

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

The inspection was carried out on 30 January and 6 February 2017. This service was last inspected on 14 January 2014 when all the service met all the legal requirements in force at that time.

Carlisle Mencap Limited is a charitable organisation registered with the Care Quality Commission (CQC) to provide lifelong person centred support for people with learning disabilities and their families in North Cumbria. Its offices are located on Kingmoor Business Park to the North of the city of Carlisle. The agency provides services that are based in a person's own home and in supported living services in the community. The supported living service is provided to people in order to promote and maintain their independence.

A registered manager was 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 2008 and associated Regulations about how the service is run.

The families of people who used the service told us they felt safe and secure in the way their relatives were supported by the staff. They said staff were kind and caring and understood the needs of their relatives.

Appropriate numbers of staff were available to provide a flexible service and to ensure people received the support at a time when they needed it. Effective recruitment processes were in place to ensure that staff were suitable to work with vulnerable people, some of whom had very complex needs.

Staff had completed adult safeguarding training. They were knowledgeable about adult abuse and clear about the arrangements for reporting any concerns they may have. They were aware of the agency's whistle blowing policy and said they would not hesitate to use it.

Staff received regular training for their role. Staff were up-to-date with their supervision and annual appraisal.

People were supported with their health care needs and, where required, in taking their prescribed medicines. Staff promoted healthy eating for those using the supported living service. People gave consent to the care they received. Staff had developed close relationships with the people they supported and treated people with dignity and respect.

The registered manager understood her responsibilities under the Mental Capacity Act 2005 and the rights of people who needed support to make decisions were protected.

Care and support plans were in place and were regularly reviewed and updated. The care plans contained sufficient information to enable the staff to provide the most appropriate level of care and support.

The service had a complaints procedure in place that was produced in a format suitable for people to understand. People were aware how to raise any complaints or concerns they had.

There were suitable arrangements in place to ensure the effective management of the service. People knew how to contact a senior person in the agency if they needed. The registered manager was knowledgeable about her responsibilities and committed to providing a high quality service. She set high standards for staff to work to and monitored the service to check these were met.

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.

Risk assessments had been undertaken depending on each person's individual needs, and support plans were in place to ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

Medication was handled appropriately and in a safe manner.

There were sufficient numbers of support staff available to ensure people received support when they needed it.

Support staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

The consent of people was obtained before support was provided and in accordance with the principles of the Mental Capacity Act (2005).

People were supported with meal preparation if they needed it.

Staff were proactive in ensuring any health or safety needs of people had been met.

Staff were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?

Good ●

The service was caring.

Families told us they were happy with the support their relatives received. They spoke highly of the staff and said their relatives were treated with dignity and respect.

The support staff we spoke with demonstrated a positive regard for the people they supported. They had a good knowledge of the needs, preferences and interests of each person.

Personal privacy and dignity was maintained at all times.

Is the service responsive?

Good ●

The service was responsive.

People and/or their families were routinely involved in any reviews of their support plans.

Care was planned and delivered to meet people's needs and to take account of their wishes.

People knew how they could complain about the service and were confident their concerns would be resolved.

Is the service well-led?

Good ●

The service was well led.

Staff spoke positively about the support they received from the management. They said the registered manager was approachable and supportive.

Opportunities were in place for people and their families to provide feedback on the service.

Processes for routinely monitoring the quality of the service were established.

Carlisle Mencap Limited

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 announced inspection took place on the 30 January and 6 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that there would be people in the office to assist us with the inspection.

The inspection was carried out by one adult social care inspector.

At the time of our inspection Carlisle Mencap Limited provided personal care and support to 11 people in their own homes. Other people who used this service received social care only that included shopping and activities in the community.

Prior to our inspection visit we reviewed the information about this service. We checked our records and found that a Provider Information Return (PIR) had been received in June 2016. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During our visit to the office we spoke to four members of the support staff team and discussed the running of the agency with the adult services manager. We spent time with the registered manager and the Chief Executive Officer. We spoke to one of the people supported by this service and spoke to family members on the telephone asking for their views about the service provided. We also contacted external health and social care professionals asking for their comments about the service.

We looked at four care and support plans and inspected four staff personnel files and contacted members of the local authority adult social care team.

Is the service safe?

Our findings

People and their families we spoke to told us the staff that supported them were knowledgeable about how to provide their care. They thought the staff were well trained and one person told us, "We have the same team of support workers all the time with cover for sickness and holidays. It makes the care and support so much better".

Safe systems were used when new staff were recruited. All new staff had to provide evidence of their good character, conduct in previous employment and undergo a check against the records held by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

All of the staff we spoke to confirmed they were not allowed to visit people in their own homes until all the required checks had been completed and they had worked with an experienced member of staff. People who used the service could be confident new staff had been checked appropriately. Part of the appointment process included a formal interview and included people who used the service taking part in the interview.

Family members said there was sufficient staff to provide the support their relatives required. They told us that they usually received support from a small team of staff who they knew well. People told us that the care staff arrived on time and no one we spoke to said their care staff had failed to attend their home as arranged. People told us they consistently received the support they needed to ensure their safety.

The staff we spoke to told us they had completed training in how to identify and report any concerns that a person was at risk of abuse. Where staff had concerns about an individual being at risk of harm we saw they had taken appropriate action to protect the individual and other people who may have been at risk.

One member of staff told us they had recently identified a concern about someone. They had taken action to protect the individual and had shared their concerns with the registered manager of the agency. The matter was dealt with immediately. The registered manager reported the concerns to the appropriate authority and shared information about how people could protect themselves from the risk of harm or danger.

Providers of health and social care services are required to notify the Care Quality Commission of any allegations of abuse they are informed about. The registered manager of the service had informed us of all allegations as required. This meant we could check that appropriate actions had been taken to protect people from the risk of harm.

We saw that thorough risk assessments had been carried out to ensure that people were safe receiving support from the service. The risks assessments showed the actions that staff had to take to ensure they provided care in a way that protected themselves and the people they supported. The support staff we spoke to demonstrated that they knew how to protect the people they supported. They told us that people's care records and their risk assessments contained the information staff required to provide care in a safe

way.

The registered provider operated an on call system to support people who used the service and care staff when the agency offices were closed. All of the staff we spoke to told us they felt well supported when working outside of the normal office hours. They said they knew how they could contact a senior person in the organisation if they were concerned about a person they visited.

The support staff we spoke to confirmed they had completed training in the safe handling of medicines. This included the use of certain drugs prescribed for people with specific needs such as epilepsy or seizures. Records were in place for the administration of medicines and these were completed in accordance with the protocol in place.

Is the service effective?

Our findings

Relatives we spoke to told us the staff that supported them were knowledgeable about how to provide people's care. They told us they thought the staff were well trained and one person told us, "The staff know what they are doing. I've never had any concerns that the staff aren't well trained".

The support workers we spoke with told us they had completed appropriate training to give them the skills and knowledge to provide people's support. They told us they completed thorough induction training before working in people's homes. They said this included working with more experienced staff before working on their own.

All the staff we spoke to worked across all sections of the organisation which included people who had very complex needs. They told us and records showed they had completed what was regarded as mandatory training. This included moving and handling, health and safety, safeguarding vulnerable people and safe handling of medicines. They had also completed training specific to the individual and the support they required. They told us this included training in how to use specialist equipment that people used and some medicines for conditions such as seizures, epilepsy and diabetes. Other specific training provided included how to support people on the autistic spectrum and those with complex nutritional needs.

There were systems in place to manage how staff were deployed. These ensured that, where people had more complex needs, staff were only assigned to provide their care if they had completed appropriate training.

The Mental Capacity Act (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. All staff had completed training in the MCA. The registered manager and other senior staff of the agency had a very good understanding of their responsibilities under the Mental Capacity Act 2005.

Supervision was provided to all members of staff every four to six weeks. We saw written records of supervision meetings in the staff files we looked at during our inspection. Staff told us there was very good communication throughout the agency. One staff member said, "We can talk to any of the managers at other times apart from our individual supervision meetings. The managers also work shifts with us sometimes and that is a good practice". The staff we spoke to all confirmed they received an annual appraisal of their work.

People were encouraged to maintain good health and staff told us that they would contact a GP in an emergency if the person they were supporting asked them to. They would always contact the registered manager or a member of the senior team to confirm they had done this so the records could be updated. Staff also liaised with the district nursing service and occupational therapist when necessary. Staff accompanied people to GP appointments and other health care appointments when needed.

Each person had a 'hospital passport' that formed part of their care documentation. This contained important information and medication details to inform hospital staff if anyone was admitted to or attended hospital. This information was kept up to date and any changes in health or treatment were noted and the document amended. For example where there was a change in prescribed medication by the person's doctor or consultant.

People who lived in the supported living houses were encouraged to eat a healthy diet and assist in the preparation of meals. They went out with the staff to do the shopping and buy food to prepare meals. People told us they enjoyed buying their favourite foods. Nutritional assessments were also in place to check whether people were at risk of weight loss or dehydration.

Is the service caring?

Our findings

We asked relatives about the care the support workers provided. All the comments we received were very positive and included, "The support staff are extremely caring and provide a high quality of care" and "My relative knows all the support workers well and I do too. This has helped tremendously with the care he receives".

Staff told us they enjoyed working with people who used the service. One staff member said, "I enjoy the work. The other support workers I work with are also very person centred." The registered manager and staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of recognising and treating people as individuals.

People told us they were usually supported by a regular team of staff. The registered manager told us when they accepted a new person they introduced the staff member who would be their main support worker. Staff told us they supported a regular small group of people or sometimes one individual and we saw from staff rotas this was the case. This demonstrated people were usually supported by staff who knew them well.

People told us they made decisions about their care and were involved in planning and reviewing their own support. This was confirmed in the care records we read. In each of the support plans we looked at we saw it was signed by the relevant person. This showed that people supported by Carlisle Mencap Limited had been consulted about and consented to the care and support provided for them. Also included in the support plans was information about the things that were important to each person the agency supported. This information helped the staff to support people's wellbeing in a more person centred way.

We saw that staff knew the people that they supported well. When we spoke with them they described the person and their needs in detailed positive terms. Staff told us they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support.

Comments indicated that the people using the service felt valued and involved in the development and delivery of support. We saw that staff were respectful of people and provided care and support in a flexible manner. People told us their privacy and dignity were respected at all times. We discussed this with the staff we spoke to and they told us that this was emphasised during their induction and also discussed during staff supervision.

The staff we spoke to described the services as promoting choice, independence and control for the individual. We discussed with the registered manager if there was a need for an independent advocate to assist with the best interests of the people currently supported by Carlisle Mencap Limited. She confirmed that, currently, there was no need for an external service as the people the agency supported had family members to assist with any major decisions that had to be made. The agency used a local advocacy service based in Carlisle to assist one of the people who lived in a supported living tenancy. Advocates are people who are independent of the service who can support people to make difficult or important decisions or to

express with views.

The service had a complaints policy and procedure in place. Each person supported by the agency had a copy of the complaints procedure in a format they could easily understand.

Is the service responsive?

Our findings

Through speaking to staff, people using the service and their relatives we were confident people's views were taken into account and they were involved in planning their care. Where people had limited verbal communication staff were able to communicate in other ways. Support staff we spoke to told us, "We know exactly how to communicate with people who may have limited vocabulary. We use signs and body language and this works well".

People and their relatives told us they were asked what support they wanted and we saw this was recorded in their care plans. They told us the care plans were reviewed regularly to make sure they held up to date information for the staff that supported them. Everyone we spoke with said the staff who visited them knew the support they wanted and how they wished this to be provided.

The staff we spoke to said they knew the support individuals required because this was recorded in their care plans. All the staff knew how to report any changes in the support a person required. One member of staff said, "If I notice a person needs more care, I ring the coordinator and they arrange for the care plan to be updated".

We reviewed four people's care records. Each care plan recorded the individual's name, address, family, GP contact details and a summary of any medical issues, as well as a care summary. Care plans contained detailed person centred information in areas such as nutrition, sleep, medication, mobility, personal care and emotional and social needs. Care plans also included personal information, such as the name the person liked to be known as and details of people's preferences for example going swimming or the gym and helping in the local Mencap shop. We saw that all the care plans we looked had been reviewed regularly and were signed and up to date.

Evaluation and reviews of the care plans helped to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage. Some people had been supported by Carlisle Mencap Limited for many years and sometimes changes in the assessed needs were minimal. However, because the support staff knew the people they supported well each change was noted immediately and the relevant changes made.

We saw a detailed daily log was completed by staff following each visit. This recorded the date and times of the support and a record of the care and support provided, as well as the person's mood, well-being and choices given. Copies of these reports were checked by the registered manager as part of the internal quality monitoring system. This information evidenced the good communication between the support workers and the staff in the agency office.

Some of the people who were supported by Carlisle Mencap Limited went to work for part of the week and also attended various clubs and support groups. Where this was part of the care plan, staff told us they supported people to enjoy other activities outside their home, such as going for a walk and a coffee, going to the park, the cinema or out for lunch. This demonstrated staff supported people with their social and

educational needs.

The registered manager told us the agency worked closely with external health and social care professionals. We contacted a social worker who worked with some of the people who were supported by the agency and were told, "I find the service very good and responsive to the needs of the people they support".

The registered provider had a procedure for receiving and responding to any complaints about the service provided. People we spoke to said they knew how they could report any concerns about the care they received. One person told us, "I've never had any concerns but I know I can call the office if I wanted to speak to someone. Communications with the management and office staff are excellent".

Is the service well-led?

Our findings

There was a registered manager employed at the service. The registered manager was supported by a senior care manager, team leaders and finance and administrative teams. There were suitable arrangements to ensure the effective management of the service. People we spoke to said they thought the agency was well run. Comments included, "I know all the staff including those who work in the office. I never have a problem speaking to anyone including the manager. If I have anything to discuss there is never a problem".

The support staff and senior staff we spoke to were very positive in their comments about the management in the agency. They told us that everyone who worked for Carlisle Mencap Limited was committed to ensuring the people that used the service were supported in the best way possible.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the care and support provided.

There was an appropriate internal quality audit system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, daily records and people's personal monies. They also completed a quality monitoring form every four to six weeks addressing any concerns or problems the audit highlighted. The adult services manager regularly met with people in their homes to discuss the service and ask for their opinions and comments.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.