

Bromley Mencap

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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: Bromley Mencap is a small community based adult social care service. It specialises in providing personal assistants and respite personal care and support for families of people with a range of needs including learning disabilities, physical disabilities, and or mental health and sensory needs. The focus of the service is on encouraging people's independence, well-being and involvement in their community, as well as providing some respite for families. At the time of our inspection one person was using the service.

People's experience of using this service:

- The service applied the values and principles of CQC guidance 'Registering the Right Support' (RRS). People were enabled to make choices about their lives and were supported to be as independent as possible. RRS guidance works to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence.
- People and their relatives spoke positively about the service. They told us they felt safe and their needs were met.
- People were supported by personal assistants [PAs]. PAs knew the people they supported and had built good relationships with them and their relatives to ensure appropriate person-centred care and support was provided.
- The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe.
- People's needs and preferences were assessed and where risks were identified, plans were in place to manage risks safely in the least restrictive way possible.
- There were safe arrangements in place to manage medicines where this was part of someone's planned support. PA's followed appropriate infection control practices to prevent the spread of infections.
- Appropriate recruitment checks took place before staff started work and there were enough PAs available to meet people's care and support needs.
- PAs had the skills, knowledge and experience to support people appropriately. PAs were appropriately supported through induction, training and regular supervision.
- People were supported to maintain a healthy balanced diet where this was part of their planned care.
- People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

- People and their relatives told us staff treated them in a kind, caring and respectful manner.
- People and their relatives, where appropriate, had been consulted about their care and support needs.
- People were supported to access community services and to participate in activities of their choosing that met their needs.
- PAs worked with people to promote their rights and understood the Equality Act 2010, supporting people by appropriately addressing any protected characteristics.
- There were systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.
- The service took people, their relatives and staff views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection: Good (Report was published on 9 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

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

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.

Bromley Mencap

Detailed findings

Background to this inspection

The 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: Bromley Mencap specialises in providing personal assistants and respite personal care support for families of people with a range of needs including learning disabilities, physical disabilities, and or mental health and sensory needs. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

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: This inspection site visit took place on 22 February 2019 and was announced. We gave the service two days' notice of the inspection because we needed to be sure the manager and staff would be available at the office location.

What we did: Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who commissions the service to ask for their views. We used this information to help inform our inspection planning.

During the inspection we spoke with the registered manager. Following our inspection, we spoke with a PA and a relative by telephone to gain their views of the service. We reviewed a range of records including one care plan and the PA's staff recruitment and training records. We also reviewed records used in managing the service, for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "They [PA] are very good. I feel totally assured that [my loved one] is safe with them. I am very happy with the service."
- People continued to be supported and protected from the risk of abuse or harm. There were up to date policies and procedures in place for safeguarding adults from abuse, and systems in place to report and act on concerns or allegations.
- The registered manager and PAs were aware of their responsibilities to safeguard people and knew how to report abuse to the local authority and CQC. There had been no concerns of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- Information was available to people and their relatives about safeguarding and how to raise any concerns. Information was made available to people in alternative formats such as large print or easy to read if required.

Assessing risk, safety monitoring and management

- Risks to people continued to be managed safely and effectively to avoid harm.
- Risks to people's safety and well-being were assessed and care plans were in place to manage identified risks whilst ensuring people's independence was promoted and respected.
- Risk assessments documented identified risk factors for people and guidance for PA's. This ensured they acted correctly to manage the risks safely and support people appropriately.
- Positive risk taking was supported and encouraged in line with the principles of RRS to help people learn new skills or enjoy experiences such as accessing community services.

Staffing and recruitment

- There were enough staff and PAs to meet people's needs and the recruitment system worked to reduce risk.
- People their relatives and PAs told us that there was always support available to them when they needed it and they had contact details for any emergencies. A relative told us, "Our PA is always on time and there when we need them. They work around holidays etc. so we are never left without a service."
- Staff continued to be recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were safe systems in place to ensure people received their medicines as prescribed by health care professionals where this was part of their planned care.
- PAs received training on the administration of medicines and risk assessments were completed when required to consider any risks in relation to medicines management and the level of support individuals required.
- At the time of our inspection no one required support with their medicines.

Preventing and controlling infection

- Staff and PAs received training on infection control and were provided with personal protective equipment such as aprons and gloves. PAs supported people to understand how to reduce the risk of infection.

Learning lessons when things go wrong

- Staff and PAs understood the importance of reporting and recording accidents and incidents.
- There had been no accidents or incidents since our last inspection of the service. However, systems were in place to manage and learn from them.

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.

People's outcomes were consistently good, and a relative's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- People's rights were protected. People using the service had capacity to make decisions for themselves. People and their relatives told us PAs and staff sought their consent before they offered support and respected their decisions and rights.
- PAs and staff received training on the MCA. They were knowledgeable about the MCA and knew what to do if someone lacked capacity to make a decision. They were aware of the need for best interest meetings and how to refer to an independent mental capacity advocate if needed, to ensure people's choices and rights are upheld.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's support needs was conducted before they used the service. These helped staff to understand individual's needs, to match people to suitable PAs and to further develop support plans to meet people's desired aims.
- A programme of introductory visits was arranged to enable people and PAs to get to know each other and to choose if they agreed with the match.

Staff support: induction, training, skills and experience

- PAs and staff received a range of support and training to meet the needs of people who used the service. PAs told us the training they received was good and training was refreshed to ensure they were kept up to date with best practice. One PA told us, "I received lots of training as part of my induction and then further training when required. I have also had specialised training in areas such as epilepsy."
- PAs received regular supervision, observational spot checks, management support and met regularly with their managers. One PA said, "I feel very supported by the manager and get regular supervision."

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

- People's dietary needs and preferences were assessed and any risks such as allergies or food supplement requirements were identified so staff could safely support, manage and monitor their needs.

Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental and emotional health and well-being needs were assessed and documented in their plan of care. People's health and well-being was monitored by PAs and staff at review and monitoring visits to ensure their needs continued to be met appropriately.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service.

Adapting service, design, decoration to meet people's needs

- People's mobility needs were assessed and considered as part of the matching process, for example, to ensure PAs could support people safely to maintain their independence and access community services of their choice.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were consulted about the care and support they required. A relative told us, "I am fully involved in [my loved one's] care and we have review meetings to discuss how things are working and if we want to make any changes to the plan of care. The manager also meets with us at the Saturday club to discuss things and to make sure we are happy with the support we get."
- A relative told us their PA and staff communicated with them well and there was always someone in the office who could help them if needed.
- People's communication needs were assessed and documented within their plan of care. This ensured PAs could effectively communicate with individuals in accordance with their chosen methods of communicating.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or picture versions.

Ensuring people are well treated and supported; equality and diversity

- PAs and staff had built trusting, respectful relationships with people and their relatives, valuing their individual needs and wishes.
- A relative told us, "Our PA is brilliant. They know [loved one] really well and can communicate with [loved one] very well. They understand my [loved one's] needs."
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs. The registered manager told us they were further developing their care planning tools to expand on assessing and addressing individual's diverse needs.
- Staff had received training on equality and diversity to ensure people were not discriminated against due to any protected characteristics they had in line with the Equality Act 2010.
- People were supported to access and attend community services and activities of their choice including inter-denominational places of worship and social clubs specifically for people with learning and or physical disabilities.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of RRS, people and their relatives told us their PA encouraged them to be as independent as possible and supported them in meeting their aims and choices. For example, when attending social clubs and community services.
- PAs maintained people's independence as much as possible by supporting them to manage as many aspects of their personal care that they could.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs continued to be assessed, personalised and reviewed to meet individual needs appropriately.
- Person centred care plans contained information regarding people's physical and mental health, life histories and choices, and people and things that are important to them.
- Care plans included easy read 'pen portraits' with a photograph of the individual, information about their allocated PA, and key information in an accessible format, detailing session times and individual preferences such as places they like to visit. Details of specific needs and the training of the PA were also included.
- People's communication needs were identified, assessed and recorded in their care plans. Staff understood the Accessible Information Standard [AIS] and had received training in areas of communication such as Makaton. The AIS sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The registered manager told us that people who use the service may use Makaton as a communication aid and also rely on pictures or symbols to express their views or to make choices. They ensured staff undertook training and had Makaton skills to make communication and assessment processes more accessible to all.
- In line with CQC registering the right support guidance, we found support from the service and PAs focused on the provider's aims. These included assisting in the provision of services, support and information leading to independent living opportunities, improved life chances and to challenge discrimination through campaigning, lobbying and user representation. A PA told us, "I have worked for the service for a few years and really enjoy my work. People are supported to do what they want to do, support is very much person centred." The registered manager told us, "As a registered charity working with and on behalf of disabled people we seek and use every resource possible to tailor to people's needs and wishes. We have access to lots of other services we provide."
- People's care plans documented their health care needs and included guidance for staff on how to best support them. For example, one care plan documented the guidelines for staff to follow in the event of the person having an epileptic seizure. Staff understood people's needs and could describe them in detail.

Improving care quality in response to complaints or concerns

- There continued to be appropriate arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs.
- A relative told us, "Communication with the service is very good. I know who to contact if I have any concerns or complaints. The staff are fantastic."
- The registered manager told us they had not received any complaints since registering with the CQC. However, there were good systems in place that ensured if complaints were received they would be responded to in a timely and appropriate way in line with the provider's policy.

End of life care and support

- None of the people currently using the service required support with end of life care. However, the registered manager said they would communicate with other health and social care professionals and services including local hospices in order to provide people with appropriate support if and when required.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.□

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager, staff and PAs continued to demonstrate a strong commitment to provide person centred, meaningful care and support, by engaging with and being led by people using the service and their relatives where appropriate.
- The registered manager, staff and PAs understood their roles and responsibilities and were aware of the procedures and policies they were required to follow to ensure good service delivery and support.
- People and their relatives were positive about the way the service was managed. A relative told us, "Mencap is a wonderful service. I am very happy with the support we receive and the staff are brilliant."
- A PA told us management support was always available to them when they needed it. They commented, "The manager is very supportive and always on hand if needed. The service is extremely good at making sure everyone is safe and well and I like the introduction of Skyguard, a system which lets the manager know where I am and who I am with when out."

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to service delivery. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Staff and PAs knew the provider's aims and values which we saw were upheld when supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the service and staff regularly asked for their views about the support provided to check they remained happy or if changes were required. A relative said, "We have review meetings and the manager also phones us to make sure everything is ok and we are happy with the service. Communication with the office is always very good."
- There continued to be formal systems in place to ensure the service sought the views of people and their relatives through regular reviews, meetings and yearly surveys. Completed easy read surveys were positive about the service. The registered manger told us that if any issues were identified from the survey or

feedback these would be acted on.

- Regular meetings with staff and PAs took place. A PA told us, "I have regular supervision and meet with the manager in person at reviews. The manager is supportive and always available to speak with should I need them."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- There continued to be effective processes in place to monitor the quality of the service and to make any improvements if required. Spot checks within the community were completed to ensure that care and support was delivered to people as planned and PAs offered the level of support required. Checks and audits were conducted to ensure records were up to date and regular office contact was maintained with people and their relatives. Regular reviews were conducted with people and their relatives to ensure they received the correct support to meet their needs and any changes requested were acted on promptly.

Working in partnership with others

- The service, registered manager, staff and PAs worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, service commissioners, GPs, occupational therapists, district nurses and many others when required.
- The registered manager told us the service worked in partnership with many local organisations to ensure people had access to the most appropriate services for their needs.
- The service had good links with other resources and organisations in the local community and had supported and contributed to the development of services for people with physical and mental disabilities; for example, the local authority's end of life policy.