

Greenwich Mencap

Greenwich Mencap

Inspection report

The Movement Unit 4 Hopyard Studios
13 Lovibond Lane
Greenwich
London
SE10 9FY

Tel: 02083052245

Date of inspection visit:
21 June 2017

Date of publication:
01 August 2017

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

This inspection took place on 21 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and staff would be in the office. This was first comprehensive ratings inspection for this service since its registration with the CQC on the 11 June 2016.

Greenwich Mencap provides a diverse range of support services including domiciliary care support for adults and children with learning disabilities and their families in the Royal Borough of Greenwich. The service aims to promote people's independence and well-being, encouraging involvement within the community, as well as providing respite services for families. At the time of our inspection the service was providing support to approximately 27 people.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

At this inspection we found assessments were in place and conducted to support people where risks to their health and welfare had been identified. There were appropriate safeguarding and whistle-blowing procedures in place and staff had an understanding of these procedures. Appropriate recruitment checks took place before staff started work and we saw there was enough staff to meet people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff completed an induction when they started work and received training relevant to the needs of people using the service. Care plans detailed people's nutritional and support needs where required. People had support to access health and social care professionals if required. People were provided with appropriate information about the service and were consulted about their care. Care plans were in place that provided information for staff on how to support people safely and appropriately. People said staff were kind and their privacy and dignity was maintained. People were aware of the complaints procedure and we saw complaints were managed appropriately.

There were systems in place to monitor the quality of the service provided to people. The provider conducted observations of staff and people using the service to ensure people were supported in line with their care plans. There was an electronic call monitoring system in place which ensured people received support when required. Staff were provided with opportunities to share good practice and provide feedback about the service and the provider was in the process of implementing a service user feedback form.

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.

Risks to the health and safety of people using the service were assessed and reviewed to ensure people's safety.

There were systems in place to ensure medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff received support through supervision and appraisals.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure new staff were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met where required.

Is the service caring?

Good ●

The service was caring.

People told us they had developed good relationships with staff that supported them.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post at the time of our inspection and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

There were systems and processes in place to monitor and evaluate the service provided.

People using the service and their relatives were asked for their views about the service through service user meetings, observations, telephone monitoring and newly developed feedback forms. This information was used to help drive improvements.

Greenwich 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 comprehensive inspection took place on 21 June 2017. The inspection team consisted of one inspector. We gave the provider 48 hours' notice of this inspection to ensure the registered manager and staff were available. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection planning.

At the time of our inspection there were approximately 27 people using the service. We visited the office for the service and spoke with the registered manager, office staff, a support worker and a member of the provider's training and development team. We spoke with five people using the service and one relative by telephone. We looked at five people's care plans and records and four staff files as well as records related to the running of the service such as audits and checks in place and policies and procedures.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at the records of people using the service and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them and that staff treated them well. Comments included; "Yes I do, very much", "Yes absolutely", and "The staff are very good." A relative told us, "Yes my loved one is safe. I have no worries in that regard."

Risks to people using the service in relation to their health and support needs were assessed and managed to reduce the likelihood of risks occurring. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health, safety and wellbeing. For example one person was at risk of non-epileptic seizures and we saw that detailed information and guidance was documented for staff on how best to support the person during a seizure. We also noted information for staff was provided on identifying triggers, how to manage any risks and a contingency plan was in place to offer staff further guidance. This demonstrated that risks to people's health and well-being were monitored, managed and minimised where possible. Risk assessments were conducted and reviewed on a yearly basis or when required for areas such as medicines, physical health, finances and travelling amongst others. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety, without limiting independence and choice. One person using the service told us, "Staff knows about my health needs. They can help me with anything I need." A relative commented, "Yes, staff are aware of my loved ones needs and take good care to look after him."

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to seek appropriate support and to minimise the reoccurrence of risks. Where appropriate, accidents and incidents were referred to local authorities and the CQC. The registered manager told us all accidents and incidents were documented to ensure any themes were picked up and to share any learning with the staffing team. For example we saw that one person using the service had suffered a minor injury whilst being supported completing an activity. We noted that appropriate actions were taken and the registered manager completed a one to one observation to ensure the person remained safe whilst doing the activity.

There were safeguarding and whistleblowing policies and procedures in place to ensure people were protected from possible harm. The registered manager, office and support staff were aware of their responsibility to safeguard people and staff we spoke with demonstrated an understanding of the type of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff received safeguarding training to ensure they had the knowledge and skills to support people appropriately. We also noted safeguarding information was displayed within the office for staff reference. We looked at the provider's safeguarding records and saw that where there had been concerns, these were recorded, completed and managed appropriately. Where required, staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

At the time of our inspection there was no one using the service that required support with the administration of their prescribed medicines. However we saw there were systems in place that ensured

people's medicines would be managed safely if required. People's care plans recorded the current medicines people were taking and information about any support people required, for example from relatives. Medicines risk assessments were in place to detail any risks and support people may require to take their medicines safely and to ensure that identified risks are managed safely. Staff had completed medicines training to ensure that if required they had the appropriate skills and knowledge to support people in managing their medicines safely should this become necessary.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, proof of identification, references and history of experience or qualifications.

People told us they felt there were enough staff to meet their needs and they had regular staff that visited them when requested. One person said, "Yes I always get the same worker. They always come on time." A relative commented, "We always get the same support workers visit and if they are not running on time they will let us know right away." Staffing rota's demonstrated that levels of staff were suitable to ensure people's needs were met when requested. The provider had systems in place to check on staff working within the community, this helped monitor that staff arrived on time and people's calls were completed at the correct times and duration they were contracted for.

Is the service effective?

Our findings

People told us that staff knew them well and understood their care and support needs. One person said, "They are able to help me with anything I need and always know what to do." A relative commented, "Yes they know my loved one well. We have had no problems with anything so far. All the carers have been extremely helpful and they know how to keep him calm."

Staff told us they received training appropriate to their roles and professional development and which helped them meet the needs of the people they supported. One member of staff told us, "The training we have is very helpful. We do training courses online on the computer and class based training in person." Staff records demonstrated that training was provided on a regular basis and included topics such as equality and diversity, communication, mental health, learning disabilities, awareness of epilepsy, health and safety, emergency first aid, dementia, safeguarding adults and The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards amongst others.

We spoke with a member of the provider's training and development team who told us that all staff were undertaking the Care Certificate as well as a programme of training the provider considered mandatory. They told us the training provided was a combination of e learning and office based training in person. They showed us copies of training aids which were used during training sessions and at staff meetings to promote continued learning. We saw that training records were recorded onto the provider's computer system which enabled staff to be notified when training required updating in line with best practice.

There were systems in place that ensured staff new to the service were provided with an induction and appropriate training. Staff told us they had completed an induction programme when they started work which included attending training and working with experienced members of staff on the job. A member of the provider's training and development team told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively.

We saw that staff were supported through regular supervision and appraisals of their performance in line with the provider's policy. One member of staff told us, "I have supervision on a regular basis and find it very supportive. I can speak with the manager at any time if I have any concerns or issues which is good." Staff records confirmed that supervision sessions were provided to staff on a regular basis and provided staff with the opportunity to discuss a range of topics including any training needs and any issues relating to the people they supported.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This

provides protection for people who do not have capacity to make decisions for themselves. We checked whether the service was working within the principles of the MCA.

The registered manager told us that people using the service were able to make decisions about their day-to-day care needs such as the personal care they received but if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005. The registered manager confirmed that no one currently using the service was deprived of their liberty.

There were systems in place to ensure people were supported to have enough to eat and drink where this was part of their care plan. Care plans documented the support people required to meet their dietary and nutritional needs. People told us staff supported them to remain independent and also supported them with tasks when required. One person said, "They encourage me to do things, I want to do things on my own." A relative commented, "They will try and get my loved one to do everything on his own first and when he needs a hand they will be there for him. They talk to him in a way that encourages him."

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People's health care needs were documented within their care plans highlighting any risks relating to people's health. People were supported to attend medical appointments when required and staff worked collaboratively with health and social care professionals to ensure people's needs were met. Records were kept by staff documenting people's health and care need and these were contained within people's care plans to inform all staff involved. The registered manager told us they would contact people's relatives or health professionals if they had any concerns about a person's well-being.

Is the service caring?

Our findings

People told us staff were supportive, respectful, kind and caring. One person said, "Staff are always caring. I don't know how it's just the way that they are." Another person said, "I am very happy with them. They do everything that they can." A relative said, "Staff are always friendly and helpful. They always have a smile when they come around."

People were provided with appropriate information about the service when they started to use it in the form of a 'service user guide' which was in a format that met their needs and was kept in their homes for reference. The registered manager told us this was given to people when they started using service and included information on the support people can expect, the types of services offered, health and safety information, the provider's complaints procedure and contact details for the registered manager and office staff. This helped them to make informed choices.

People told us they were involved in decision making and planning for their care and support. One person said, "We have had meetings where they ask me what I want." Another person told us, "I am asked what I would like done or what I want support with." A relative commented, "Yes we are always involved. There was a meeting where we all sat down together and went through what it was we needed."

People told us staff communicated with them effectively. One person said, "They will ask me about things and my mum will help me to understand." Another person told us, "They use pictures to explain anything I have trouble with understanding. I like that." A relative commented, "My loved one can't read so they will use pictures to help him understand." Care plans contained guidance for staff on how best to communicate with people including how people preferred to be addressed. We found staff were very familiar with people using the service and had built good working relationships with them knowing how best to support them.

People told us they were treated with dignity and respect and provided us with examples of how staff did this including addressing people by their preferred names, completing tasks in an unhurried manner and by providing personal care behind closed doors. One person told us, "They are very kind and helpful. They support me to be independent and never rush me to do anything. They always give me plenty of time." Staff we spoke with told us of how they maintained people's privacy and dignity for example, by closing doors when providing personal care and by knocking on doors and seeking permission before entering people's homes.

Is the service responsive?

Our findings

People had an assessed plan of care to ensure they received support that was responsive to their needs. People told us they received the care and support in accordance with their identified needs and wishes. One person told us, "There is a folder here with my care plan which tells them what they need to do and they do it." A relative said, "Yes, we have a care plan and staff know exactly what needs to be done."

Assessments were undertaken by the provider to identify people's physical and mental health needs before they started using the service. We saw that assessments were also completed by funding authorities where appropriate and this information supported the provider in assessing people's on going care needs.

Care plans were developed from information gathered from people and their relatives, where appropriate, ensuring it reflected their individual needs. Care plans and records included information about people's needs and preferences including people's physical and mental health, medicines, personal care, communication, social networks and social activities of choice. Care plans provided guidance for staff to help them meet people's needs appropriately. They were kept up to date and reviewed in participation with people and their relatives, where appropriate, to ensure they met people's changing needs. The registered manager told us care plans were reviewed on an annual basis or when required and were also checked to ensure they were up to date when they conducted observations with staff when people using the service were present and during telephone monitoring calls if required.

People told us they were supported to engage in a range of activities that met their needs and reflected their interests. One person said, "Yes we go out often. Wherever I want to go they take me." Another person told us, "Yes we do a lot of activities together." A relative commented, "Yes they take him out all the time. If he has been allocated two and half hours a day they will take him out to the cinema, to see a football game or go to the museum. He has gone to a restaurant with other Mencap users before and they all sit together which is nice." People's care plans detailed the individual activities people preferred to do. Activities we saw included trips out to restaurants, shopping trips and attending local community clubs and attractions amongst others.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave us examples of how they supported people to meet their lifestyle choices, for example by supporting them to access local services. The registered manager told us that staff received training in equality and diversity, dignity, disability equality and prejudice and discrimination to ensure people's needs were met appropriately and records we looked at confirmed this.

People told us they were aware of the provider's complaints procedure and were confident that their complaints would be listened to and investigated appropriately. One person said, "I would go straight to staff or manager and talk to them." A relative commented, "I have no concerns of any kind, no alarms bells ringing. There have been times when I have had some confusion but I have been able to ring the office and get it sorted right away." We saw there was a complaints policy and procedure in place in a format that met

people's needs which was on display within the office and given to people for review. Complaints records showed that where appropriate actions were taken to address any reported concerns.

Is the service well-led?

Our findings

People told us they were happy with the service they received and spoke positively about the staff commenting they felt the service was well led. One person said, "Nothing needs to change, the service is good, everything is good." Another person told us, "They are very good. I get everything I need." A third person commented, "I am happy. The carers are really good and I really like them."

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs within the local community and the needs of the staffing team.

Staff we spoke with told us they enjoyed their work and were able to seek management support when required to enable them to do their job well. One member of staff said, "We are a small team and speak to each other on a daily basis. When I am out of the office supporting people we are able to call for support if needed as we have mobile contact. The manager is very supportive and we have meetings on a regular basis." Records showed that staff meetings were held on a regular basis to provide staff with the opportunity to meet and share good practice or to discuss issues of concern. Staff were provided with information as a guide to remind them about the services and their roles and how to respond to emergency situations whilst out working in the community.

There were systems in place which ensured the provider took account of the views of people using the service through telephone monitoring calls, service user meetings, on location observations and reviews that were conducted of people's care and support. The registered manager told us, and, records we saw confirmed that the provider was also in the process of implementing a new service user feedback form which provided people with further opportunity to give feedback about the service they received and to help drive improvements. The registered manager told us they were hoping to have the feedback forms operational next month. We will check on the progress of this at our next inspection of the service. There were also systems in place which provided staff with the opportunity to give feedback about the service and organisation. The registered manager showed us that the survey was conducted in May and June 2017 and they had not analysed the results at the time of our inspection. We will check on this at our next inspection of the service.

There were systems in place to regularly monitor the quality and safety of the service provided to people. The registered manager showed us audits and checks that were conducted on a regular basis to assist in maintaining the quality and standards of the service. Areas covered as part of the auditing processes included reviews of care plans and care records, staff training, supervision and staff on location observations, complaints, accidents and incidents and a call monitoring systems which ensured people received support when required and to ensure a continued good standard of service. We saw that where minor issues were identified, action plans were implemented to address them and record actions taken.