. The registered manager gave us examples of how they had resolved complaints and used the complaint as a learning opportunity.

End of life care and support

- The registered manager told us that end of life preferences would be discussed with the person and their family at an appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The person, a relative and a member of the care staff made very positive comments about the service. A relative said about the service, "I can't speak highly enough." A staff member said the service was the best they had ever worked for.
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided strong leadership and staff understood their roles and responsibilities.
- Trustees were directly involved in the day to day running of the organisation with each trustee taking responsibility for specific areas of responsibility such as finance, asset management and compliance.
- Staff performance was observed to check polices and procedures were being followed. Staff had 'supervision' with their managers, they had opportunities to discuss their learning and development needs.
- Staff told us their managers were supportive both personally and professionally.
- The registered manager understood their legal duties and sent notifications to CQC as required.
- The provider had a quality assurance system in place to ensure that staff continued to give high quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Liaison meetings were held every six months for people and the board of trustees to meet to discuss the development of the service.
- Satisfaction surveys were sent out to relatives for their feedback and suggestions about the service. A relative confirmed they had been asked for their feedback.
- Staff were involved in developing the service. Staff meetings were held. Changes were discussed to improve the timing and location of staff meetings so they would be more accessible to staff.
- Staff had received training about equality and diversity and understood their responsibilities to uphold people's human rights. The registered manager gave us examples of how people had been supported with their equality and diversity needs.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve.
- There was a 'future proofing group' for developing the service and looking at challenges and opportunities within the service and the sector.
- The registered manager was exploring new ways to make their policies and procedures more accessible to staff.
- A training coordinator had been employed to improve training and development opportunities for staff and to identify training needs.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and community groups.
- The registered manager gave us examples of how working with others had ensured people received joined-up care and support.