

Huntingdon Mencap Society Limited

Hunts Mencap Hub

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

Hunts Mencap Hub is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger adults, people living with dementia, people with physical disability, people with autism or learning difficulties and people with a sensory impairment. Not everyone using Hunts Mencap Hub received a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

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.

At the time of our inspection there were 21 people receiving the regulated activity of personal care.

The announced comprehensive inspection took place between the 15 and 19 February 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This is the first ratings' inspection of this service since it was registered in January 2017.

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.

People's safety was promoted by staff who knew how to do this. Staff knew to whom they could report any concerns they had to. Staff had been safely recruited and there were enough staff to enable people to be safe and independent. Risks to people were considered and guidance was put in place for staff to assist people to be safe. Staff were trained and had the skills they needed to meet people's assessed care and support needs.

Trained and competent staff administered people's medicines safely. Appropriate hygiene policies and procedures were in place that protected people from the risk of cross contamination. Systems and

processes were in place that enabled the provider to take on-board any learning when things did not go as planned.

People were supported with their nutritional and health care requirements. Staff worked with external stakeholders who were also involved in people's care. People's homes and the equipment they used was adapted to meet their needs.

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 were cared for by staff who showed compassion as well as giving people their privacy and showing people the respect they deserved. People lived as independently as they wanted to and staff knew each person well and how to meet their preferences. People's care records accurately reflected the person's care needs and how these were met in a person centred way. People were treated equally no matter what their needs were.

Concerns were acted upon before they became a complaint. People were given accessible ways to raise concerns. Staff had limited information and guidance should any person need end of life care. This created the potential for inconsistencies in the way people would be cared for or supported should they need this.

There was an open, honest culture that had been established by the registered manager. Staff were aware of the standard of care that was expected.

People, relatives and staff contributed to developing the service and they had a say in how the service was run. Quality assurance, audit and governance systems were effective in driving forward improvement.

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 was safe.

People were supported to stay as safe as practicable by staff who would recognise and report any incident of harm should it occur.

Staff had been safely recruited and there were enough staff to meet people's assessed needs.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken the required training for their role.

People were supported to eat and drink sufficiently by staff who knew their needs well.

People were enabled to access healthcare support when this was required.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff in a dignified, compassionate and respectful manner.

People were supported to express their views.

Care records were held securely and this protected people's confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be as independent as they wanted to be.

People lived active lives in a way benefitted their wellbeing.

People's concerns were effectively acted upon before they became a complaint.

Is the service well-led?

Good ●

The service was well-led.

Incidents which needed to be reported to the CQC had been reported where this was required.

The registered manager fostered an open and honest staff culture.

A range of audit and governance systems were in place and these helped drive improvements. People had a say in how the service was run.

Hunts Mencap Hub

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 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.

The inspection was undertaken by one inspector and took place between 15 and 19 February 2018, and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on the 15 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with the service manager and five care staff. We looked at four people's care plans, staff training and supervision records. We looked at quality assurance and audit records in relation to, the management of medicines, care plans and people's feedback about the service. We also looked at two staff recruitment files, people's daily care handover records, complaints and compliments records and accident and incident records. On 19 February 2018 we also contacted two senior care staff by telephone.

As part of our inspection site visit on the 15 February 2018, we spoke with nine people and three relatives. We also observed those people's care where they were not able to tell us about their care. We also used the feedback from questionnaires completed by eight people using the service, staff and health professionals.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events, which the provider is required to send to us by law, such as serious injuries.

Prior to our inspection we contacted local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

Is the service safe?

Our findings

Staff made sure that all people were treated equally and that they were protected as much as possible from any form of harassment or harm. Staff, as a result of their training, were knowledgeable about identifying any suspicions of harm and to whom they should report these concerns to including the registered manager.

Staff empowered people to be safe. Staff were able to describe to us the signs and symptoms of any potential harm and what they would do about this such as alerting the authorities. One person told us, "I go out when I am ready and they [staff] just help me to be safe by reminding me to have the right amount [of money to get home/spend]." A relative told us that swift actions had been taking where they were concerned about a personality clash by staff with their family member and that everything was no "just fine".

The registered manager told us how they had taken on board learning from incidents of harm or where there was a risk of this occurring. Actions had been taken including giving people access to the right support to avoid situations where potential harm could occur. For example, by keeping people's money as safe from the risk of financial abuse. The registered manager was working with the safeguarding authority to put processes in place that did not unduly restrict people but kept them as safe as practicable. For example, one staff member told us that if they saw any type of abuse or harm they would report it and the registered took immediate action to address the situation and prevent any potential for repetition.

People were given information about what keeping safe meant and that if required this was in a format which people could access. For example, in a service user guide and people's care plans. One person said that they were "safe" as the staff looked after them well. Another person we observed was supported to be safe by staff reminding them what they could eat. This meant people were safely supported who were at risk of choking. A staff member told us, "It is our job to keep every person as safe from harm as we can." The registered manager told us about the meeting people had attended where various types of harm people could be exposed to in the community such as financial abuse. They added, "The police hold various meetings and some people have asked to go to these to learn more about keeping safe."

Appropriate risk assessments were in place to help promote and assist people with their safety. Examples of these risk assessments included kitchen safety, medicines' administration, people's home environment and using transport. We saw that staff ensured people followed the guidance in place for the use of sharp objects in the kitchen. The registered manager and staff were good at sharing information about people's care with other stakeholders such as a speech and language therapist. For instance, for people who were at risk of choking it was recommend they have food in a soft, pureed or fork-mashable format. We observed how people were assisted by staff to do what they wanted with as much or as little support that was needed. One relative said, "I have never seen or heard of an occasion when my [family member was left alone or without the help they needed. I can't fault them [staff]." This showed us that people were kept as safe as practicable.

We found that the process for recruiting new staff was robust. One new staff member told us, "I have worked for Mencap before but when I came back I had to provide two recent [employment] references, my passport,

explain any gaps in my employment. I didn't start until my crime (Disclosure and Barring Service) check came back." We found that following this process, appropriate checks were in place to ensure that staff were of good character. We observed that there were sufficient staff who were deployed in a way that promoted people's safety such as by enabling people to access the community safely.

Staff had been trained in how to safely administer medicines. There were instructions for staff on how and when regular prescribed medicines were to be administered for individual people. However, information in regards to medicine given 'when required' was not individualised. There was no detail of the frequency of these medicines, what they were prescribed for and what the safe maximum dose was. This meant that there was an increased risk of the person not receiving the correct dose. The registered manager agreed to put these in place immediately. Staff we spoke with on 19 February 2018 confirmed that these were in place. One staff member said, "I always make sure that all medicines are locked away." We found on our inspection site visit that this was the case. Where possible people were supported to administer their own medicines. One person told us, "I take my own medicines."

People's safety was promoted as a result of staff's understanding of safe systems of work. Checks were undertaken for fire and smoke detection systems. Accurate records were in place as to how staff could isolate the utility supply such as electricity if ever this was needed. One staff member said, "We make sure people are safe such as those who wear an emergency life line pendant. This allows them to summon emergency help if needed."

Staff had a good understanding of hygiene, how it was maintained and what to wear to prevent any cross contamination. Staff wore protective clothing during people's care and food preparation to promote good hygiene practice. This was in addition to staff adhering to safe hand wash techniques.

Staff understood when they needed to report incidents where people's safety may have been affected. One staff said, "Sometimes we become aware of an incident and then we change things such as what people do to keep them safe such as securing sharp objects away safely. This was as well as putting new strategies in place to ensure people with behaviours which could challenge were minimised or prevented."

Is the service effective?

Our findings

The process to identify and assess people's care and support needs was in place. The registered manager told us, "We look at people's health needs, where it would be best for them to live and the level of assistance they need. We also need to consider any particular skills staff might need and how independent the person is and what outcomes they want to achieve." This included introducing people to the service gradually. People's independence was promoted by staff who saw the potential in people as well as giving people equal opportunities no matter how complex their needs were. For example, by enabling people to access the community with a plan in place to enable them eventually to do this independently.

Staff undertook training on subjects such as first aid, basic life support, equality and diversity, and positive behavioural support. Additional specialist training to meet the needs of individual people included autism, epilepsy, dementia care and nutritional support. One person told us, "They [staff] must know what they are doing as look at me now, living on my own." One relative said, "The staff are simply amazing. My [family member] has come on in leaps and bounds. They make me a cup of tea when I visit them which was something I never thought possible." Staff also spoke highly about their training. One staff told us, "We had a session about autism and we tasted a pickled onion covered in chocolate which helped to demonstrate the different sensory effect a person living with autism could experience." We found that staff's knowledge and skills were based upon the latest good practice and guidance.

Staff received support through regular supervision, shadowing experienced staff, being mentored as well as sharing what worked well at staff meetings. Members of the management team also undertook unannounced observations of their staff's quality and standards of care. These support mechanisms helped ensure that staff's skills remained current and relevant to people they cared for. One staff member told us, "I have a formal supervision every six weeks. I don't have to wait for these as I can ask for help at any opportunity. The support I get, I have to say enables me to do my job well and this makes people's lives better." Another staff member said, "We have one to one and [staff] meetings where we discuss each supported living service and how well each person is doing as well as anything we could do better or differently."

People were supported with their nutritional needs and supported to maintain a balanced diet by staff who promoted healthy eating choices. This was achieved by staff who knew what each person liked to eat and drink and how each person was safely assisted with their nutrition. This was in addition to people who required a special diet including those for low sugar or soft food format. One person said, "I like shopping with staff to help me choose my food. They [staff] try to encourage me to eat healthily which I do mostly." We also saw how one person had achieved a healthy weight. Staff told us their GP was very proud of what they had achieved. We observed both in people's homes and at an activities centre that people had access to drinks which were freely available.

The registered manager worked with other organisations including GP services and the local Learning Disability Partnership (LDP). The LDP brings together specialist health and social care services for people with a learning disability. People moving to, from, or between services at Hunts Mencap Hub had the

support they needed to ensure a smooth transition to improve their health and wellbeing. Any subsequent changes to people's care which involved other stakeholders input was included in their care plans and staff were made aware of these.

People were enabled to access external healthcare support and appropriate referrals were made for example, from an occupational therapist or dentist. Staff accompanied people to healthcare appointments where this was required. One person said, "I have been given the all clear from my dentist." A relative told us, "My [family member] is rarely unwell. They have come on in leaps and bounds with their wellbeing and this is all down to the staff that have made this possible. Previously, my [family member] was very anxious and now they don't have any medicines at all." We found that regular reviews of people's health care needs was undertaken.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this community care services are applied to and authorised by the Court of Protection. The registered manager was liaising with the local authority where a person was required to be assessed to have their liberty. We also saw how people's mental capacity was determined and where any care in the person's best interests had been implemented such as being prescribed with liquid medicines. 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 understood the MCA code of practice and how to respect people's choices as well as making sure the decisions people took did not put the person at any risk. One person communicated to us by smiling when asked if they could decide what they drank by holding up their coffee. Another person told us that they could choose when they wanted to go out or have a take-away meal. This was as well as staff prompting people to take their medicines. A relative said, "The options available to people are literally endless. My [family member] never used to be verbal and would point to items. But now they just ask or tell staff what they would like to do, eat or wear." People only consented to their care where they had the mental capacity and any care provided in a person's best interests was lawfully agreed such as from a relative with a power of attorney.

Is the service caring?

Our findings

Staff were consistent in the way they cared for people showing them respect and compassion. People were given the same opportunities which included meeting with peers and colleagues to have a chat or listen to music. One person told us, "Moving from my parents' home to here was a big thing for me. They [staff] couldn't have been nicer. I was put at ease and I am very settled." Another said, "I can't fault any of them [staff], they are all awesome." The registered manager said, as a result of the care people received there had been a significant reduction in people whose behaviours previously challenged others." One relative told us, "I have never had to tell staff what to do for years. They understand what my [family member] needs help with and where they can now do many things more independently."

A trustee of the provider visited a social choices event where people from the service got to meet each other and undertake their favourite pastime, such as recycling ornaments. The feedback to the registered manager from the trustee was, "There was a real atmosphere of warmth, care, camaraderie and fun."

Staff communicated with people using sign language, objects of reference or assisting them in a gentle way by prompting or suggesting how the person could be assisted. They also listened to people and gave them the time to respond to questions about what they wanted to do. One person said, "I am treated really well." Another person told us, "They [staff] are really, really nice to me. I just want to be happy and I can say that I am." We observed that there was much fun and laughter when people got together including one person laughing out loud when staff shared a joke which the person found very funny." A relative told us, "They [staff] are just so caring and thoughtful. My [family member] couldn't be better cared for other than at home with us. It's very reassuring to have confidence that they will always be well looked after."

We found that people could be as independent as they wanted to be. One staff member told us, "We support people to live independently as individuals with our support to enable them to make their wishes and dreams a reality." For example, a person was supported to go sky diving. Information in the provider's policies and guidance from the registered manager also supported people to promote their views. Where people needed support from an advocate including assistance from social workers, relatives or staff then this was provided. We found where people were supported by a relative who had lawful authority to advocate for the person.

Staff described to us the circumstances they needed to be mindful of to protect people's dignity and promote person centred and compassionate care. For instance, by making sure that curtains were closed and allowing people to be as independent whilst doing their own personal care. This was as well as having the time they needed to be able to care for people during the care visit. People and relatives we spoke with confirmed that staff always ensured that people were given the privacy they needed. One person said, "If I need to be on my own I can be and they [staff] give me privacy."

People's care plans included detailed guidance and information which each person had contributed towards in some way. The information in each person's care plan was as inclusive as possible such as in picture format or by the use of symbols the person understood including smiley faces. One staff member

said, "The care plans are very good. It takes time to complete one in full and over some considerable period of time. We are always reviewing people's care plan as changes often happen when you least expect them." This was to make sure that each person's care plan was an accurate reflection of the person and their care needs.

Staff respected people's right to confidentiality by keeping their records secure. Information about individuals was only discussed with the person being cared for and relevant families and other professionals as appropriate.

Is the service responsive?

Our findings

People and those acting on their behalf, contributed and were involved as much as necessary in the assessment and planning of the person's care. Each person had a member of staff who was responsible for ensuring that their care plan was up to date and accurately portrayed the person's key strengths and levels of independence.

Staff used their detailed knowledge of people to ensure that each person was supported to make decisions and choices about how they wanted to live their life. As a result of this people felt empowered and listened to. One person took great delight in showing us an album of their life history and telling us about those people who were special in their life. A relative told us, "Mencap have given my family member independence and they are now doing those things they want to do without our help which is great to see."

The service was flexible and responsive to the individual needs of everyone using the service. The staff found various ways to support people social wellbeing. One person showed us the jewellery they had made. Another person told us about their meal they were pleased to be cooking. Other pastimes and interests people took part in included arts and crafts, undertaking voluntary work, attending college and working in the provider's charity café. This was an opportunity for people to learn important social skills such as cooking and managing finances. One person said, "I love going to work. I get to use my hands to mend things which I like. It's my favourite day of the week.". One relative told us how staff supported their family member using a clock to show them when their medication was next due. This encouraged them to be independent in asking staff for support when the medication was due to be administered.

Other interest people took part in included visiting a local National Trust garden, horse riding, playing the piano and going on a boat trip. For some people this experience had taken many years in the planning and was the outcome of staff's perseverance. People could also stay at home and watch their favourite sport or quiz show as well as going out to social events to meet friends and colleagues. One person told us about many of the episodes of a program they liked and the quiz hosts which they thoroughly enjoyed watching. This showed us that people were given the opportunities to live as full a life as practicable and meet with those people that were important to them such as friends.

Information was given to people in an appropriate format the person could easily understand. These formats included picture communication cards, objects of reference and through body or sign language. One relative told us, "My [family member] never used to speak and it is so nice to know that they can now do this. Previously, staff would use other ways to communicate with them."

People could access the internet, use mobile phones. Staff supported people with the technology as required. One person told us, "I will check when my [program] is on and then watch it." [The person was able to do this through checking the TV information on the internet].

People's concerns were effectively acted upon before they became a complaint. This was because staff spent time observing people and listening to any concerns. One person told us, "If I had any worries I would

speak with my staff. I have never had to complain as we talk regularly. A relative said, "My [family member] can tell staff what is right and wrong and tell me or the [registered] manager. I have absolute faith in them." The provider's complaints' policy included guidance about any support a person may need such as with advocacy and how to access the Local Government and Social Care Ombudsman should their concerns not be resolved to their satisfaction. A relative told us they had a list of all the management teams' mobile phone numbers. They could call at any time if they had any concerns.

At the time of our inspection no person was in need of end of life care. We found however, that there was no recorded end of life care policy in place. The registered manager told us they would put one in place. One staff member told us how they had supported a person with a family bereavement and that this had helped the person to cope. In addition, should nursing care be required the registered manager had a close working relationship with the community nurses to access palliative care.. One relative had complimented the registered manager for the support they had provided at a difficult time. In addition, we found that people had relatives who had a valid lasting power of attorney to help contribute towards end of life care decisions should this be needed. People could be confident that their wishes would be respected.

Is the service well-led?

Our findings

The registered manager had been in post since the service was registered in January 2017. They had informed us about events that, by law, they are required to do so. 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 was supported by a board of trustees, a service manager, senior staff, care staff and an administrator. The board and management staff worked closely with the registered manager in understanding their challenges in the current financial climate to retain the right staff and bring in new talent. One relative had complimented the staff team that their family member's experience of the service has been a good one. They said, "I have found it [the service] to be managed very professionally and efficiently, but at the same time never losing focus on the needs and aspirations of the people it serves." The registered manager also spent time caring for people and we found they knew each person individually. One staff told us, "They [registered manager] are always there for me. We can share ideas and being so easy to talk to makes my job easier."

The registered manager had fostered and maintained an open and honest staff team culture where people's views and ideas were listened to. Staff did this by visiting people in their homes and at other social occasions. Staff told us that if they ever had a need to raise any concerns about the quality of people's care by other staff they would be supported by the management team. One staff said, "I would like to think that each person is treated as I would expect to be treated. If I ever saw or heard about any poor care, I would not hesitate to report this. Another One staff member told us, "All the staff and management work hard to achieve the best quality of care that they can give."

The registered manager told us that they monitored staff's quality of care with spot checks as well as observing staff's care practice. They also added that staff could be informed of their on-going performance and given feedback in a constructive way. A staff member said, "I have never worked in care before but the [registered] manager and service manager have been wonderful. I can call them at any time if I feel the need or I am worried about something."

A staff member told us how they worked with other agencies. They told us they accessed nursing support from the LDP on occasions for some people whose behaviours had become challenging and that this support had worked well. This was also an opportunity where they could share their concerns and request any change in people's support including more, or less, care time. A social worker had fed back to the registered manager, "The organisation brings many areas of added value to the community including their community café and Zumba group and the senior managers are always willing to be included in workshops and collaborative projects."

Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding

any changes. Action was taken when recording errors occurred to ensure that improvements were made to the quality of people's care.

People had a real say in how the service was governed and run. This was achieved by having their own forum which people took turns in chairing this meeting by themselves. This forum was an opportunity where people decided what they wanted, including more social meetings with peers, cooking and doing activities in the community such as going to an athletics track, or the cinema. One person showed us their photograph in the race they took part in. This was as well as other people making a Christmas card that was used to send to relatives and friends. Each person was given an award for their individual input. This showed us that people were treated equally whatever their contribution was in how the service was run. The provider's PIR also included details of further plans to be able to produce crafts which could be sold through their café with the proceeds going towards their caravan campaign where people could holiday.

The registered manager also obtained views from the local authority commissioners, the LDP and relatives on anything they could do better where this was practicable. This was done through questionnaires and face to face meetings. One relative told us, "The care and support my [family member] receives from the Hunts Mencap Hub is outstanding. Their life has improved considerably for the better. We as a family would have no hesitation in recommending this service to another person." One staff member was complimentary about the difference the service made to people's lives saying, "It's amazing seeing such little things to us such as changing a pillow case. But to the person this was a massive achievement." This meant that the difference the service made to people's lives was down to perseverance and teamwork.

The staff team worked well with other stakeholders, such as the community nursing team, GPs and the Cambridgeshire LDP. One person told us, "I don't need anywhere near the support I used to [have quite a lot of health care needs] but I know that if ever I do need [this again] I'll get it." A relative said, "My [family member] is so much more confident and independent now. [Due to the way the registered manager had liaised with health professionals] I can't quite believe how far they have come." needs care and nursing but at home. I would whole heartedly recommend this service."

A range of checks, audits and governance procedures were in place. For example, document security, care plans, financial audits and reviews of staff's recruitment records. These audits and those for incident records showed us where actions had been taken and that these had been effective in driving improvements.