Care Quality Commission

Royal Mencap Society

Mencap - Trowbridge

Inspection report

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Date of inspection visit: 30 September 2015 & 1 October 2015
Date of publication: 17/11/2015

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 30 September 2015. We visited five people who used the service and spoke with three staff on the 1 October 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure a registered manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

Summary of findings

People were positive about the care they received and praised the quality of the staff. However concerns were raised regarding the frequent changes in managers at one of the supported living services, and the impact this has on the monitoring and delivery of care.

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. The registered manager reviewed the effectiveness of staff training through the supervision process and if necessary followed the disciplinary processes.

The service was responsive to people's needs and wishes. We saw that some people's needs were set out in clear, individual plans, however two out of five support plans included information which was no longer relevant.

We saw records to show formal complaints relating to the service had been dealt with effectively. People explained they were confident that any concerns or complaints they raised would be taken seriously and be dealt with promptly.

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people, their relatives and staff, which they used to make improvements.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

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?
The service was safe. Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good

Is the service effective?
The service was effective. Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good

Is the service caring?
The service was caring. People and relatives described the staff as being "caring and enthusiastic."

People's privacy and dignity were respected. People were involved in making decisions about the support they received.

People were asked what they wanted to do daily and their decisions were respected.

Good

Is the service responsive?
The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Good

Is the service well-led?
The service was not always well-led. Frequent changes in managers at one of the supported living services had impacted on the monitoring and delivery of care. There was a registered manager in place who was working to address shortfalls in the service.

Staff had a good understanding of the aims and values of the service. There were clear reporting lines through the organisation.

Requires improvement

Summary of findings

Systems were in place to review incidents and audit performance, to help ensure the shortfalls were being addressed.	

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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 checked 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.

The inspection was completed by one inspector and an expert by experience. An expert by experience is a person employed by the CQC to assist in the inspection process. The expert by experience gathered information by speaking with five relatives/representatives and three staff members on the telephone. At the time of our inspection, 25 younger adults were receiving the service.

Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods to help us understand the experiences of people who used the service. Just before the inspection we received feedback from the Bath and North East Somerset Council Commissioning team who have been working with the service. During the visit we looked at documents and records that related to five people's support and care, five staff files and records relating to the management of the service. We spoke with the registered manager and three senior care coordinators. We visited five people in their homes and spoke with three staff who were providing support at the time.

Good

Is the service safe?

Our findings

Staff told us the team worked well together to be able for them to meet people's needs. The relatives we spoke with felt there had been improvements in the staffing arrangements, with comments including, "There are sufficient staff available and they know (my relative) well"; and "I have raised concerns with the manager and I have seen improvements recently". The registered manager confirmed the recent recruitment drive had been successful and seven managers were now in post.

There were arrangements in place to deal with foreseeable emergencies . Staff confirmed there was an on call system in place which they had used when needed.

Most people we spoke with explained either they, or the staff managed their medicines. Two people described the assistance they received, and said "They (staff) know what I ought to take and they make sure that I do take them and they record it." A relative said "My son's medication is fine, he doesn't take very much at all, he only has it once a day and he can do it himself. He knows how much so there's no problem there, sometimes he just needs help to get the bottle open. Whichever carer it is they help him as and when he needs it." Staff told us they had received medication training, they were able to describe safe procedures and what level they were allowed by company policy to administer medication. For example they were not allowed to administer medicine which had not been prescribed. Staff said they underwent refresher training and received competency assessments. This meant procedures for the safe administration of medicines were in place and being followed.

All of the staff spoken with said that they had received safeguarding training and regular updates; they were able to give examples of what constituted abuse or neglect and who they would report to. They were aware of the whistleblowing policy and each said that they would not hesitate to report any working practices they deemed as poor.

Family members and users of the service said that staff were very observant and if they had any concerns at all, they reported them on to senior staff and where appropriate; the family. Records demonstrated appropriate action had been taken to report concerns to the local safeguarding authority.

We looked at five support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people's needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff said that they had received a formal interview process that included DBS checks and references. They said that they had undergone an induction process which included shadowing a more experienced staff and had undergone competency assessments before working unsupervised. A recently recruited manager described the induction they received as being "very thorough, and included a two month handover. I was made very aware of the size of the job and what was expected of me."

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the care as they preferred, with comments "the staff encourage me to do things for myself, and are aware of what I can do and what I struggle to do myself - in which case they help me. I can do most things for myself, but may need reminding sometimes, which they do." Another person said "they (staff) know when I am not feeling well and help me to go to a doctor." Records showed people had regular access to healthcare professionals and attended regular appointments about their health needs. People explained they had support (if necessary) to attend medical appointments, and the staff would "always go with me to an appointment if I wanted them to."

We observed staff communicate with people calmly and respectfully. We saw people being encouraged to make choices and to decide which activities they would like to participate in. We saw people were involved in a variety of activities such as daily chores to pursuing hobbies.

The staff we spoke with described how they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. This was a way of monitoring staff delivering support to people in their homes. At these meetings areas where personal or professional development was required were identified to maintain good practice. Staff said they received good support and described how they were able to raise concerns outside of the formal supervision process. Comments from care staff included, "I feel well supported. We all work well together."

New staff followed the Care Certificate induction programme. This meant the provider was following good practice as part of staff induction for social care. Records showed the induction process included reading the provider's policies and procedures and by shadowing more experienced members of staff to meet and get to know the people they would be supporting. A relative described how "They are recruiting and a new lady was working on Friday when I collected my son, I saw new staff getting trained up." A recently recruited member of staff confirmed they received a "full induction and met people before they started to support/work with them, this made me feel prepared."

There was a programme of training available. Staff told us they received the necessary training to meet people's needs such as moving and handling, medicine and health and safety. Staff told us they were well trained and received specific training such as managing behaviour and autism. They said they could also request extra training for example, for the specific needs of people they were supporting. We were told competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns. The people who gave feedback about the staff described them as being "well trained and efficient in the way they provided care and support." One relative said "I am confident that the carer's abilities can suit my son's needs, they are very good."

All of the staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and its principles. They were able to describe areas such as 'best interests', not restraining people and ensuring that people had a say in the care they received. We found support plans had records of assessments of capacity. A relative said "I think that the staff team have a good understanding of mental capacity, they always treat my relative with dignity and respect and ensure that he is involved in his care. They all are aware of issues such as people's best interests and allowing people to make their own decisions."

The senior staff told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. The registered manager explained they had recently submitted applications to the local authority regarding this.

Good

Is the service caring?

Our findings

Without exception, everyone we spoke with was complimentary about the staff, comments we received included; “they are very caring and enthusiastic.” Another person described staff as being “very professional and good at what they do.” A family member said, “The staff who look after my son are really nice, they're really good and give him dignity, privacy and respect. They do a good job with him and he seems to like them.”

We observed the positive relationships five people had made with the staff supporting them.

During the visits to people’s homes, the staff asked each person whether they were willing for us to see their home. This respectfully gave the person choice and control. Two people were happy to show us their rooms and to point out their favourite things, such as photographs of family.

We could see people who use the service were kept informed of which members of staff were on duty by a notice board which had staff members’ photographs on it. Other visual aids were used to help people stay informed and to make choices such as; photographs of food for menu planning.

The support plans we saw demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with explained they felt involved in the support they received.

People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. People explained how they were involved in regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity was discussed during staff supervision. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Good

Is the service responsive?

Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments received included “My son receives consistent care 24 hours a day. Thankfully staff cope with my son and still treat him with privacy, dignity and respect. They certainly give him personal space and let him make his own decisions as much as possible. They (staff) encourage him to take part in what he can. For example, keeping the house clean and preparing meals. The registered manager described the process for monitoring sickness levels and we saw action had been taken to address unacceptable levels. There had been a recent successful recruitment drive.

Two of the five care records we saw included information which was not always relevant, such as previous support plans. A senior staff explained the support plan format was being standardised, and this would in turn reduce the amount of information, but provide detail in a concise way. Despite the amount of information available, one member of staff who worked occasionally (as a bank member of staff) demonstrated a clear understanding about people’s needs and how they should be met, and said “I always get a detailed handover before each shift, so I am up to date with things. I also know the support plans were being revised.” The registered manager explained the development of the support plans was included in the management action plan, which had a target date of the end of November 2015 to complete the work. We saw work had started to ensure support plans were more personalised and clearly set out people’s needs and how they should be met.

People were able to keep in contact with friends and relatives and take part in activities they enjoyed. Three people described the activities they took part in, and they were able to choose what they did.

Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. A person explained they hadn’t needed to raise any concerns and said “the service provider is good apart from the occasional staffing problems but they've always managed regardless.” We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. The complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

All of the staff we spoke with said they felt their views were valued by the management team, and they enjoyed working for Mencap.

Requires improvement

Is the service well-led?

Our findings

Staff and people's relatives told us there had previously been problems at two of the properties people lived in. However they said there had been improvements since the recent recruitment of managers and care staff. The registered manager explained the service had learned from past experience and had implemented arrangements (which included the registered manager working at one of the services) to ensure consistency and leadership. We received information from the Bath and North East Somerset (BaNES) Council commissioning team regarding concerns about the frequent changes in the manager at one of the supported living services, and the impact this had on the delivery of the service. The registered manager explained they had identified issues regarding the consistency of the management in this area, and the effect this had on monitoring. We saw an action plan the service was working towards, which would be reviewed by the BaNES commissioning team in December 2015. The registered manager was confident all actions would be completed; we saw improvements had been made to the majority of areas identified as concerns. However at the time of our inspection, not all improvements had been made, and we need to see the improvements will be sustained over time.

The registered manager and all of the staff we spoke with had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The staff we spoke with demonstrated they valued the people they supported and were motivated to provide people with a high quality service. Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt supported in their role and did not have any concerns.

The registered manager and senior staff were confident they had effective plans in place to address the issues which had identified. We saw there was a comprehensive management action plan in place to plan and review progress with achieving the improvements needed. The service was working with the BaNES Commissioning team to address the issues and make improvements. Staff told us the registered manager had worked hard to create an open culture and said the service was improving.

The registered manager explained audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively. In addition to the audits, the provider completed 'mock inspections' of the service. These looked at the key lines of enquiry used by the Care Quality Commission and assessed how well the service was performing. We saw that the most recent mock inspection included a list of actions where improvements were needed. The managers' was working through these actions and had updated the plan.

Everyone we spoke with said they had opportunities to feedback on the service they received. Some people said they preferred to do this informally by "I can speak with any of the staff" others said they waited until a formal situation, such as a review.