

Royal Mencap Society

# Mencap - Yeovil Support Service

## Inspection report

Suite S1C, Abbey Manor Business Centre  
Preston Road  
Yeovil  
Somerset  
BA20 2EN

Tel: 01935423232

Date of inspection visit:  
27 January 2017

Date of publication:  
01 March 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 27 January 2017. The provider was given 48 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to see people during the day.

Mencap Yeovil Support Services provides personal care and support for people with a learning disability or mental health condition living in the community. The care and support is provided for people living in supported housing in the Yeovil area. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection Mencap Yeovil Support Services were providing support for nine people receiving personal care. We met two people who were living at one of the supported living houses. We also observed how people interacted with staff and whether they were relaxed and happy.

This was the organisations first inspection since they registered at their new address in March 2015.

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 were supported by sufficient numbers of staff who had clear knowledge and understanding of their personal needs, likes and dislikes. Staff had a good understanding of how people preferred to be supported both in their home and within the community. People were able to talk with senior staff in the office at any time as the service managers also worked shifts in the supported living units. This meant the staff in the office knew people very well. People who received care and support from Mencap Yeovil Support Services indicated they were happy with the service provided. One person said, "They are all brilliant, I am really happy." Another person said, "I think they look after us very well."

People's care needs were recorded and reviewed regularly with staff and the person receiving the care. All support plans included written consent to care if people agreed or were able to sign. Support workers had comprehensive information and guidance in support plans to deliver consistent care the way people preferred. We found staff were motivated and committed to ensuring people received the agreed level of support. Each person had a core team of support staff specifically assigned to them. This ensured people were familiar with the staff who supported them and had managed to build trusting relationships.

Staff told us the training they received was good and that the training could be very specific to people's needs if something was identified. They explained they had attended autism awareness training and MAPA training. This is 'Management of Actual or Potential Aggression' training. This training enables staff to understand how to de-escalate potentially challenging incidents. Staff said this gave them the skills they needed to recognise the triggers which could lead to behaviours that could be challenging for staff and react positively.

We observed people were cared for and supported by staff who were polite, compassionate and caring. People receiving the service had a very relaxed and cheerful relationship with the support workers supporting them at the time of our visit. Staff spoke passionately about the care and support they provided whilst maintaining confidentiality.

People were protected from abuse because the provider had systems in place to ensure checks for new staff, such as references and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

The Mencap Society's vision is, "A world where people with a learning disability are valued equally, listened to and included." The registered manager said they worked on the principles of the organisations vision and values. The organisation values are, "Trustworthy, Inclusive, Caring, Challenging and Positive." The visions and values were supported by staff who sought to ensure people achieved the best they could. Staff also discussed the organisation values during their one to one meetings with their line manager.

The service had a complaints policy and procedure that was included in people's support plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. People were involved in staff recruitment which meant they could say about the type of person they wanted to provide care and support in the service. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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 protected from the risk of abuse as staff had been trained to recognise and report abuse.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

People's legal rights were respected and protected

### Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People benefitted by being supported by a staff team that was well led with high staff morale, who put people at the heart of what they did.

# Mencap - Yeovil 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 27 January 2017. The provider was given 48 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be at home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Mencap Yeovil Support Services provides personal care and support for people with a learning disability or mental health condition living in the community. The care and support is provided for people living in supported housing in the Yeovil area.

At the time of the inspection the service was providing personal care for nine people. We met two people who were living in one supported living house. We also observed how people interacted with staff and whether they were relaxed and happy.

We spoke with two staff members as well as the registered manager and service manager. We looked at records which related to people's individual care and the running of the service. Records seen included two care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

People said they felt safe living at the supported housing unit and with the care and support they received. One person said, "I feel very safe and very happy living here they are all very nice." The other person said, "Yes of course I feel safe I am really happy to be here."

People were protected from the risk of harm and abuse. The service had policies and procedures in place regarding the safeguarding of people, which included details of the local authority procedures. Staff told us, and records seen confirmed that all staff had received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One support worker said, "I have no worries that something like that would be dealt with properly, they [service managers] are very supportive and always there to listen."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Mencap Yeovil Support Services until their DBS check had been received.

Risks to people were well managed and people's freedom was also supported. Risk assessments were in place to keep people safe whilst they were in their home and the community. Staff confirmed they supported people without restricting them. For example, we saw risk assessment documentation stated, "This plan is about doing things as safely and sensibly as we can rather than saying we are only doing things that are totally safe." The risk assessment included what the impact would be for the person if they were unable to carry out a specific activity. For example, one person liked to bake in the kitchen with the support of staff. The impact if they were not supported to take the risk was that they would experience a, "Decrease in confidence and loss of skills." Another person enjoyed swimming but their risk assessment stated they were at risk of epileptic seizures. Staff had very clear guidance on how to support the person to go swimming as safely as possible.

Risk assessments were also completed in relation to activities such as driving a car, riding a bike swimming and taking part in outdoor activities. One person had expressed the wish to drive a car so arrangements had been made for them to receive lessons from a local motor museum on private property.

Support plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required.

Staff informed the service manager if people's abilities or needs changed so risks could be re-assessed. We

saw support plans had been up-dated following changes in the risk assessments. For example, one person was receiving a lot of support for specific health issues and the care plan was updated each time a change was made to their medication or routine.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff confirmed they worked at the same supported living unit so were able to build up relationships with the people they supported. The registered manager confirmed they had an on-going recruitment programme to ensure they had sufficient staff to meet people's needs.

Some people required support to manage their medicines safely. Staff administering medicines had all received training and competency assessments were carried out to ensure they continued to follow safe practices. People had signed agreements for the level of support they required and this was clearly documented in their care plan. Where necessary staff had also received specific training in the safe administration of specialist medication, for example, Buccal Midazolam, this is a lifesaving medicine used by people who experience epileptic seizures.

People were supported to manage their own money where possible with the support of staff or their family. The agency's policy and procedure for the safe handling of money protected people from financial abuse. If support workers handled people's money as part of their personal care package they kept a record of, and receipts for, all monies handled.



## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "I think they are all very clever, they [staff] know exactly what to do and they know all about me."

People were supported by staff who had undergone an induction programme which gave them the necessary skills to care for people safely. Staff confirmed they had attended an induction programme. The service manager confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care. Records showed the induction included medication training and competency checks, safeguarding vulnerable people as well as an introduction to the organisation's policies.

Staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example, staff had also attended Management of Actual or Potential Aggression (MAPA) training. This training enables staff to understand how to deescalate potential aggressive incidents. Staff had also received training in autism awareness which was specific to people they were supporting. The service manager confirmed they would access specific training for staff if people's health needs changed. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications such as a national vocational qualification (NVQ) or diploma in health and social care.

People were supported to eat a healthy and well balanced diet. One care plan said the person was not able to drink certain fruit juices due to their medication. Staff were aware of this and supported the person to drink alternatives. Care plans also stated whether people preferred a social eating experience or to eat privately. One care plan was very clear about how the person found mealtimes stressful and how they could become distressed and display challenging behaviours. Staff were given very clear and detailed guidance on how to support the person to have a positive experience at mealtimes. Where possible people were supported to plan and cook their meals themselves.

People were supported to maintain good health and wellbeing. Staff had developed effective working relationships with a range of health professionals to help ensure positive outcomes for people's health and well-being. Staff supported people to attend annual health checks and made referrals to appropriate health professionals when they had concerns about someone's health. Staff also worked closely with the local commissioning teams. One person was experiencing complex health issues and one staff member had taken on the role of liaising with specialist health care professionals to ensure consistency of care. They had also researched information to help support the person through the illness.

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff met regularly to discuss training needs and work practices. A matrix confirming staff had

received supervision and had one to one meetings planned was readily available and up to date.

People only received care with their consent. The two care plans we looked at showed staff had obtained written consent, both care plans were signed by the person. Staff confirmed they discussed the care plan with the person and could make changes as suggested or discussed.

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. Records showed that staff discussed decisions with the person and their families. At the time of the inspection all people receiving personal care could make informed decisions with support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody was being deprived of their liberty. However the support workers, the service manager and the registered manager all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

## Is the service caring?

### Our findings

People told us they were supported by kind and caring staff. One person said, "They are all very kind and very caring." Another person said, "They are all very nice, especially her." [Pointing to the staff member supporting them at the time.] "They are all wonderful and really care about me."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One support worker explained how they were one person's keyworker and had built up a good relationship with them. We saw in records maintained by the service that this staff member had worked closely with the person to understand and help them overcome specific health issues. The service manager explained how this staff member had even cancelled their own annual leave to support the person, to go on holiday and attend a learning disability festival.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Support workers supported people to follow interests, hobbies, achieve and learn new interests and maintain contact with their local community. Although they were providing a lot of support the support workers encouraged people to be as independent as they could be and to make the decisions about what they did and how themselves. Staff saw their role as supportive and caring and were keen not to disempower people. One staff member said, "It's important it is what they want to do and they feel they have achieved something."

The service organised a "What matters most" survey. They asked people what they really wanted and what they would like to achieve. Staff went above and beyond expectations in supporting people to achieve the goals they had set. For example, one person wanted to spend some time with their family. Staff supported them to liaise with their family and the occupational therapist to ensure equipment was in place to help them achieve their wish. Other people wanted to attend a football match and this was arranged with the result that regular trips to the local team were now organised. Another person wanted to manage their own finances. Staff supported them to open a bank account and work out their own budget. Following these achievements each supported living house held a party to review what they had done and celebrate their successes. Staff decided that just having a party was not enough for people to show what they had achieved, so they produced certificates for everybody, which were presented to them at the party. During our inspection one person proudly showed us their certificate of achievement.

Care plans were very clear about how to respect people's privacy and dignity. One care plan explained how to support a person who was at risk of having an epileptic seizure whilst in the bath. It was very clear about maintaining the person's privacy and dignity whilst also ensuring their safety.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. For example, it had been recorded in one person's review, "I think my staff are good because they arranged driving lessons for me at the [local museum]. And they came to watch me have my lesson." Another person's review stated, "Staff that support me are caring. They take me out for lunch and shopping."

They take me to a knitting group which I really enjoy." Care plans showed people and their parents had been involved in reviews of the support they required. Part of the review included any changes the person wanted made to their 'paperwork' and any activities they had taken part in that were important to them. People were also supported to express their views about the way the organisation developed. For example, people were involved in the interview process for new staff and could have a say about the people the organisation employed and would be supporting them.

Support workers spoke warmly and respectfully about the people they supported. They were passionate about the way they supported people to achieve new things and progress in their personal development. Staff were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

## Is the service responsive?

### Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes.

Support workers had a good understanding of how to support people's choices, lifestyles and preferences. Records showed people enjoyed a range of activities and interests.

Mencap Yeovil Support Services supported people to maintain an active and fulfilling life with support to go on social trips, manage their own homes and finances and to maintain their status in the community. For example, staff had supported people to go on a holiday to Longleat Safari Park where they hired bikes and a wheelchair bike so people could experience the area. One staff member had supported people to attend a festival for people living with a learning disability and to put on a fashion show. Other staff supported people in one house to create Christmas hampers of homemade produce for their families and friends. Photographs showed people had enjoyed making the produce and decorating the hampers.

Staff worked in partnership with people to make sure support plans were personalised to each individual. Support plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The information in the support plans were written in a person centred way and showed people had been involved as far as possible in the detail. For example, the care records included sections on, "what people like about me, what's important to me, and how to support me well." These were clearly written from either the person's point of view or with information from a close relative such as a parent. The care records also explained what a good day looked like and what to avoid, preventing a bad day. Records showed that as well as regular meetings to discuss any changes, people also had an annual review of their care needs which involved the person, a relative if they wished and members of their care team.

Changes to people's support plans were made in response to changes in the person's needs. Staff confirmed people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "We know the people we support very well and we talk with them and their family about what is important to them." Another staff member said, "The care plans are good for information about what the person likes and dislikes and how they prefer their routine. However each day can be different, for example [person's name] wants to visit [name of a new store] so we are about to pop out and do some shopping."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy when they moved into the supported living house. Support plans contained the contact details and guidance on how to raise a complaint. Records showed the organisation had not had any formal complaints; however the registered manager could explain how they would manage a complaint. One person told us they knew who to talk to and knew they would listen to them.

## Is the service well-led?

### Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. One staff member said, "[Name of service manager] is always available they know the people we support as they also work support hours with us."

On our visit to the supported housing unit one person spoke with the service manager in an easy and relaxed manner. They told us, "I like her she is very nice, she is the boss, so I know I can go to her if anything happens."

The registered manager and directors promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The Mencap Society's vision is, "A world where people with a learning disability are valued equally, listened to and included." The registered manager said they worked on the principles of the organisation's vision and values. The organisation values are, "Trustworthy, Inclusive, Caring, Challenging and Positive." The visions and values were supported by staff who sought to ensure people achieved the best they could.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or a senior support worker to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The one to one meeting also followed the organisation values and ensured staff reflected on how they were upheld. One staff member explained that training needs could be identified at these meetings and requests for additional training or updates could then be sent to the training team.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. For example, one audit had noted there were gaps in medication record charts [MAR] when people went on 'social leave.' Minutes of staff meetings showed this had been discussed with staff and the importance of records was re-emphasised. The minutes for a meeting two months later acknowledged an improvement in the signing of MAR charts when people went away. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals. There was on-going discussion and training for staff to support their role as support workers supporting people to live as independently as possible in the community.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. The registered manager was also supported by the organisation with manager's meetings held monthly when they shared best practice and good news stories. The registered manager then shared the knowledge they gained with staff at staff meetings/supervision.

The provider had received an 'Investors in People' award, which is an internationally recognised accreditation for good people management. The provider was also a member of the United Kingdom Accreditation Service (UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.