

Royal Mencap Society

# Mencap - Merseyside and Lancashire Support Service

## Inspection report

4th Floor St Hughs House  
Stanley Precinct  
Liverpool  
Merseyside  
L20 3QQ

Tel: 01519347840

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Mencap Merseyside and Lancashire Support Service consists of 35 'supported living' services across Liverpool, Sefton, Knowsley, Wirral, Wigan, Lancashire and Trafford. At the time of inspection, the service was providing support to 126 people with different health needs, mental health conditions, learning disabilities and/or autism, in their own tenancies.

### People's experience of using this service:

We found and heard some very positive examples, but also identified improvement needs. This is a large service and we considered everything we looked at in proportion, to achieve a balanced judgement based on people's experience, which was overall very good.

We considered that to support the consistent safety and quality of such a large service through robust planning and overview, record-keeping and governance needed to be improved. We made a recommendation regarding this. We therefore rated Well-Led as Requires Improvement. This is not a reflection on the positive, person-centred and inclusive culture of the service, which everyone we spoke with talked very highly about.

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe with the support from staff. People told us or showed us in their individual ways that they were happy with their care. Staff and relatives told us about the positive, person-centred and inclusive quality of the service. There were enough staff to meet people's needs and staff support was flexible about individuals' wishes. Staff felt well supported and told us everyone worked well together to provide a good service for people.

People and relatives told us they had no reason to complain, but that staff listened to them and acted on any suggestions. People were supported to be active in ways that were meaningful to them, as well as encouraged to try new things. Staff helped people to build or maintain new relationships within the service, as well as within the wider community. People, relatives and staff were actively engaged in the design and delivery of the service.

### Rating at the last inspection:

At the last inspection we rated the service as Good (19 October 2016). At the last inspection, we rated the service as Outstanding in Caring. At this inspection, we again heard some very positive examples. However, some of our findings showed that this was not consistent across the service and we therefore rated Caring as Good. Further detail is in our Caring findings in the full report.

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating. We found that the service continued to meet the characteristics of Good in most areas we looked at and the overall rating remained unchanged.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service dropped to Good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service dropped to Requires Improvement.

Details are in our Well-Led findings below.

# Mencap - Merseyside and Lancashire Support Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service provides care and support to people living in 35 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers 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:

The inspection took place on 8, 9 and 11 April 2019. We gave the provider three days' notice of the inspection. This was so they could check with people if they were happy for us to visit them in their own homes.

#### What we did:

Before the inspection

We reviewed notifications received from the service in line with their legal obligations. We looked at information the provider had sent us about the service in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback about the service from different local authorities we contacted.

During the inspection

We visited seven of the 35 supported living services. We looked at six people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information. We observed care people received at various times, as well as interactions. We spoke with 13 people who used the service and three people's relatives.

We spoke with 18 staff members. These included support workers, assistant managers, service managers, an administrator and the two registered managers.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person said, "I feel safe, definitely." People knew who to speak to if something was wrong.
- Relatives told us that the support from staff meant they did not have to worry about their family member, as one stated, "for the first time in a long time". They said, "I feel like [my relative] is living again and therefore I can live myself again."
- Staff were aware of their responsibilities to keep people safe and had confidence in managers to address any concerns. The service referred concerns to other agencies and investigated them appropriately.
- Staff told us they would feel confident to 'whistle-blow' to other organisations if appropriate and felt this would be supported by the provider.

Assessing risk, safety monitoring and management

- Some aspects of managing and responding to risk needed to be improved, as did some underlying mechanisms and tools. We considered this as part of record-keeping and governance, under the question whether the service was well-led.
- People had a variety of risk management plans in place based on their needs. These promoted positive risk-taking. We discussed some gaps in the review of these with the registered managers.

Staffing and recruitment

- People and staff told us there were enough staff and support was flexible around people's needs.
- A staff member said, "Especially since we have moved to supported living, the staffing is better and much more flexible around what people need."
- The provider carried out robust recruitment checks for new staff. These helped to ensure that staff were suitable to work with people who may be vulnerable as a result of their circumstances.
- People using the service were involved in interviews of new staff.

Using medicines safely

- The service overall supported people with their medicines safely. We discussed a few minor record-keeping issues with managers.
- We heard some positive examples of people being supported to be more independent with taking their medicines.
- At times protocols for 'as required' medicines needed to be clearer, to provide effective guidance for staff as part of supporting people's health safely.

Preventing and controlling infection

- Staff supported people to maintain clean, hygienic tenancies.

- Personal protective equipment, such as gloves, was available for staff.

#### Learning lessons when things go wrong

- The provider and registered managers were working with other agencies on a larger project to learn lessons from previous events. A new audit tool had been developed as a result and we discussed that this needed to be implemented across the service as a priority.
- Staff completed incident and accident forms when required. These were analysed by the provider's National Quality Team, for example to look for patterns in events.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was clearly focussed on good outcomes. We heard some very positive examples of this.
- The provider was developing their Positive Behaviour Support (PBS) practice. PBS is a recognised best practice model to promote people's quality of life. People's support was underpinned by improving their self-esteem and quality of life.
- Behaviour care plans detailed what might make people more likely to show behaviours that challenge and how staff should manage this. We discussed with managers how this could be developed in line with PBS best practice, to teach people skills to own and use when difficult situations arose.

Staff support: induction, training, skills and experience

- Staff felt well supported, completed a comprehensive induction and training sessions in line with provider expectations.
- Staff received regular supervision and were complimentary about a new format that had been introduced.
- People and their relatives told us staff were competent in their care and support.
- We discussed further opportunities for person-specific training to guide staff in their understanding of conditions people they supported lived with.

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

- People were supported to eat and drink enough. We heard some examples of how staff tried to encourage people to eat more healthily. There were opportunities to develop this further.
- For example, one supported living setting was involving people more actively in food preparation. We discussed with managers that this provided a good opportunity to help people make healthy food and cooking choices.
- Staff were aware of people's dietary needs. These were not always reflected in specific care plans, for example if people needed to avoid certain foods due to health conditions.

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

- We heard a variety of positive examples of how staff supported people to be more active and healthier.
- It was particularly positive that people had identified their own ways to do so, including the use of wrist-watch technology to measure their activity. This was also used to find out other important health information.
- The service worked together with a variety of health professionals to support people's health and wellbeing.
- We found some development needs in health-related monitoring and recording, which was important to

ensure staff could respond to concerns effectively. We considered this as part of record-keeping under the question whether the service was well-led.

Adapting service, design, decoration to meet people's needs

- Information was available in different format to make it accessible and easy to understand for people.
- Staff gave us an example of how they supported people with regards to obtaining suitable mobility equipment.

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 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 to receive care and treatment with appropriate legal authority.

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

- Staff sought people's consent before providing care and support.
- The service worked with social workers and other stakeholders to follow principles of the MCA and maintain people's best interests. This included considering with social workers whether restrictions amounted to deprivation of people's liberty, which the local authority would need to apply to the Court of Protection for. Registered managers confirmed there was nobody using the service subject to an application to the Court of Protection at the time of our inspection.
- We found that mental capacity assessments had been completed. We discussed some improvement needs with managers regarding information in the assessments and consistency in completion.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout our inspection we observed kind, warm and caring interactions between people who used the service and staff. It was clear that people and staff knew each other well.
- Staff supported people when they were upset, with compassion and understanding.
- Overall there was a low turnover of staff. This meant there was consistency in support and it helped people and staff to develop good relationships.
- Staff told us how much they enjoyed supporting the people using the service
- People told us staff treated them with kindness and respect. People's comments included, "All the staff are ok, there are no problems", "I am happy with everything" and "Staff are great."
- Relatives told us how staff showed compassion and understanding not just to people using the service, but also family members. One relative said, "They have been on such a journey with [my relative]. They all truly care for them. I can sleep again at night."
- Staff talked with pride about their work. One said, "I am so happy to be here, so proud of the difference we make for these people here. They are my family when we are here. We make sure we enhance their lives in all areas and stop them from being deskilled."
- We discussed with managers some examples we found, where care planning and delivery needed to be improved for the service to be consistently caring. This included staff response to certain risks in some situations, but also some language used in people's records. We considered these could be improved to reflect the service's focus on people's strengths and ownership of their lives.

Supporting people to express their views and be involved in making decisions about their care

- There was a focus on supporting people to voice their views and be heard.
- People were involved in recruitment panels as inclusion advocates.
- When people needed someone to speak up on their behalf, the service signposted them advocacy services.
- The provider's "What Matters Most To Me" tool had been introduced to maximise people's input into their care, however this had not been consistently used.

Respecting and promoting people's privacy, dignity and independence

- We heard good examples of how the service promoted people's independence, for example around taking their medicines or supporting steps into employment.
- We discussed that the service needed to at times be more mindful of displaying staff information in people's own homes, if people had not been consulted on this.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that staff knew them well and understood them.
- People's care was person-centred and responsive to their individual needs.
- People had a variety of care plans in place, based on their support requirements, preferences and interests. These were overall reviewed in line with provider expectations. We discussed some gaps in review with managers.
- People had input into their care plans and personal reviews.
- Staff met regularly with people to discuss what was going well and what needed to be improved.
- We heard positive examples of staff support promoting people's quality of life. This included supporting people to travel to favourite destinations, developing their independence or helping them with steps into employment.
- People took part in a variety of activities and did things that were meaningful and enjoyable to them. Staff also encouraged people to try new things to be active and enrich their life, based on what they knew about people's preferences.
- The provider had developed an "Around the world challenge", a particularly creative way to support people to be active and connect with others.
- The service supported people to plan for their future goals.
- We heard positive examples of people developing and maintaining meaningful connections with others within and outside of their services.
- Staff were knowledgeable about people's individual communication styles. We discussed with managers that not all people had a related care plan, a "communication passport", to share this knowledge.
- The service supported people to find individual ways to support their communication, including the use of technology.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint, but had no reason to.
- A complaints procedure was made available in different formats, to make it accessible and easy to understand.
- People told us they could speak to any staff member if they wanted to make a complaint and would feel listened to.
- Relatives told us that the service had developed how they listened to people and their family members and that staff were quick to act on any suggestions for improvement.

End of life care and support

- At the time of our inspection, nobody using the service was receiving care at the end of their life.
- Registered managers explained how they had previously worked with people and their relatives to provide

compassionate and respectful support at the end of the person's life.

## 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

Leaders and the culture they created did support the delivery of good quality, person-centred care. However, aspects of record-keeping and governance needed to be improved to ensure consistent safety and quality of care across the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We discussed with managers that the standard of record-keeping needed to be more consistent across the different parts of the service. This included for example completion of person-centred plans and documents, as well as their regular review.
- We considered that oversight needed to ensure the more consistent implementation of new approaches to person-centred planning the provider had introduced.
- Systems and records at times needed to be used more effectively to enable staff to identify and respond to risk. For example, when people had health related monitoring charts in place, these had not always been completed consistently.
- There were a variety of audit tools and systems in place to monitor the quality of care across the service. However, these had not always been completed and kept up to date to robustly show whether identified actions had been carried out.
- The effectiveness of these systems needed to be developed for parts of the service. For example, they had identified some issue we found on inspection, but these had not been consistently rectified.

We recommend that the service review the effectiveness of their quality processes and ensure that records, including action plans, are kept up to date consistently.

- New meetings had been introduced for all service managers to come together and share their learning about best practice, to support more consistent service development.
- There were two registered managers in post. They had informed the Care Quality Commission (CQC) of specific events in line with legal obligations.
- Ratings from our last inspection were displayed on the provider's website and in the service offices, in line with requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and staff told us about the strong and clearly-person-centred, inclusive culture of the service.
- We heard positive examples of how the service supported the diversity and equality of people and staff teams.
- The registered managers led on the culture of the service. It was clear from observations and conversations that they were well known to people, relatives and staff.

- All of the staff we met during our visit were warm, welcoming and talked about a shared vision to improve the quality of people's lives.
- Throughout our visit, managers were supportive, engaged with the inspection and listened to our feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service supported people to be active members of their community, through volunteering and network opportunities.
- People and staff were actively involved in the design and delivery of care through regular meetings, surveys and individual reviews.
- We received very positive feedback about the service from family members. Relatives commented that the service continued to develop and praised staff and managers for good communication and acting promptly on any feedback.
- Relatives' comments included, "The manager is a breath of fresh air" and "They have a driven and committed manager, they are an accessible leader and motivate the team."
- A staff member said, "We help each other out if someone has a problem. Same with the management, they will help us and support in any way they can. They always want us to achieve just that little bit more."
- All of the staff we spoke with spoke well of managers and that they enjoyed working for a provider they highly respected for their person-centred culture. One said, "It is great to work here, easily the best job I ever had."

Working in partnership with others

- The service worked in partnership with families, commissioners and other stakeholders to continuously develop the quality of people's care. This included learning lessons together from previous events.
- We received positive feedback from commissioners, as well as comments that the service had made improvements where they were needed.
- Managers attended network events and shared what they had learned across the teams.