Royal Mencap Society

Mencap - East Cornwall Support Service

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

We carried out this announced inspection on 8 August 2016. We announced this inspection two days before in accordance with the Care Quality Commission current procedures for inspecting domiciliary care service. The service has not been inspected at this location prior to this date.

Mencap – East Cornwall Support Service is a domiciliary service that provides care and support to people with a learning disability or a mental health condition in their own homes. It is part of the Royal Mencap Society. The service provides 24 hour supported living services to 14 people. A supported living service is one where people live in their own home and receive care and support to enable them to live independently without reliance on others. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency. These services were funded either through Cornwall Council, direct payments or NHS funding.

There was 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.

People using the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People had a good relationship with staff and were comfortable with the staff that supported them.

Families, health and social care professionals told us they felt the service was safe. Comments included, "The service is really good" and "They (staff) provide safe care."

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the complex needs of people who used the service. The service was flexible and responded to people's changing needs.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Relatives, health and social care professionals spoke well of staff. Comments included, "The staff are absolutely stunning" and "The staff have adapted to meet the continually changing health needs of the people they support very well."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

Managers and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Support plans contained evidence to show people, or their relatives if appropriate, had consented to the planning and delivery of care.

Support plans were individualised and described people's needs across all areas of their lives. They were reviewed and updated regularly and accurately reflected people's current needs. There was evidence to show external health and social care professionals had been involved in care and support planning when appropriate.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and with the preparation and cooking of their meals.

People were supported to access the local community and they took part in activities that they enjoyed and wanted to do. Records showed that people went out most days for walks, shopping and visiting local attractions.

Staff told us there was good communication with the management of the service. Staff said of management, "They (management) are really approachable and easy to talk to" and "They (management) are really supportive."

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. Staff comments included, "I have just got back from holiday and I was surprised about how I was looking forward to getting back to work. I have never had a job that I have felt like that about before" and "I love my job, I have done it for so long it is part of my life and I never want to leave."

Relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the service had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

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. Relatives, health and social care professionals felt the service provision was safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the complex needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with health and social care professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Relatives, health and social care professionals were positive about the service provided and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service.

Staff were supported by the management team.

Mencap - East Cornwall Support Service

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 announced inspection took place on 8 August 2016. The inspection was carried out by one adult social care inspector. We told the service two days before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. 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. The Care Quality Commission had sent out questionnaires to 28 people, staff, family and friends of people who used the service. The responses to the questionnaires were positive.

Prior to the inspection we spoke with two health and social care professionals and one family member of a person who received support from the service.

During the inspection we went to the provider's office and spoke with the registered manager, two support staff managers, an administrator, and seven support staff. We looked at support plans and records relating to the care of three individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We visited four people in their home.

Following the inspection we spoke with another healthcare professional and three support staff on the telephone.

Good

Is the service safe?

Our findings

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff and they received care and support in a way that kept them safe. Questionnaires asked people if they felt safe from harm and abuse from their care workers, All of the responses were positive about this question.

Relatives, health and social care professionals told us they felt it was a safe service provided by Mencap staff. Comments included, "The service is really good" and "They (staff) provide safe care."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on adult safeguarding and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the county.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets. Where people shared a house they had agreed to pool a certain amount of money each month specifically for food and cleaning products for shared use in the house. People, or their relatives where appropriate, had signed an agreement for this to be done on their behalf. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were audited weekly by management. Accounts were audited regularly by an external body.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual support records detailed the action staff should take to minimise the chance of harm occurring to people or staff. Risk assessments were designed to encourage people to develop their independence and live their lives as they wished. For example, one person liked to know what they were doing each day and was very observant and sensitive to non verbal communications. Staff worked to be consistent in planning their activities and used positive body language and tone of voice when communicating the details of the activity to the person. Staff were given clear detailed guidance about how to reduce risks when accessing the local community, by providing adequate numbers of staff in certain circumstances and using vehicles.

Sometimes people could become distressed and anxious. Their support plans identified what was likely to trigger anxiety and how staff could recognise and respond to it. For example, one person liked to go out but did not like to go anywhere where there were crowds of people. Trips out with this person were carefully planned. The support plans gave examples of how people's body language and facial expressions may change to indicate that they were becoming distressed. The staff were given strategies to follow if the person became distressed.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that

appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. For example, one person whose medicines had been changed by the GP at short notice experienced difficulty in getting their amended prescription dispensed in a timely manner. The service took action to design a joint working protocol between the service and the GP practice to help ensure such delays would not occur in the future.

People were supported by dedicated staff teams who were employed to work specifically with each person using the service. Everyone using the service received 24 hour care and staff shift patterns were individually designed for each person. Staff could work continuous shifts with people for anything up to 24 hours. However, the length of the shift each staff member worked depended on the needs and wishes of the individual person being supported. For example, some people liked to have the same person for as long as possible and other people benefitted from staff working shorter shifts. There were sufficient numbers of staff available to keep people safe. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had staff vacancies which they were recruiting to. In the meantime some visits were covered by agency and bank staff and we saw that wherever possible the same agency staff were used to help maintain a consistent service to people. Relatives told us their family member had a team of regular staff to provide care and support. Many staff had worked for the service for a number of years and this helped maintain a stable team.

A member of the management team was on call outside of office hours and carried details of the telephone numbers of people using the service and staff with them. This meant they could answer any queries if staff phoned to re-arrange duties due to short notice absence or sickness.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The arrangements for the administration of people's medicines were robust. Support plans clearly stated what medicines were prescribed and the support people needed to take them. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines. Medicine Administration Records (MAR) were regularly monitored and audited by the management team to ensure people received their prescribed medicines safely.

Support plans held detailed information in people's personal emergency evacuation procedures (PEEPS) about their needs in the event of an emergency evacuation of their home being required.

Good

Is the service effective?

Our findings

We received positive responses from all respondents to our questionnaire, asking if people received consistent care from staff who were knowledgeable and skilled. All respondents would recommend this service to others. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff were normally based in one setting. This meant they were able to get to know people and their support needs well. When staff were required to work in a different setting it was with people they knew and had worked with before. Relatives, health and social care professionals spoke well of staff, comments included, "The staff are absolutely stunning" and "The staff have adapted to meet the continually changing health needs of the people they support very well."

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work with people unsupported.

New staff completed a supported period of six months during which they received three supervisions so management could monitor their progress and competence. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff told us there were good opportunities for on-going training and for additional training in specialist areas such as autism, stoma and percutaneous endoscopic gastrostomy (PEG) care. A PEG is an medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. For example, because of swallowing difficulties.

Staff training was recorded and monitored by managers through monthly audits. The managers received regular information from Mencap's training department that highlighted any updates that staff were due to complete. Staff received regular supervision and appraisal from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. Team meeting were held regularly and staff found these to be helpful. Comments included, "We are given the opportunity to speak out if we want, and they listen too" and "We have regular meetings they are useful."

People were supported to attend healthcare appointments and their health needs were co-ordinated by the staff to ensure regular checks and appointments were kept.

People's dietary requirements were recorded in their support plans as well as any support they needed with their fluid intake. Staff encouraged people to eat healthy well balanced meals where possible and in line with their support plans. Staff supported people at mealtimes to have food and drink of their choice. Where people had been identified at risk of choking this was clearly recorded in their support plans. There was guidance for staff on how they should support people in order to minimise any risk. For example, one person was clearly nil by mouth due to a risk of choking and had all their nutrition and drinks via a PEG tube. Staff

had received training in food safety and were aware of safe food handling practices. People were involved in the shopping and making of meals where possible.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 when this is in their best interests and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. The management team had identified where such an application might be necessary and had highlighted this to the local authority. Mental capacity assessments and best interest meetings had taken place and were recorded as required. Staff had liaised appropriately with health and social care professionals in order to help ensure people's rights were protected. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. All of the people who responded to our questionnaire said they were happy with the care and support they received, and that their staff respected their dignity and privacy. Relatives, health and social care professionals told us they were happy with all of the staff and got on well with them. Comments included, "They (staff) are very caring," "They (staff) look after (the person's name) incredibly well" and "I cant speak highly enough of the level of care provided by the staff at Mencap."

We visited four people in their home and observed staff interacting with them. The atmosphere was calm and relaxed as people moved around as they chose, both inside and outside the service.

Relative and professionals told us staff always treated people respectfully. Staff were kind and caring and had a good knowledge and understanding of people. The staff teams were mostly very stable with some staff having worked with the same people for many years. Staff respected the fact that they were working in people's homes. There were laminated posters which had been made by the registered manager which stated, "The people you support do not live you in your workplace. You work in their home." These posters were to be given to all support staff to carry with them, to remind them of this important point.

People's preferred method of communication was recognised and respected. Some people had limited verbal skills and this was clearly recorded in their support plans. Staff were guided as how to communicate effectively with people using tools such as Makaton. Makaton is a language programme using signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols. Also the Picture Exchange Communication System (PECS) was used. One person had developed their own words and phrases to represent particular objects or indicate their preferences. These were clearly detailed and listed for staff to refer to.

Staff were clearly very fond of the people they supported and had a deep understanding of their likes, dislikes and interests. Staff spoke knowledgably about the people they had supported to live active lives for many years.

People's relationships with friends and family were recognised and respected. Family told us they visited whenever they wanted and were not required to arrange visits in advance. Some people were supported to maintain regular contact with families using visual technology.

Support plans contained information about people's backgrounds and histories. This helped staff to have an understanding of the events that have made the person who they are. For example, one person had previously lived in a large hospital setting. This person had moved to their own home and had been supported by a stable settled team of regular staff in a calm and relaxed environment. This had led to a reduction in the number of staff needed to support the person as their behaviours that challenged staff and others had reduced significantly due to the calm and stable support provided.

Staff were able to tell us about the very specific preferences of each person they supported. For example, one person did not like to be bathed but liked to be showered lying down on a special padded mat on top of a special trolley bed.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Managers visited each person regularly to give them the opportunity to share their views of the service. Surveys were produced in easy read format using pictures and limited, simple text. This meant staff were able to support people to complete them in a way which was meaningful to people.

Good

Is the service responsive?

Our findings

People were asked in our questionnaire if they felt they were involved in decision making about their care and support needs, and knew how to raise any concerns they may have. All of the respondents were positive to these questions. Relatives, health and social care professionals told us, "The level of daily activity they (staff) support people with is really very good" and "They (staff) are very good at ensuring advocacy support is arranged for people who do not have any family or support network, to help with making plans about their lives."

Support plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Support plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. For example, one person's support plan stated, "I like to complete an activity when I have started. I don't like disruption." Important relevant information about each person's care and support needs was also held in a hospital passport. This passport was taken with the person each time they visited another healthcare setting so that their specific needs were clear to all staff who may be supporting them in the new setting.

When people's health fluctuated it was necessary to monitor certain aspects of their health in order to help ensure staff were aware of any significant changes which might require input from other healthcare professionals. Monitoring records were kept where appropriate and these were completed as required. Some people were living with epilepsy and care plans contained individualised pen pictures describing what might trigger seizures and the signs that one might be imminent. Staff were provided with specific best practice guidance on how to meet the needs of people with epilepsy. One healthcare professional told us, "It is my most favourite place to visit, the staff know the people so well, they notice the very smallest change and flag it up really quickly. The see the whole picture and as they know how the person communicates they can tell me things about how the person is responding to something better than I ever could."

People's individual support plans were reviewed regularly and updated as people's needs changed. The records showed a range of professionals and relatives had been involved in the care planning process. Managers visited people regularly to discuss and review their support plan, when appropriate relatives and external healthcare professionals were also invited to reviews. A healthcare professional told us, "The staff have adapted a great deal over the years to meet the continually changing health needs of the people they support very well."

Staff told us people's support plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The service was flexible and responded to people's needs.

People were supported to access the local community and they took part in activities that they enjoyed and wanted to do. Records showed that people went out most days for walks, shopping and visiting local attractions. One relative told us, "The staff take (the person's name) out regularly when they are well

enough, they have their own car and go all over the place, but it depends on how (the person's name) is" and "The staff are absolutely stunning."

Staff were encouraged to update the managers as people's needs changed. Any changes to people's care needs reported by staff were updated into people's support plans, both in the office and in their homes. Daily records were kept at people's homes and these were completed at each shift. The records were returned to the office regularly for analysis. Where people were receiving 24 hour support staff handovers took place to help ensure staff were aware of any changes. Staff told us communication in the service was effective and they were kept up to date at all times.

The service had a complaints policy in place but no complaints had been received. Most of the people who were supported by Mencap staff were not able to raise concerns themselves due to their healthcare needs. Relatives told us they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were available in the houses. Relatives knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally.

There was an on-call system in place so people and staff were able to contact a senior member of staff at all times including out of office hours. Each manager took a week each to cover the area out of hours by providing telephone support. The regional and area managers were also available for any more serious issues that may occur.

Good

Is the service well-led?

Our findings

Relatives, health and social care professionals told us they considered Mencap – East Cornwall Support Service to be a well managed service. Staff comments included, "They (management) are really easy to contact and are approachable" and "I have never had such good management support, I don't do this for the pay, I do it because I love it and it's a good place to work."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service. People who received support from Mencap staff, lived in one of seven homes and each home had a stable team of support staff who were supported by a manager. There were five managers who worked closely with the registered manager who was also the area manager for the Cornwall and surrounding area. The registered manager had regular support from the regional manager from Mencap.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. At the time of the inspection the service had staff vacancies which they were interviewing for at the time of this inspection.

There was a robust system of meetings for staff at all levels to help ensure they were up to date with any developments at both service level and within Mencap. For example, area team meetings were held monthly. A manager told us they provided an opportunity to share any concerns and examples of good working practice, ideas and experiences. Each team had their own regular meetings to discuss any specific issues related to the people they supported. External healthcare professionals were sometimes invited to help inform staff about people's health conditions and explain how staff could support people well when they had specific needs. Monthly manager meetings were an opportunity for service managers to share their experiences.

Mencap organised an annual support worker day for the South region which was attended by representatives from each area. This was an opportunity for team building and sharing examples of best practice.

Mencap monitored the quality of the service it provided by regularly sending out questionnaires to ensure people were happy with the service they received. Responses were collated at head office and sent out to the area managers for sharing with the teams of staff. This meant the service was constantly striving to improve the service it provided to people.

Mencap had a clear set of values, including positivity and inclusiveness which staff were made aware of at meetings.

During Learning Disability Week in June of this year the service were offered a local venue for a music festival to which all the people who used the service, their families and friends and also to the local community were

invited. The event was free and widely advertised on social media and local radio. Local businesses donated raffle prizes for the event. The festival was supported by a number of bands who played for free. Some of the musicians and artists had a learning disability. The intention was to help break down preconceptions about learning disability, and raise awareness of the work done by Mencap services and to meet the people who received support and their families. The event was very successful, comments from people included, "I thought I had an idea of what learning disability was but I was so wrong" and "When I found out that one of the musicians and the artist both had learning disabilities it stopped me in my tracks." This showed the service was striving to make positive links with the local community and help raise the profile of Mencap services locally.