

Royal Mencap Society

Mencap – Teeside Domiciliary Care Agency

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mencap – Teeside Domiciliary Care Agency is a domiciliary care agency providing personal support to people in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection eight people were receiving personal care. These included younger and older adults with a range of physical and learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received care and support that was exceptionally personalised and specifically tailored to meet their needs as closely as possible. People's support plans contained very detailed information to ensure their individual needs and preferences had been considered. Plans to minimise incidents of behaviour were devised and successfully put into action reducing distress and minimising the risk of harm. People's communication needs were very closely assessed and plans put in place to ensure staff had all the skills and information necessary to communicate with each individual. People were involved in a variety of activities that reflected their own hobbies and interests. There was a procedure in place for addressing complaints and this was correctly followed.

People's medicines were administered safely. Medicine records were completed correctly. People were encouraged to take positive risks and risk assessments were in place to minimise the risk of avoidable harm.

People were supported by well trained staff. Staff supported people to eat and drink enough to keep them healthy. People were supported to attend health care appointments to ensure the best outcome for the person's wellbeing.

Care was delivered with dignity and respect. People liked the staff who supported them and were happy with the care and support they received.

An effective system of checks and audits was in place. People and staff were regularly consulted about the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mencap – Teeside Domiciliary Care Agency

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2019 and ended on 3 July 2019. We visited the office location on 2 July 2019. The Expert by Experience made calls to relatives on 3 July 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, four team managers and two support workers.

We reviewed a range of records. This included three people's care records and a sample of medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received further evidence of positive outcomes from the registered manager to further validate evidence found. We received feedback from two professionals who were also involved in the care of people who used the service the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to protect people from abuse and were aware of how to report any concerns. One member of staff told us, "I would go straight to my line manager if I was concerned about anything."
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. These provided staff with information about the best way to minimise avoidable risk.
- Fire safety procedures were in place and included regular fire drills and equipment checks. People also had individual evacuation plans so staff knew how to support them in an emergency.
- There was a business contingency plan for each service. This ensured people continued to receive safe care in the event of an emergency such as staff illness or extreme weather.
- Relatives were happy that their family members were supported safely. One relative told us, "Yes, it is definitely safe. I'm pleased with the calibre of the staff who come and care for my [family member]."

Staffing and recruitment

- There was a robust recruitment system in place and checks were done to ensure suitable staff were employed to support people.
- There were plenty of staff available to meet people's needs.

Using medicines safely

- People were appropriately supported with their medicines and accurate records were kept.
- Regular medicines reviews were undertaken. This was to ensure people were not taking more medicines than they needed in line with best practice guidelines.
- Guidance was in place so staff knew why and when people may need medicines prescribed to be taken as required.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and sent to the provider who monitored them for patterns and trends so that lessons could be learned and things changed if necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Very comprehensive needs assessments were completed before anyone new moved in. This meant the registered manager could ensure the service was able to meet each person's care needs.
- Part of the assessment process was deciding which staff may be best suited to support each person. The registered manager explained how a new person was to be supported and they had been introduced to staff. The interaction was observed for over an hour to see how they got on. They told us, "I am so pleased that we have matched them with [staff member] as it was clear they were so in tune."
- Further assessments were completed on admission and support plans were produced to provide staff with all the information they needed to meet people's needs. These were written and reviewed in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- Staff were supported in their role and received regular 'shape your future' meetings with their line manager.
- The registered manager had begun to introduce mindfulness training to support staff's wellbeing.
- Staff were all fully up to date with training. New staff completed an induction to the service.
- Staff were given the opportunity to continually develop their skills. Recently staff had been enrolled on a positive behaviour support (PBS) course. PBS is a person-centred approach to supporting people who display, or are at risk of displaying, behaviours which challenge. One member of staff told us, "The PBS training is really good I've learned a lot already."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to stay healthy. People were involved in planning meals and talking about menu options. One relative told us, "[My family member] loves his food. He gives his choice for the meal and they make sure he gets that."
- Some people required additional support with their food and staff knew how to do this correctly. One member of staff told us, "[Person] has thickened fluid and pureed food. The speech and language therapy team have been involved and staff have had sufficient training and support on how to prepare their food safely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and when required staff ensured people attended appointments.

- People had been supported to attend annual health checks and medicine reviews.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were very well supported to make decisions. There was guidance for staff in each person's support file that described the best way to support each person when making a decision.
- Where people were not able to make their own decisions these were made in the best interest of the person by people involved in their care.
- Records were in place for any Court of Protection decisions regarding deprivation of a person's liberty.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a way that respected their individuality. Religious and cultural needs were taken into consideration when providing support. One person regularly attended church services.
- People had been supported to vote to ensure their democratic rights were upheld.

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

- Staff supported people to express their views and to be involved in decisions about their care wherever possible.
- People had access to independent advocates if necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.
- Meetings were held regularly for people who used the service to ensure they had their say on how things were going. Service reflection events were held annually, these were review meetings which involved people who used the service, staff, family members and sometimes social workers or external health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans included details of what people could do for themselves and what they needed support with. One relative told us, "They do encourage him to dress himself and choose his clothes."
- Staff provided support in a way that promoted people's privacy and dignity. Relatives were happy that this was the case. One relative told us, "Yes, they do things privately in bathroom if he needs to. They take him to another room to talk privately from his house partner."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was exceptionally personalised and specifically tailored to meet their needs as closely as possible. People's support plans contained very detailed information to ensure their individual needs and preferences had been considered.
- The provider has introduced a national strategy to focus on positive behavioural support (PBS). PBS involves understanding the reasons for the behaviour and considering the person as a whole, including their life history, physical health and emotional needs.
- Very detailed analysis was done of a person's behaviour to try to fully understand what the cause may be. This information was used to create a very specific and tailor-made plan of care that aimed to reduce further incidents of behaviour. By doing this the risk of harm to the person was minimised and use of 'as required' medicine reduced.
- We were given examples of how this approach had positively impacted on people. This was an ongoing project with new strategies being devised and introduced for people at the time of our inspection.
- The registered manager spoke very passionately about the positive impact this approach had on people's lives. They told us, "This has been transformative in the way challenging behaviour is handled. The results really boost staff as they have evidence of the difference their support is making. They can see before their eyes the positive impact on a person."
- People were supported to set individual goals for things they wished to achieve. These development plans included goals such as attending a woodwork class, taking part in a fire safety awareness course, finding a college course for the new term and growing vegetables. We saw photographic evidence for some of these outcomes and spoke to one person who was very proud of the things they had achieved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was extremely committed to ensuring information was communicated to people in a way they understood. The provider produced easy read information but the registered manager also recognised that communication needed to be personalised to suit each individual.
- One person used their own mixture of Makaton and British Sign Language and the staff had learned the signs they used so they could communicate with them.
- People had communication passports that gave staff clear and precise guidance of how people made

their needs known. This was particularly important if people could not communicate verbally.

- The provider used a disability distress assessment tool (DisDAT) to help identify distress cues in those people who had severely limited communication.
- Communication books were created using photographs taken specifically for that person and not just chosen from stock photographs online. This meant that the photographs were an exact representation of the items that were important to the person. Mood pictures such as smiley faces and sad faces were being used very successfully to support a person who had difficulty in expressing their emotions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities. We spoke with people about the outings they had been on and hobbies and interests they took part in. Support for one person was now delivered at flexible times to fit in with some activities. The registered manager told us "All support is tailored around [person's name]. He is so much happier."

Improving care quality in response to complaints or concerns

- There was easy read information available to people about how to make a complaint. Family and friends received a 'better together' pack when they started to use the service. This included information on how to make a complaint if necessary.
- No official complaints had been received since the last inspection. A best practice log was kept of any lower level concerns raised and how these had been addressed.

End of life care and support

- At the time of our inspection nobody was in need of end of life care. However, time and thought had gone into forward planning and there were support plans in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff morale was good. Staff told us the registered manager and management team were approachable and lead by example. One member of staff told us, "[Team leader] is a great manager and we see [registered manager] too. She comes to observe us. We have regular meetings and supervisions. We're a good team. I can pop in any time to talk to them."
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. Staff felt they were able to approach them with any ideas or suggestions on ways to improve the support people received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.
- Any incidents were appropriately reported to the commission and local authority and families were kept well informed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The team managers, registered manager and provider carried out a number of regular audits and checks to monitor the quality of the service. Any issues found during these checks were included in an action plan to make sure they maintained a high standard of care.
- The provider was meeting the conditions of their registration. They understood the requirements to submit certain information to us and did so in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives felt involved in their family member's care and told us they were kept informed by the service. One relative said, "The manager phones up and gives me feedback about what is happening during the day and what he does. She is available and nice and approachable."
- There were regular staff meetings and staff felt these were a good forum to bring up anything they needed to discuss.

- Staff, people using the service and their relatives could give feedback on the quality of the service via surveys. The results from the surveys were analysed and the findings were used to make improvements to the service.