Scarborough And District MENCAP

Scarborough & District 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?	Requires improvement

Overall summary

This inspection took place on 29 June 2015. We gave the provider notice before our visit that we would be coming. There were no breaches of regulation at the last inspection we carried out on 14 January 2014.

Scarborough and District Mencap is based at Brookleigh in Scarborough. This is a centre which provides day services to people with a learning disability. The agency provides personal care and support for adults and children living in their own homes all of whom (at present) live with parents or carers. The service also runs a number of clubs and day care facilities for people with a learning disability at the same site as their offices at Brookleigh.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for safely by staff who had been trained in safeguarding of adults and children. Risk assessments were in place to ensure people were safe, but which did not unduly restrict their freedom to engage in interesting and stimulating activities.

Staff were safely recruited, with checks in place to ensure they were safe to work with vulnerable people.

There were sufficient staff to ensure people were cared for safely, and staffing levels were responsive to changes in people's care needs.

Medicines were handled safely, though the policy needed to be updated in line with best practice. Staff had up to date training in the safe handling of medicines and the control of infection.

Staff had induction and all mandatory training to fulfil their roles effectively. They also had training in areas specific to the needs of people they cared for, such as autism awareness and diabetic care.

Staff were matched to individual people, depending on personality and people's preferences. People had consistency in their care through the development of a team of carers who the individual could get to know and feel comfortable with.

People received health care support when they needed it. They were supported to access healthy foods and encouraged to prepare and cook meals with support.

People were protected with regard to the Mental Capacity Act (2005) and Deprivation of Liberty safeguards. Staff had received training and guidance in how to support people so that their choices and decision making were maximised.

People and their parents and carers told us that they enjoyed the support they had from Scarborough and District Mencap. People were consulted over changes to care planning, and their views were listened to and acted on. Parents and people who received the service were represented on the Executive Committee so that their views could be heard. People had regular reviews of their care, informed by health care and other specialists where necessary. They were cared for by kind and friendly staff who treated them with regard to their dignity and privacy.

People had access to a wide range of tailored support to meet their needs and to interest and stimulate them. Care planning was personalised so that people were placed in the heart of their care.

The registered manager had a range of methods to receive feedback on the care people received through meetings, questionnaires and telephone calls. Staff understood the scope and limits of their roles and when to refer to management. The registered manager reflected the culture and values of the service which were around personalised care, respect, self -determination and supporting people to live a fulfilling and happy life. However, quality assurance audits and checks were under development and there were areas where this could be improved to ensure people were safely cared for.

Summary of findings

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.

Staff were safely recruited. People were safeguarded by safe employment practices.

Staff knew about the policies and procedures in place for managing risk to protect people and acted on these to protect people.

Care workers had received safeguarding training. They understood about the different forms of abuse and knew what they should do to safeguard people.

People were protected by staff who had been trained in the control of infection.

There was a medicines policy in place. The policy needed to be updated in line with current best practice and there were no medicine audits in place However, staff had received up to date medicines training and explained how they administered medicines in a way which protected people.

Is the service effective?

Good

The service was effective. Staff were trained and supported to meet people's needs. The registered manager supported them to develop professionally in an atmosphere of respect and encouragement.

People were supported to have access to healthcare services when they needed them.

The registered manager and staff were aware of the principles of the Mental Capacity Act 2005 and how to ensure people were enabled to consent to and make decisions about their care.

People were consulted about their meals and their nutritional needs were met. They were involved in understanding about healthy eating and in planning and cooking meals.

Is the service caring?

Good

The service was caring. Staff were skilled in clear and appropriate methods of communication. They had formed respectful, warm and caring relationships with people, involving them in all decisions.

People told us and we observed that staff had respect for their privacy and dignity.

Staff supported people to build their confidence and to feel reassured. They enabled people to be as independent as possible.

Summary of findings

Is the service responsive?

Good 

The service was responsive to people's needs. People received individualised and personalised care which had been discussed and planned with them.

Staff provided support which met individual needs and preferences.

Staff worked to ensure people's lives were as fulfilling as possible.

People's views were listened to and acted upon by staff.

Is the service well-led?

Requires improvement 

The service was well led. The culture was supportive of people who used the service and of staff. Lines of communication were clear and according to staff, "getting better". Staff understood their roles and responsibilities and knew who to talk to if they needed advice and support.

People were encouraged to give their views through meetings and other forums and they told us that the registered manager acted on suggestions.

The registered manager had made statutory notifications to the Care Quality Commission where appropriate.

A developing quality assurance system was in place. However, the registered manager had not yet devised a full system of audits and checks to ensure people were cared for safely.

Staff were supported to improve their practice across a range of areas.

Scarborough & District Mencap

Detailed findings

Background to this inspection

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

This inspection took place on 29 June 2015.The provider was given notice because the location provides a domiciliary care service and we needed to speak with the registered manager and care workers at a time when they were not out supporting people who use services. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 considered feedback from four people who used the service, four relatives and friends, a community professional and four health and social care professionals. We also reviewed notifications we had received from the service since the last inspection.

During our visit to the service we reviewed care plans for four people and recruitment and training files for three care workers. We looked at the training matrix, minutes from care worker and management meetings, and questionnaires. We spoke with the registered manager, five people who used the service, four carers of people who used the service and four care workers.

Good

Is the service safe?

Our findings

People indicated through their comments or body language that they felt safe and secure with the care workers. One person told us, “We do things that are exciting.” We could see from the way they told us about these activities that they felt safe. Carers agreed that their relatives were safe and that they would not allow them to go with care workers if they did not feel they were.

Care workers were clear about safeguarding and could describe different forms of abuse and what they would look for. They had undertaken training in safeguarding adults and children and we saw in the PIR that the service had a designated safeguarding champion who had undergone train the trainer training, and who could provide face to face training for all staff. Care workers were able to explain what they would do if they had concerns about any person’s safety and told us that they would feel confident to raise any concerns with management. One care worker told us, “I have raised concerns with the manager and they have been straight onto it.” Another care worker told us, “The people we care for can get upset when they are together and we have to be careful to report anything which we think may be abuse.” Care workers were aware of ‘whistle blowing’ and said that they would have no hesitation in reporting anything if they had concerns. The service had cooperated with the lead authority in safeguarding investigations which had been raised by third parties, to ensure people were protected. A health and social care professional told us, "The service has responded to concerns to improve the safety of people's care." The registered manager told us that they understood their responsibilities around referring safeguarding issues to the lead authority.

Risk assessments were in place for relevant aspects of individual care to minimise the risk of harm. For example, we saw a risk assessment for eating and drinking, with specific guidance on food temperatures for one person, and how to minimise the risk of choking. We saw risk assessments for working with people in the community, which included areas such as behavioural risk assessments and road traffic safety. These were clear, updated and signed by the person making any changes. Temporary risk assessments were also in place for things such as managing a person’s care when they had a broken leg. Care workers had signed to show they had read the risk assessments.

All equipment which care workers used in each individual home was kept serviced where necessary by the parents or carers of people using the service. Staff also checked that equipment was safe before they used it. The registered manager told us that hoists which were used in Brookleigh were serviced every six months to ensure they remained safe for use.

Management and senior staff had received training in risk assessment to ensure they were following best practice guidelines to protect people.

We saw cleaning schedules for the building and risk assessments in place for cleaning materials used by contract cleaners. The registered manager had carried out a limited number of risk assessments for the environment of Brookleigh. These were under development and the plan was to carry out an assessment of risk around the offices and all the rooms where the clubs were held.

We looked at the recruitment records for three recently employed staff, which showed safe recruitment practices were followed. We found that application forms had been used and potential staff had been interviewed with set questions from a panel for consistency. Recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) were in place and two references were obtained for each member of staff before they began work. This minimised the risk of employing people who were not suitable to work with vulnerable people.

The service had a disciplinary procedure and the registered manager showed us evidence of how this had been effectively used in the past year to ensure people were protected from harm.

Staffing levels were organised according to the dependency levels for each person. This meant for example, that a person may require an escort in a vehicle for travelling, so would require two members of staff. Those people who required significant and changing levels of support had their needs more regularly reviewed to ensure that staffing levels always met their needs. When people were being supported at a day time club then staffing levels took account of people’s dependency in this setting. The registered manager explained how a group of staff would

Good

Is the service safe?

work with a service user so that each person became familiar with a pool of care workers. The registered manager carried out some recent work to make the pool of staff for each person a little bigger. This helped if the care worker was on annual leave or sick, so that the replacement staff were also known to the person.

The registered manager told us in the PIR that staff all had up to date medicines handling training. We checked the training records of three members of staff which confirmed this. There was a medicines policy and a procedure on medicine handling in place but these needed to be updated in line with best practice guidance. The registered manager confirmed the service was not responsible for ordering medicines. However, care workers did sometimes support people to take their medicines. The registered manager told us that when people were being supported at Brookleigh then medicines were signed for on receipt and were returned to the person and signed for when they were leaving the centre. In addition, medicines were signed for on administration. Administration records were also kept at each person's home and were regularly archived at the offices. Staff told us they had received training in specific medicines and that this was kept up to date. Staff were rarely involved in initiating reviews of medicines as each person had a parent or carer who retained responsibility for this area of their care.

The registered manager told us that staff had received training in infection control, staff confirmed this and were able to explain what effective infection control practice was. We saw infection control training certificates in the three staff files we looked at.

Good

Is the service effective?

Our findings

People indicated that the service was effective. Parents and carers spoke about how the staff understood people's care needs.

The registered manager informed us in the PIR that staff had completed up to date training in mandatory areas such as safeguarding of adults, health and safety, moving and handling, first aid, infection control, medicines, food safety and fire safety. Staff told us they had also received training in areas specific to the care people needed, such as autism awareness, challenging behaviour awareness and diabetic care. Training records confirmed this. The registered manager told us that a new staff training matrix had been drawn up to ensure that staff all received appropriate and timely training.

Staff described their induction which consisted of spending time shadowing more experienced members of staff and which covered a gradual introduction to each person so that they could get to know each other. The registered manager carried out regular support meetings with staff to identify areas for improvement, training needs, and any developmental issues.

The registered manager and staff described how staff were matched to the people they supported through effective recruitment and working with personalities to fine tune a care team which would support a person.

Guidance from specialist health workers and learning disability specialists was incorporated into care plans to ensure people had care which benefitted from expert advice. For example care workers told us about the involvement of learning disability specialists, diabetic and community mental health team nurses. A health and social care professional told us that the service consulted with them appropriately to ensure people's needs were met.

Some staff had completed a 'Total Communication' course, which included how to interpret body language, facial expressions and use supports such as flash cards and photographs to assist communication.

The service had a policy and procedure on supporting people with reference to the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). There was information on files around people's capacity to make decisions about their care which provided meaningful guidance for staff. Care plans took into account how and when capacity may vary and what could be put into place to maximise people's control over their lives. Staff told us and we saw on files that staff had received up to date training in MCA and DoLS. They told us it was important when considering mental capacity to provide care which emphasised freedom while protecting people from harm. For example, we spoke with a person who was enthusiastic about going cycling. They used a wheelchair and were enabled by staff to take part and enjoy this activity. Care plans contained directions for staff to include them in decision making, for example, one care plan stated, "I need to be involved in decisions and choices that affect my life including attending reviews. I can express my wishes and views and need to be supported to do this."

People's support plans contained information about how to support them with their health needs. Staff told us that they accompanied people to health appointments when necessary. The people we spoke with confirmed that care workers supported them with their health needs. We saw that health professional's advice was included in people's care plans. This included for example, physiotherapy, diabetic care, psychiatric support and community nurses. People told us that staff were helpful when they felt unwell or when they needed to see the GP.

Parents and carers of people who received the service were complimentary about the way staff supported people with food and drink. One parent told us, "They listen carefully to instructions about heating and serving food" and "they know not to give them fizzy drinks because it will fill them up and they are not a good eater."

People's needs in relation to eating and drinking had been taken into consideration and were written into care plans. For example, one care plan stated, "Don't rush me especially when I am eating." Advice from Speech and Language Therapists (SALT) and from other specialists such as the diabetic nurse was included where relevant. The registered manager told us in the PIR that the service encouraged people to eat a healthy diet and had pursued this through a healthy living project in conjunction with a local supermarket. In one of the day services run from Brookleigh, people were supported to plan, shop for and cook meals. People told us about cooking and how much they enjoyed making meals for themselves and their friends. Staff had received training in food hygiene, and the latest food hygiene rating for the day care services was five,

Good

Is the service effective?

which is the highest on a scale from one to five. One parent told us that each Monday there was a healthy eating programme and their relative liked to chop up vegetables to prepare the meal. They were supported to go to the local shop to buy a sandwich for lunch.

The registered manager told us that staff had received training in de- escalation techniques through their training in behaviour which may challenge. This was to protect the person being supported and the staff. The service did not use restraint.

Good

Is the service caring?

Our findings

Parents and carers of people who used the service told us the staff were caring. One person told us, "(They) are brilliant, (my relative) is treated with the greatest of respect, they cannot wait to get there." Another parent told us, "The carers are kind, so lovely with them, they are really obliging, they are offered a drink as soon as they arrive, (the staff) seem to know their needs. Absolutely lovely, nothing is too much bother."

We asked care workers how they ensured that people were treated with respect. They were able to provide clear examples and spoke with confidence about the different needs of people they cared for. Examples included making sure that the introduction process was gradual so that people had the chance to become familiar with a new member of staff. Staff stressed the importance of taking time to understand each person's communication methods so that people could express their wishes and be understood. They also told us they took time to know what was important and of interest to each person so that the work they carried out with people led to a more interesting and fulfilling life. The registered manager and staff told us they were flexible with times wherever possible. Examples included staff being available in the evenings to support people to attend various clubs.

Staff were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included making sure people did not suffer discomfort or the frustration of not being understood. They spoke of understanding when people may feel particularly sad or in need of extra attention. One member of staff told us, "If a person is angry or showing us by their body language that they are unhappy, we understand it may be because of their level of anxiety or pain and we respond to that." Another member of staff told us:

"We work with people at their pace, we take time to find out what they want to do and we find ways to make that happen. Sometimes we suggest things, because people do not always know what is available."

Staff spoke about responding to each person's need for positive regard and to be recognised for their achievements. One care worker explained that they had worked week by week with one person to gain their confidence and to introduce them to other people.

We observed that staff treated people with care and kindness. They clearly knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them as they chatted. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. We observed that staff were talking with people about their lives, who and what mattered to them and significant events. Staff also talked with people about the goals they had set for themselves and how they had progressed towards them. For example, we heard one conversation between a member of staff and one person about a plan to complete more cushion covers in craft sessions and the person proudly showed us what they had achieved.

Parents and carers of people who received a service stressed the importance of continuity in the care they received. They told us that the service made sure that care was offered from a small group of carers who had become familiar to them and that this meant people were relaxed and at ease. They told us that if there was a personality clash or other problem with staff then the service listened and made sure this was resolved.

Good

Is the service responsive?

Our findings

People told us that the service was responsive. For example, one parent told us that the service knew their relative's likes and dislikes. They liked to go out in the minibus, to garden centres, to Whitby and shopping. The person enjoyed the care provision, "They love it". Another parent told us, "They are constantly thinking of ways to support (my relative) by pushing their boundaries". They went on to tell us that they considered the care was very person centred. They told us, "(My relative) is becoming more social and developing their understanding of things you don't do, they have made rapid progress in the last year with the support of Mencap." Parents and carers told us that they were consulted over planning.

The registered manager told us that staff had the opportunity for training in personalised care, and that a number of staff had completed this training.

The registered manager told us that people were involved in drawing up their support plans. They were written in the first person and gave clear instructions about how people should be supported. When we spoke with carers and parents of people who received a service they confirmed that both they and the person who received support were consulted and that support plans were agreed with them.

The registered manager told us in the PIR that two people who used the service were representatives on the Executive Committee of Scarborough and District Mencap so that their views could be heard and acted on. Staff were also represented for two way information sharing. A parent group was held on the site of Brookleigh each week where parents and carers had the opportunity to share their experiences and ideas with the registered manager and staff team. Representatives from this parents group were also involved in the Executive Committee meetings. Parents and carers told us that the service listened and acted on their comments made through these forums.

When we spoke with people who received a service, they told us that they were supported to take part in activities they found fulfilling. One person enthusiastically told us about going to an outward bound centre recently to take part in a climbing wall activity which was adapted to take a wheelchair. They were about to go out to 'bikeability' which was a nearby cycling activity, again adapted for wheelchair use.

The registered manager told us that people were involved in regular reviews of their care and that their views were taken into account when making any changes. Reviews were often multiagency so that people's care benefitted from a range of professional advice. When people were not able to sign the care plans they were signed by a parent or guardian. However, staff and the people they supported told us that they were involved and that their views were listened to and acted upon.

We asked care workers how they observed changes in the people that they supported and how this was monitored and reported. One care worker told us that they always discussed any changes in the person they supported with the carer or parent and fed back to management so that care plans could be altered appropriately. Regular reviews were used to discuss referrals to health care and other professional support to ensure people's changing needs were addressed.

Each person's care record contained a pen portrait, which set out their personal histories, individual preferences, interests and significant relationships. The registered manager told us that they had plans to develop the care planning process to include people's aspirations and goals.

Care recording contained details of how people received care that was centred on them and that they were afforded many opportunities to take part in stimulating social and educational opportunities when appropriate. Examples included day clubs, evening clubs, adventure activities, baking, craft, theatre skills, discos, barbeques, shopping and outings for meals.

The registered manager told us that concerns and complaints were investigated according to the policy and procedure. We saw a record of a complaint which had been investigated with outcomes recorded and learning points put in place for the future safety of people who used the service. People told us that if they had any concerns they were quickly resolved and they were told about the outcome of any investigation which affected them. One parent told us "any concerns are listened to completely."

The registered manager and staff told us that they worked alongside people when they moved between children's and adult services. This happened regularly with the client group. Carers and parents of people told us that the support provided by care workers at Scarborough and District Mencap provided continuity when other support

Good

Is the service responsive?

changed. Staff told us about supporting people to access hospital appointments, and that they may be involved when people had involvement from the community learning disability nurse or mental health professionals. The carers of people we spoke with told us that the service was flexible and supported them with their needs in relation to other agencies and health care. We saw that people had health passports which provided useful information when people attended hospital or other health appointments.

Requires improvement

Is the service well-led?

Our findings

Most people told us that the registered manager kept in contact with them. One parent told us that they received a letter periodically asking for her views on the service. However, another parent told us they had not been asked for their views and had not received feedback from the manager on how things were going.

The registered manager told us in the PIR that staff had opportunities to give their views at regular staff meetings. Senior management meetings were held and assistant managers, senior care workers and aspiring leaders were given the opportunity to undertake a team leader course.

Senior support workers were given designated areas of responsibility. Staff received a monthly staff bulletin which gave them information about the way the service was developing and they shared ideas to improve the service for people in regular meetings. Records confirmed that these meetings took place.

Staff we spoke with said that if they had any concerns they could talk with the registered manager or any of the management team. One care worker told us:

"We are getting better at working together as one big team. There have been some changes to staffing rotas and ways of working but the management team have kept us up to date through meetings so that we know what is happening."

We asked how the scheduling of visits worked. One care worker told us that all planning began with the needs and preferences of the person they were supporting and that staffing was arranged around that. Staff told us they were given work schedules they felt comfortable with and which created consistency for people.

Care workers told us they understood the scope and limits of their role and understood when they needed to refer concerns on to a senior member of staff. They told us the service valued every person and every member of staff for their contribution and recognised the special skills of each individual. They told us that communication had been an issue in the past because it was difficult to make sure that each member of staff had been given a piece of information. This had improved over the last year with the introduction of consistent rotas, more frequent meetings and a monthly staff bulletin.

The registered manager reflected the values and culture of the organisation which emphasised personalised care and a 'can do' attitude. They spoke about developing a knowledge base of best practice through attending management training sessions on developments in care for people with a learning disability and wide reading of topical magazines and websites. They explained how they communicated with the people using the service, their carers, local authority and health and social care professionals to provide holistic care for people. This was through multidisciplinary meetings about changes to care, newsletters, meetings and through feedback forums.

The registered manager had sent CQC notifications of incidents and events as required.

The registered manager told us in the PIR that a number of quality assurance checks and audits were carried out, which included reviews of care plan records, activities, risk assessments, training provision, staff induction and development sessions. However, the registered manager told us that this was a developing area of work. We did not for example see medicines or infection control audits. Risk assessments for Brookleigh building were brief or had not been completed. This meant that the registered manager could not be sure that the building was safe for people to carry out their activities.

We recommend that the registered manager develops the quality assurance system to include a wider range of checks and audits to ensure people are protected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.