

Royal Mencap Society

Somerset Domiciliary Service and Floating Support (Minehead)

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

This inspection was carried out 23 January 2019.

Somerset Domiciliary Service and floating support (Minehead) provides personal care and support to people living in their own homes in Minehead and the surrounding areas. The service specialises in supporting people with a learning disability.

This service provides care and support to some people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of this inspection the service was supporting eight people with personal care. All the eight people lived in a supported living setting.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good;

People and their family members were very happy with the service they received. One relative said, "I have nothing but praise for the staff and the management of the service."

People received a safe service because the provider had systems and processes which helped to minimise risks. This included a robust recruitment procedure and training for staff about how to recognise and report suspicions of abuse.

Staff who supported people had the skills and experience to meet their needs. Staff felt well supported which lead to good staff morale and a happy atmosphere for people to live in.

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. Staff worked in accordance with up to date guidance to make sure people's legal rights were protected.

People received a personalised service from staff who were kind and caring. Staff supported people to maintain and develop their independence and to achieve their goals. One person told us, "You can do what you want. Staff will help you if you want them to."

People were supported by staff to take part in social activities and to access community facilities. Risk assessments were carried out to promote independence and enable people to pursue their hobbies and interests safely.

The management structure in the service ensured people and staff had access to, and support from, a competent management team. The provider had systems in place to monitor quality, seek people's views and plan on-going improvements.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Somerset Domiciliary Service and Floating Support (Minehead)

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 inspection took place on 23 January 2019 and was announced. It was carried out by one inspector.

We gave the service notice of the inspection visit because the location provides a domiciliary care service. We therefore needed to make sure the management would be available and make arrangements to meet people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with five people who used the service and four members of staff. We also spoke with three relatives on the telephone. The registered manager was available throughout the inspection visit.

We looked at a number of records relating to individual care and the running of the service. These included three support plans, quality assurance records, training records and three staff recruitment files.

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe with the staff who supported them. One person told us, "I feel safe because the staff are very kind to you." Another person told us, "I feel safe. No one bullies you."

Staff supported people to keep safe when accessing the local community by providing information and advice. The minutes of one tenant's meeting showed a community police officer had been invited to give people advice about keeping safe and respecting other people and their possessions. This helped people to maintain their independence in a safe way.

Risks of abuse to people were minimised because the service had systems and processes in place. These included a robust recruitment process making sure new staff were safely recruited and thoroughly checked before they began work with people. The service also made sure staff knew how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all were confident swift action would be taken to make sure people remained safe.

The provider told us in their Provider Information Return (PIR) the values of positive, inclusive, challenging, caring and trusting were values they looked for when recruiting and these values were embedded in the whole of the training programme and in all paperwork for both staff and people. This helped to make sure people were treated as equals and not discriminated against for any reason. Our observations showed that the staff promoted an inclusive atmosphere and people felt respected and listened to.

People were supported by sufficient numbers of staff to ensure they received their allocated hours of support. In the supported living house there were staff available throughout the day and a member of staff slept in at night to respond to emergency situations. People received one to one support in addition to the core hours they shared with other people who lived at the house. The service was flexible in how people's hours were used which enabled people to make choices about the activities they took part in.

People received safe care and support because comprehensive risk assessments were carried out. This was to make sure people received their care and support in a way that minimised risks but supported their independence and freedom of choice. Examples of risk assessments included how to support a person who at times exhibited particular behaviours, and how to enable a person to safely pursue their hobby of fishing.

Risks to people were further minimised because the provider had systems in place to audit incidents and accidents and share learning from these throughout the provider group. The registered manager told us reflective practice sessions were facilitated to enable senior staff to share learning from incidents and ensure that improvements were made where necessary.

People received support with medicines to make sure these were taken in a safe way. Staff who supported people with medicines were trained and had their competency assessed. Where necessary staff, who had

received specific training and been assessed as competent, supported people with medicines. Records showed when medicines had been administered or refused. This helped staff and other healthcare professionals to monitor the effectiveness of prescribed medicines.

People were protected from the risks of infection because all staff and people were given information and training about how to minimise the risks of the spread of infection. Minutes of staff and tenant's meetings showed infection control had been discussed. Staff had access to personal protective equipment such as disposable gloves and there were communal hand-washing facilities around the building.

Is the service effective?

Our findings

People continued to receive effective care and support.

People's needs were assessed when they began to use the service and support plans were created with people to show how needs would be met. Support plans we read were very personal to each individual with photographs and pictures to make sure they were meaningful for people. Support plans were reviewed and up dated every three months. Pictures were used to help people to express their views at reviews which helped to make sure they were fully involved.

People were supported to access healthcare professionals and services according to their individual needs. The service was flexible to support people to attend appointments when necessary. Where people had particular healthcare needs the staff worked with healthcare professionals to create support plans for people to make sure these needs were met. For example, staff had worked with a physiotherapist to create an exercise plan for one person to help them to maintain their mobility.

People were encouraged to remain healthy and staff supported people with choosing healthy food options and attending annual health checks. People had hospital passports. Hospital passports gave information about people's specific needs and preferences so that other staff would be able to care for them appropriately if they were admitted to hospital. Relatives said staff were very good at monitoring people's health and responding to changing healthcare needs.

The provider, Mencap, has been working with other professionals in their, "Treat me well" campaign. This campaign aims to ensure all healthcare professionals have the skills and support needed to support people with learning disabilities when they use healthcare services. The registered manager told us they hoped to get involved in this campaign on a local level.

People were supported by staff who received appropriate training and support to meet their needs. The provider had systems which ensured staff were kept up to date with current best practice guidance and had opportunities to discuss their work. Staff told us they felt the training provided gave them the skills required to effectively support people. One member of staff described the induction they received as, "Really good."

People could have confidence in the staff who supported them because the service managers regularly carried out observations to check staff were competent in their roles.

People who used the service were able to give consent and make decisions about their day to day lives. Support plans contained information about how people should be assisted to make choices. This included using pictures for some people and offering choices in a specific way for others.

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.

Staff had received training about the MCA and knew how to ensure people's legal rights were respected. Staff told us if people needed to make big decisions they would ensure they were fully involved but also liaise with relatives and other professionals. Relatives said they felt staff communicated well with them to make sure any decisions made were in the person's best interests.

People had choices about the food they ate. The minutes of tenant's meetings showed they always discussed healthy eating. This ensured people had the information they needed to make healthy food choices if they wished to.

People had chosen to eat their main meal together each evening. One person showed us the weeks' menu and explained how everyone was involved in making choices. They also said they usually chose to have a take away meal at the weekend. People shopped for, and prepared, their own lunches and everyone had their own fridge and cupboard facilities in the shared kitchens.

Staff worked with other professionals to make sure people had a diet appropriate to their needs. For example, one person had been assessed by a speech and language therapist and a specific diet had been put in place for this person following their advice.

Is the service caring?

Our findings

The service continued to be caring.

People and their relatives said staff were always kind and caring. One relative told us they thought staff always acted out of kindness and with the best of intentions. Another relative said they found all staff very, "Kind, patient and caring." One person said, "I like all the staff they are all very kind."

Some people had used the service for a number of years and there was a stable staff team. Through the years people had built up strong and trusting relationships with other people who shared the house and with staff. One person told us, "We have a lot of fun together." People told us they often choose to go out socially with the people they shared a house with and described many outings and social occasions.

Staff spoke to people in a respectful and friendly manner. It was evident that staff knew people well and people were extremely fond of the staff who supported them. When staff spoke to us about people they did so in a professional but affectionate way.

People considered where they lived to be their home. We observed people were extremely comfortable with each other and with staff. This created a very happy and homely environment. One relative told us that when their relative came to stay with them they always liked to "Phone home to let everyone know they had arrived safely."

People told us their friends and relatives could visit them at any time and staff helped people to keep in touch with people who were important to them. Staff helped people to use technology, such as video calls, to communicate with people.

Staff supported people to gain independence. For example, one person had wanted to walk to the home of their family and staff had supported them to do this. They smiled broadly and told us, "I go on my own now."

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and support plans were in place to show how these needs would be met.

The provider had a commitment to making sure people had opportunities to express their views and feel listened to. The provider was able to provide information in a variety of formats including easy read. To help people make choices about national events, such as elections, the provider made easy read information available to support people in their choices. Photographs and pictures were used to help people to understand information which was personal to them. Where appropriate, such as review meetings, pictures and symbols were used to help people to be fully involved.

People's privacy and dignity was respected. Each person had an individual tenancy agreement for their

bedroom and shared facilities. People told us the staff respected their private space and they were able to spend time in private whenever they chose to. During the inspection we saw people chose where they spent time and who they wished to socialise with.

Is the service responsive?

Our findings

People continued to receive a responsive service.

People received person centred care which they were involved in planning and reviewing. Staff recognised and treated each person as an individual and all support was provided in a way that took account of, and respected, people's abilities, preferences and lifestyle choices.

Throughout the inspection people told us about their different routines and activities which showed staff respected personal choices. People said they were free to do whatever they wished each day. One person told us, "You can do what you want. Staff will help you if you want them to." One relative told us, "It's a very personal service for them and for me, I can't really fault it."

The provider and staff responded to changes in people's needs and sought advice and support from other professionals when needed to promote people's well-being. When people had specific issues or needs, the provider ensured staff received additional training to meet their needs effectively. One relative told us, "The staff have responded brilliantly to changes."

People could be confident that any changes to their care needs would be appropriately met. For example, where a person had developed age related complaints staff worked with other professionals to maintain the person's well-being.

Some support plans contained brief information about people's end of life choices. Staff said each person's needs would be considered at the appropriate time and they would access services and professionals according to individual need.

Staff supported people to follow their interests and hobbies. Most people attended day services on a regular basis and all were well integrated into community activities and facilities. Staff had helped two people to link with volunteers who shared their interests and they were able to spend time regularly with them to share activities. Because of the friendships that had formed between people who lived at house they often chose to go out socially together. A number of people told us about a recent trip to the theatre which they had enjoyed together.

People's religious or cultural needs and wishes were respected. The staff helped people to stay in touch with people and places that were important to them. Staff said some people attended churches with family members but they would be happy to support anyone who needed their help to maintain their cultural needs and preferences.

People told us they would be comfortable to make a complaint and all felt they would be listened to. One person told us, "If I wasn't happy I would talk to the staff or the boss." Another person said, "[Name of staff member] would sort it out."

The service had a formal complaints procedure but relatives said because of the open and approachable nature of the service manager they felt able to raise minor issues informally. One relative told us of an issue they had, and said, "As soon as it was mentioned it was put right."

Is the service well-led?

Our findings

The service continued to be well led.

There is 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 2008 and associated Regulations about how the service is run.

The registered manager told us the aim of the service was "Providing a good quality of life by making sure people's needs are met and they are given choices about everything." Our observations, and feedback we received, showed this ethos had been put into practice. People were extremely happy, taking part in a variety of activities and being supported to achieve their goals." One relative said, "I can't praise it enough. They [relative] are extremely happy and have an excellent quality of life." Another relative said, "I have nothing but praise for the staff and the management of the service."

People were fully involved in the local community. People used facilities, public transport and clubs, such as a local drama club. The staff and management worked in partnership with other agencies to make sure people had unrestricted access to services and treatment according to their needs and wishes.

People and staff were supported by a provider who made sure there were effective management arrangements. The registered manager was responsible for two other services run by the provider. The day to day management of the Minehead service was carried out by two experienced and competent service managers. People thought the service was well managed and they said the service manager was extremely open and approachable. One person said "[Service managers name] is always coming to see us. She's the one who makes sure everything is alright." A relative told us, "The staff are always cheerful. I feel that speaks volumes about the management."

Staff morale was good and they told us they felt well supported by the local management and by the provider. There was a formal on call system which meant staff had access to management representatives at all times. All staff received regular supervisions and appraisals which gave them opportunities to discuss their work and development. The provider also offered an employee assistance programme where staff could access advice and support for work or personal issues.

People were supported by a provider who had systems in place to monitor quality and plan on-going improvements. The registered manager and service managers had access to an online system called a management assurance tool. This enabled them to constantly monitor the service and identify shortfalls. For example, the assurance tool enabled them to view all staff training to make sure it was up to date and appropriate to the service provided. It also allowed them to see when people had been seen by healthcare professionals and identify if support plans had been up dated to reflect any changes required.

The provider had a quality team who arranged peer reviews which were carried out by representatives of

other services owned by the same provider. The last peer review of the Minehead service was carried out in July 2018 and an action plan was provided following the visit. The action plan showed that any shortfalls identified had been addressed promptly.

The provider involved people, staff and families in events to help to reflect on what the service did well, what could be improved and make sure people were fully involved in influencing the future. The events included a summer party day for people and their guests, annual support worker days and a quarterly engagement day for staff. The registered manager told us that although Mencap was a large national provider they thought the systems in place meant that people could influence policy and the direction of the organisation.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.