

Heart of England Mencap

Heart of England Mencap DCA Central

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heart of England Mencap is registered as a domiciliary care service which provides personal care to people in their own homes and within supported living accommodation. At the time of our inspection there were twenty-two people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right support:

- ☐ Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- ☐ People were supported by staff to pursue their interests.
- ☐ Staff supported people to achieve their aspirations and goals.
- ☐ The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go.
- ☐ Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.
- ☐ Staff enabled people to access specialist health and social care support in the community.
- ☐ Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right care:

- ☐ People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- ☐ Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- ☐ The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- ☐ People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols and could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.
- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture:

- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heart of England Mencap DCA Central

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Heart of England Mencap DCA Central is registered as a domiciliary care service. It provides personal care to people in their own homes and supported living locations. It also provides personal care 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.

The service is provided to people with a learning disability or autistic spectrum disorder.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 2 February 2022 and ended on 3 February 2022. We visited the office location on 3 February 2022

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 29 December 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with seven people that used the service (people who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language). We spoke with seven staff including the registered manager, community services support manager, director of operations, service managers and care staff. We also spoke with seven relatives of people that used the service. We reviewed five people's support plans in full and reviewed specific aspects within other people's care records. We looked at medicine records, training records and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong, Assessing risk, safety monitoring and management

- At our last inspection we found staff were not always confident to report safeguarding concerns. At this inspection we found improvements had been made. Staff had knowledge of what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. Information on how to raise concerns was presented in accessible formats for people who used the service. One person told us, "I would speak to staff." Another person told us, "Of course I feel safe. Staff are nice."
- The management team understood their responsibilities to follow up on any safeguarding concerns identified and take measures to reduce the risk of reoccurrence. For example, following two occasions where people had been left without support due to staff failing to turn up, a new system was implemented to ensure this could not happen again.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner.
- Risks to people's personal safety were assessed, monitored and managed effectively. Each person's care plan included detailed individual risk assessments. Staff told us care plans and risk assessments were clear and easy to follow. One relative told us, "I don't feel things could be improved on."
- The provider had systems to learn lessons and improve the service when things went wrong. There was access and oversight of care records by the management team and all accidents or incidents were reported and investigated by the management team.

Staffing and recruitment

- People had detailed assessments of the support they needed, and staffing levels reflected the needs of the people receiving care.
- The provider followed safe recruitment systems and processes. Comprehensive checks were made on prospective new staff including criminal record checks and previous employment references. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Using medicines safely

- At our last inspection it was identified that there was a lack of oversight of medicine administration practice, and that any spot checks carried out were not recorded. At this inspection we found improvement had been made, and effective medicine systems were in place to monitor and identify any errors.
- People were supported by staff who followed systems and processes to prescribe, administer, record and

store medicines safely

- Emergency medicines to be given when required were administered in conjunction with safe protocols. These explained when to give the medicines, why and maximum dosages. We looked at a protocol for managing a person's seizures and found staff had regular training on the techniques to give the rescue medicines safely. The protocol was detailed and reviewed regularly.

Preventing and controlling infection

- Staff had the information and support to ensure the infection control procedures followed national guidance.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The provider had made sure there was sufficient personal protective equipment (PPE) available and that staff had the training to use PPE safely and effectively.
- The provider ensured staff and people had continuously accessed COVID-19 testing as per national guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had not always made it clear where people had consented to care or treatment. This was a breach of Regulation 11(Consent) of the HSCA (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of MCA.

- People and relatives told us people felt free to make daily choices. One relative told us, "They always ask [person who uses the service] and she decides."
- Staff understood the principles of the Mental Capacity Act. One staff member told us, "You need to give people time and support to make choices."
- Since the last inspection, recording of where decisions were made in a person's best interest had been improved. The registered manager demonstrated knowledge of where best interests' decisions would be needed where people lacked capacity.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

- Support plans set out current needs, promoted strategies to expand people's experiences and considered people's longer-term aspirations. One person told us how they wanted to go swimming and how they were being supported to make this happen.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills

Staff support: induction, training, skills and experience

- Staff training was appropriate to their roles. Where people had specific needs, staff received bespoke training from the relevant health professionals. For example, staff supporting a person with a diagnosis of epilepsy received regular training and support from the health professionals involved with the management of the individual's epilepsy. People and relatives, we spoke with felt staff were skilled and knowledgeable about people's needs.
- New staff were supported through an induction programme, along with the provider's ongoing mandatory training which included safeguarding and medicines training. Staff attendance and ongoing training was monitored by the management team to ensure staff knowledge remained relevant and up to date, however the registered manager acknowledged that some staff still required refresher training. There was a system to remind and arrange additional training where this had been identified as needed.
- Staff had access to supervision and support from the service managers and told us that they felt supported and part of the ongoing developments in the service. One member of care staff said, "The support is great."

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services, GP's and specialist services were involved where needed to ensure people had the appropriate support with any complex aspects of their health needs.

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

- Where needed people were supported to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Where they wanted something different to what they originally wanted then this was respected.
- People were able to say when they were hungry or thirsty and were supported to access food and drink when they wanted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- Staff took time to allow people to express themselves. We saw flexibility in how people wanted their day to go. For example, during our visit a planned activity was changed as the person indicated to the staff that they wished to do something else. Staff supported the person with to make an alternative choice and arrangements were changed to make this happen.
- Staff understood about treating people with kindness and compassion and ensuring that equality and diversity was respected in how they supported people.
- People were supported by staff that understood their preferred methods of communication. One person was using a communication board where they arranged photographs of staff and pictures to indicate what they wanted to do on that day and with who. Staff told us that for this person flexibility was important as planning too far ahead was overwhelming for the person.
- We could see that people had positive relationships with staff and there was frequent friendly banter and light-hearted conversations taking place. People appeared relaxed and comfortable in their surroundings with the staff.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Staff knocked on people's doors and waited for an answer before entering and respected when people wanted privacy.
- People's independence was promoted by the way that staff supported people. We saw where people had been encouraged and supported to prepare their food and also where support given to equip people with the means to access the local community.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated as good. The rating for this key question has remained good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to develop skills of everyday living skills and to develop new interests. One person had expressed a wish to staff to go swimming. The local swimming pool did not have the necessary adaptations to enable this to take place safely. The provider had applied for a grant and was working with the local council to facilitate work to increase the accessibility of the pool. Another example was a person who wanted to cycle in a local park. The provider together with the local council had created a cycle track in the local park to increase accessibility for people who may need adapted cycles and adapted routes so they could cycle safely in the community.
- Staff told us how important it was to encourage and support people to achieve different goals. The service was undergoing major changes to its structure and aims. The provider had started to engage with people who use the service to ensure that they were involved in the service redesign. The operations director told us, "It is really important to deliver the very best personally individualised service to the people that we are here to care for."
- People were supported to maintain positive relationships. For example, where friends were in different locations staff always ensured there were no restrictions on people keeping in touch. The provider told us, "All staff working within the service support people to maintain friendships and relationships with family members, and their wider circle of support, and therefore people see relatives and friends when they choose to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in formats which they understood. One person told us, "Yes, the staff talk and help me understand things." Where needed information about infection prevention regarding COVID-19, such as handwashing and wearing of masks was displayed in pictorial form in communal areas. Photographs and other visual clues had been used in people's homes to help them understand what was planned for the day.
- People had individual communication plans and detailed information for staff about their preferred methods of communication, including the approach to use for different situations. We saw staff supported what they were saying verbally by using gestures and objects that were associated with choices they were

supporting people to make

Improving care quality in response to complaints or concerns

- People had access to the complaints process. One person said, "I know how to complain." We saw examples where people had complained, and action taken. There was a comprehensive complaints procedure that ensured complaints received were logged and actioned in a timely manner.

End of life care and support

- Staff were not currently providing end of life support, however, the registered manager told us people were supported at times of bereavement and there was always a focus upon the individual at these times.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems of governance were not always effective. This was a breach of Regulation 17(Governance) of the HSCA (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection not all safeguarding incidents had been reported to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager were working directly with the people at the service to develop and improve the service. The people we visited during this inspection all appeared happy and content with the care and support they received. One person said, "It is great here."
- The director of operations told us, "By involving the people we support we can tailor the service to both the needs and choices of the individuals we support."
- Staff demonstrated good knowledge of people's needs and interests. The provider and registered manager had embraced the principles 'Right support, right care, right culture' in how they supported people and in their future plans for the services.
- One relative said, "The care does not need to be improved on at all." Another said, "The management is good. I used to be on the board of trustees."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

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

- The registered manager understood their responsibilities to report any safeguarding incidents and to relevant agencies such as the local authority and CQC. There was still work ongoing to further improve the systems and processes of governance and oversight of the service, but they had demonstrated improvement since the last inspection.
- The registered manager had oversight of the day to day working of the service and staff performance and took action to address issues when this was required. For example, staff had identified additional support was needed to support the team leader in one of the services. This was arranged and the outcomes for people had improved.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had worked to ensure transparency and honesty in everything they did. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. For example, when staff had failed to turn up to support people, they had contacted the local authority and CQC. Staff told us they felt support to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.
- The system of oversight and governance was transitioning from one system to another. The timescales for this had been delayed due to delays. The registered manager told us during this time of transition additional learning and support had been put in place to ensure staff were ready to utilise the new technology and ways of monitoring the people's outcomes. The registered manager told us they felt confident this would further improve the management and governance of the service.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and local community services and resources. Where needed staff had contact with specialist healthcare professionals to ensure people they supported were getting the right care. One example of this was the ongoing support they received regarding a person's epilepsy management.