

Carlisle Mencap Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carlisle Mencap Limited provides personal care to people who live in their own homes. 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. This included the service providing care and support to people living in four 'supported living' settings so that people can live as independently as possible. At the time of this inspection, the service provided personal care to 26 people living with a learning disability. The service is registered to provide support to both adults and children.

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

Systems were in place to protect people from the risk of abuse and staff understood their responsibilities in relation to safeguarding and whistle blowing procedures. Relatives confirmed they thought people were safe and well cared for. There were enough staff deployed to meet the needs of people and safe recruitment procedures were in place. Some people were involved in the recruitment process of new staff.

Staff received training appropriate to the needs of people and were well supported in their job roles. Staff received supervision and appraisals in line with the providers policy and staff told us they enjoyed their work.

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 ensured 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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with dignity and respect. Staff were knowledgeable in the actions to take to maintain the privacy and dignity of people and described the actions they took to uphold this especially during personal care support.

Opportunities were available for people to be involved in a wide range of meaningful activities that were

appropriate to them. People were encouraged to maintain contact and relationships with people important to them.

A range of systems were in place to monitor the quality and management of the service. Relatives told us they thought the service was well led and were responsive to people's needs. Care plans contained relevant person-centred information which provided detail to guide staff in the actions to take when delivering care and support.

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

Rating at the last inspection

The last rating for this service was Good (published 24 March 2017)

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was 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.

Carlisle Mencap Limited

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 was carried out by two inspectors 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 homes. Some people were supported in 'Independent Supported Living' schemes.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 24 October 2019. We visited the office location on 25 September 2019 and conducted some home visits on 24 October 2019.

What we did before the inspection

We checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person and 10 relatives of people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager. We also sent emails to an additional 10 members of staff to request their feedback. We received two responses.

We sent emails to nine visiting health and social care professionals to request their feedback of the service and received feedback from one.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for six people. We looked at three staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

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.

Staffing and recruitment

- Safe recruitment practices continued to be followed.
- Some people were involved in the recruitment process of potential new employees. People felt empowered by being given the opportunity to have their views included in the recruitment of new staff.
- There were enough staff deployed to meet the needs of people.
- People were supported by a consistent staff team who understood the needs of people well.

Assessing risk, safety monitoring and management

- Risk assessments were in place to address the risks people were exposed to. Measures were identified to mitigate these risks to enable people to be as independent as possible.
- People were encouraged to be independent and risk assessments encouraged positive risk taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.
- Records contained detailed guidance of the support people required. Risk assessments were in place which considered environmental factors within people's homes.

Using medicines safely

- Medicines were administered to people safely.
- Some medicine administration records did not contain all the relevant information. For example, the date on which new stock of medicines were received and the amount of stock carried forward. We brought this to the attention of the registered manager who took action to ensure this was rectified and followed best practice guidance.
- As required protocols were in place. These provided guidance to staff to show when people should be offered medicines prescribed to be taken when required.
- Medicines competency assessments were completed for staff. Only staff assessed as being competent could administer medicines to people.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse and people told us they felt safe and relatives confirmed this. One relative told us, "I'm absolutely satisfied. We interviewed some providers and chose Mencap. [Name of person] is safe, well looked after."
- Staff understood their role in how to protect people. Staff told us they would be confident in responding to any safeguarding concerns. One staff said, "I've never had to raise a safeguarding concern, but I would be confident to do this. It's part of my job."

Preventing and controlling infection

- Staff received infection control training and followed infection control practices.
- Personal protective equipment such as gloves and aprons were available for use.

Learning lessons when things go wrong

- Accidents and incidents were reviewed.
 - Staff told us they were encouraged to reflect on incidents to consider different ways of working.
- Consideration was given to different ways of working to deliver service improvements.

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

- Assessments of people's needs had been completed.
- Assessments were updated when there was a change. Records were also reviewed and updated at the frequency identified by the provider.
- Care plans were detailed and described the actions staff should take when providing support.
- Care plans were in place for people with specific needs. For example, people with specific health conditions.

Staff support: induction, training, skills and experience

- Training the provider deemed mandatory was delivered to staff.
- Staff told us the training they received was relevant to the needs of the service and enabled them to carry out their job roles effectively. Training specific to the needs of people and the care certificate training was provided. The care certificate sets out the skills, knowledge and expectations of staff in care-based roles.
- Staff received supervision and appraisals. Staff told us they felt well supported by the registered manager, team leaders and their colleagues. One staff said, "Management are really easy to talk to, they listen. There's no issues at all with the support from managers."
- Newly recruited staff completed a comprehensive induction programme before they provided support to people. This included completing mandatory training, competency assessments and shadowing established members of the staff team.

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. We checked whether the service was working within the principles of the MCA.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was aware of the Mental Capacity Act (2005). They told us some people using the service were subject to restrictions placed upon them which had been authorised by the Court of Protection.

- Systems were in place to communicate information to people to enhance their understanding of a subject to help maximise their capacity.
- Staff had received MCA training and described the actions they would take if they were concerned regarding the ability of a person to consent to their care and treatment. Specific 'best interests' decisions had been taken for people who lacked capacity to make certain decisions.

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

- Where appropriate, people were supported with their nutritional and hydration needs.
- Staff were aware of people's dietary needs. Relatives spoke positively about the support provided for people to maintain a healthy diet. One relative said, "[Name of person] had gained weight and has now lost this due to staff support and following a good diet."

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

- People who required support had access to a range of healthcare professionals and were supported to attend appointments when required.
- People had a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.
- Staff were aware of recognising potential deterioration of people's physical health. Information was available for staff and people in spotting 'early warning signs'. This included easy read documentation being available to describe the symptoms of sepsis.

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 treated with dignity, care and kindness. People and their relatives spoke very positively about staff caring attitudes. One relative said, "For me and [name of person] we are very happy. I made the right decision [using Carlisle Mencap Limited]." Another relative said, "[Staff] are always lovely with [name of person]. They're easy to talk to."
- Staff promoted inclusion, equality and diversity. Staff understood people's differences or protected characteristics and the importance of people having a sense of belonging.
- People received care from staff who knew them well. Care and support was being provided by a consistent staff team who understood people's needs.

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

- Records confirmed people or their relatives were involved in and agreed decisions about their care and support.
- Accessible ways to help people express their views were in place. Staff knew people well and understood which communication strategies worked best to enable people to share their view.
- Staff encouraged and empowered people to share their views and opinions about how they wanted their care to be delivered.
- Advocacy services had been used to support people. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways which maintained the dignity of people and was respectful. Staff spoke to people in an informative way and sought people's consent before carrying out any support tasks.
- Staff told us they encouraged people to be as independent as they could be. Staff actively looked for opportunities for people which would promote their inclusion within their local communities.
- Staff described respectful ways in which they worked to protect the dignity and privacy of people, especially during support with personal care.
- Systems were in place to store confidential information securely at the providers office location and in people's homes. This meant people's confidentiality was maintained as only people authorised to view records could view them.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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.

- Communication needs were recorded in care plans and innovative ways were used to enhance people's understanding of certain subjects. This included working with independent organisations to produce short films. Film recordings were produced with people using the service to explain subjects such as, keeping safe, sexual exploitation and hate crime.
- Technology was used to aid communication. For example, electronic communication systems were in use for some people who did not communicate verbally.
- Easy read documents were available for a variety of things. Care plans had been produced in an easy read format as well as information about the service. Easy read documents support people who are unable to understand written words.

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

- Care records were detailed and contained person-centred information relevant to the needs of the individual. Records reflected the care and support which was provided.
- Relatives spoke positively about the responsiveness of staff. One relative said, "The transition from one service to another has been beautiful even though it has been a traumatic time."
- Committee meetings were held with people. This gave people the opportunity to share ideas about what they wanted to achieve in the future.
- Systems were in place to share information between staff teams. Staff told us the sharing of information ensured consistency across the service. One staff said, "I think communication between teams is good, and questions are usually answered quickly. I think links between management, the team and service user's families are strong."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was followed by staff.
- Accessible ways were available for people to make complaints and people were encouraged to raise any concerns. Relatives confirmed any concerns were addressed in a timely way.
- No complaints were raised with us during the inspection.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- People's cultural needs were recorded in care plans. However, this did not consider the person's wishes for their end of life care. We discussed this with the registered manager who told us care plans could be developed for people.

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.

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

- Effective systems to monitor the quality of the service were in place. Documented audits and checks were carried out at the frequency identified by the provider to monitor the quality of the service.
- The registered manager was effective and promoted a culture of delivering high-quality person-centred care which was inclusive for everyone.
- Care plans considered the physical, emotional, social and spiritual needs of people. Some care packages included people being supported to engage in social activities. A range of meaningful activities were available for these people. Some people worked at a local café managed by Carlisle Mencap Limited.
- The registered manager understood their responsibilities in relation to the duty of candour regulation.

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

- Systems were in place to review accidents and incidents to consider different ways of working to deliver service improvements.
- Staff told us they were encouraged to reflect on their practice during supervision to consider ways to improve outcomes for people.
- Action plans were devised in response to feedback to implement service improvements.
- Systems were in place to provide people with consistent care and support. Care records were detailed and contained person-centred information of routines which were important to the individual. Relatives were complimentary of the service and thought it was well led.

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

- Some people were involved in the recruitment process of new staff and were paid for their contribution on interview panels.
- Staff had positive relationships with people and understood their needs. Staff knowledge of people enabled them to provide care and support which was person-centred.
- Staff worked in partnership with health and social care professionals when required. Referrals were made when a change in need was identified for people.
- People, relatives and staff were encouraged to share their opinions about the service. Accessible ways

were available for people to do this.