Lambeth Mencap

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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

This announced inspection took place on 30 March 2016. The service was last inspected on14 January 2014. The service met all the regulations inspected at that time.

Lambeth Mencap provides community support services to people with a learning disability living in their own home and 24 hour supported living accommodation. At the time of this inspection the service was providing support to 106 people. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Staff were trained to safeguard people. They knew the signs of abuse to be alert to and the actions to take should they suspect it. People's risks were assessed to prevent avoidable harm and their risks were reassessed when their needs changed. Staff were recruited through a safe and thorough process and there were sufficient numbers of staff to support people's needs safely.

Staff were supervised by their line managers and received training to keep their skills and knowledge up to date. New staff were taken through an induction process. All staff received an annual appraisal.

People were supported to make choices about the care and support they received and their communication needs were met. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005 and the requirements of Deprivation of Liberty Safeguards (DoLS).

People were supported to eat nutritious food. When assessments of people's swallow safety identified choking risks staff had clear guidelines on supporting people to eat safely. People had timely access to healthcare services whenever they needed.

Staff were compassionate towards people and treated people with respect and dignity. People's diversity was recognised and their cultural needs were met.

The service had a registered manager who staff said was open, approachable and ensured effective communication throughout the service. Quality assurance audits were systematically undertaken to drive up improvements in the service being delivered to people. The provider worked collaboratively with other service providers and with health and social care professionals.

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 abuse and neglect by trained staff who knew what safeguarding actions to take and when. Staff understood how to whistle blow if they had concerns that needed to be raised with external agencies in order to protect people.

People were protected from the risk of avoidable harm by risk assessments which were updated as people's needs changed.

The provider used safe recruitment methods and provided enough staff to meet people's needs.

People's medicines were managed safely. Medicines administration was recorded correctly and staff knew what to do if a medicine error occurred.

Is the service effective?

Good

The service was effective. People were supported by staff who received on going training to maintain and develop their skills and knowledge.

Staff were supervised by managers and their performances were evaluated in appraisals.

People's rights were upheld in line with legislation. The registered manager and staff understood their roles in relation to the mental capacity act 2005 and the deprivation of liberties safeguards.

People's communication needs were assessed and they were supported to make choices.

People's eating and drinking needs were assessed. Risks associated with unsafe swallowing were assessed and staff had guidelines from healthcare professionals on managing these risks.

People had timely access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. People and relatives thought the staff were caring and respected people's dignity.

People were support to make decisions about the way the support and care was delivered.

People's cultural needs were assessed and met in the manner people and their families chose.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before a personalised service was provided.

People and their relatives were involved in creating and reviewing care plans which were updated as their needs changed.

People were supported with a wide range of activities. The provider sought the views and involvement of people and dealt appropriately with complaints.

Is the service well-led?

Good

The service was well-led. Staff felt supported by the registered manager and office based staff.

Staff understood their roles and responsibilities as well as the vision and values of the service.

The provider operated robust quality assurance processes and used the findings to improve performance.

The provider worked in partnership with health and social professionals along with two other local service providers.

Lambeth Mencap

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.

The announced inspection took place on 30 March 2016 and was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Lambeth Mencap, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with six staff, one operations manager and the registered manager. We reviewed documents relating to people's care and support. We read 11 people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We read nine staff files which included pre-employment checks, training records and supervision notes.

We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we spoke with three people and three relatives. We also contacted six health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I am happy, not worried, not scared." A relative told us, "I am pleased with the way staff work. They get vetted and they are caring. I have never been concerned about safety."

People were safe because staff understood safeguarding procedures and their responsibilities to report any suspicion of abuse. A health and social care professional told us, "They [the service] take safety very seriously and always act quickly when there are any safeguarding concerns." Staff received training in safeguarding and people's safety was discussed in team meetings and supervision. Staff we spoke with explained the signs that might alert them to the possibility that someone was being abused or neglected and the actions they would take to support the person and report the concern.

Staff understood the provider's whistleblowing policy. Whistleblowing is a term used when staff alert outside agencies such as the local authority or CQC when they are concerned about the provider's care and support practice. One member of staff told us, "I would follow whistle-blowing procedures if I was concerned about staff. I could keep my anonymity whilst protecting people."

People were protected from avoidable harm. Staff completed risk assessments which described how they would protect people from avoidable harm. A health and social care professional told us, "Lambeth Mencap write and share robust risk assessments." A member of staff told us, "Risk assessing begins with the referral from the local authority which will give us detailed information. Next we meet people and their families to get their views. Then we look at risks and how we can reduce them." One person's risk assessment identified the risk of food poisoning and detailed the steps staff should take to reduce the risk. For example, staff supported a person to check and ensure that dairy produce was stored at the top of their fridge and raw meats at the bottom. This meant people were supported to take action to manage their own risks. Risk assessments were reviewed on a regular basis and when people's needs changed to make sure staff had up to date guidance on safely managing risks to people.

The registered manager monitored accidents and incidents and ensured staff took appropriate action to keep people safe and minimise the risk of incidents recurring. Records of accidents and incidents were analysed and discussed at meetings in order for staff to learn from the events.

People were kept safe by the provider's recruitment processes. The manager ensured pre-employment checks were conducted to ensure the suitability of staff. Checks included the submission of two references which the service verified by phoning referees. Prospective staff were required to submit proof of identity and address and their eligibility to work in the United Kingdom. Checks were made with the Disclosure and Barring Service (DBS). The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. This had enabled the provider to make safe recruitment decisions.

People received the level of staffing required to meet their needs. People's level of support was determined

by an assessment which identified how many hours of support they required. Rotas confirmed that staff absences were covered appropriately. The service retained a database of staff who had worked with each person to ensure continuity when staff leave was taken. This meant that people were supported by staff familiar with delivering their care and support.

People's medicines were managed safely. Staff had guidance as to the support people required to take their medicine. One person's care records stated 'I need the support worker to prepare my [medicine] but I take it myself'. This meant people received the level of support they required to take their medicines safely. Care records contained the names and photographs of people's medicines and an explanation of their purpose. For example, one person's care records stated their medicine was prescribed to lower their blood pressure. We reviewed people's Medicine Administration Record (MAR) charts and found they had been completely accurately. Staff understood the steps to be taken in the event of a medicines error. One member of staff told us, "If I made a medicines error I would record it on the MAR chart, tell my manager and contact the GP or NHS direct."

People were protected by the infection prevention and control practices of staff. A member of staff told us, "we wear protective clothing when supporting people's personal care. We wash down all equipment and surfaces after use. This reduces the risks of cross contamination."

Good

Is the service effective?

Our findings

People received support from trained and supervised staff. Relatives and healthcare professionals told us the staff were skilled and knowledgeable. One relative told us, "When you talk to [staff] and look at what they do you can see they know what they are doing. They are more than competent." A health and social care professional told us, "The support workers are very good at achieving best outcomes for people and they receive strong support and leadership from their managers so they are never trying manage on their own."

The registered manager ensured that new staff were supported to complete a 12 week induction programme. During their induction period staff attended training, shadowed experienced colleagues and completed the Care Certificate workbook. Through this initial phase line managers provided staff with weekly one to one supervision meetings to discuss people's support. One member of staff told us, "When I finished induction I felt confident to work with people. When I was shadowing I met people, read care plans and talked it all through with my line manager." This meant people were supported by staff who were familiar with them and the plan to meet their needs.

People were supported by staff who received on-going training to maintain their skills and knowledge. Staff undertook core training in a range of areas which included first aid, health and safety, food hygiene, safeguarding, manual handling and medicines. Staff also received training that was specific to people's needs including autism awareness, epilepsy and the management and prevention of aggression. A member of staff told us, "There is always a lot of training going on. The managers keep good training records so we always know well in advance when refresher training is required."

People received support from staff who were supervised. Staff received regular supervision from their managers. This included one to one supervision meetings were people's needs were discussed and manager's direct observations of staff as they provided support to people. One member of staff told us, "I have supervision every six to eight weeks. It lasts for up to two hours and never feels rushed." Another member of staff said, "Supervision is good. We discuss my concerns and any new issues going on for [people]." Staff received an annual appraisal when their performances were evaluated and personal development was discussed. One member of staff told us, "I find appraisals motivating. They really give me a boost."

People's communication needs were assessed and recorded in care records. People were supported to develop communication passports which detailed their preferred methods of expression and understanding. Communication methods included sign language, speech, symbols, pictures, body language and ipads. A member of staff told us, "Some people use their own signs, so we have to learn them and then use them ourselves and record them in their communication passport." Care records contained guidance from speech and language therapists.

People were supported to make choices. Staff told us they obtained consent from people before providing care and support. Relatives confirmed that staff asked people how they would like their support provided.

For example, people were given a number of options for activities to engage in. We read the minutes of best interests meetings which showed people were supported to discuss and make decisions about health issues.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The DoLS ensure that people receive the care and support they need in the least restrictive manner.

People's nutritional needs were assessed and any dietary needs were met and recorded in their care records. Care records showed that where people were at risk of choking staff had clear guidance on the support they required to eat safely. For example, one person's care records listed the foods that should be avoided whilst another person's care records directed staff to cut and moisten food. This meant people received the support they required when eating. Staff maintained records of the mealtime experiences of people at risk of choking which were regularly reviewed with healthcare professionals. A member of staff told us, "We have training on healthy eating which also looks at risks around eating and drinking. As part of our training we feed each other which is a real eye opener because as you are learning about respect as well as safety and nutrition."

People accessed healthcare support as their needs required. Care records showed timely referrals were made to health and social care professionals. For example, referrals were made to psychologists to support people's behavioural needs. This resulted in assessments of behaviour and the production of clear guidelines which were given to people, families and staff. Staff maintained seizure records for people who had epilepsy. These were analysed for patterns and trends and shared with healthcare professionals. Changes in people's health conditions and the care and treatment they required was recorded in care records.

Care records included individualised plans to maintain health and well-being. We saw pictorial guidance with large print and few words per page for people about diabetes. This including foods to avoid and warning signs of low blood pressure. This meant people had information they could understand about staying healthy and the support they needed to maintain good health.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person said, "[Staff name] is very good and nice." A relative told us, "The staff are adorable. You should see the way they interact with [person's name]. You can't train that into someone. It has to come from the heart." A health and social care professional told us, "The staff are compassionate and caring and will go the extra mile. The staff have very strong bonds with those they support."

People's cultural needs were assessed. The service offered cultural matching when people chose. The manager told us, "The cultural diversity of our staff reflects that of the people we support and the local population as a whole. We have staff who can converse with people who speak Polish, Bangladeshi, French and Italian, to name but a few." We read in care records that people who spoke Portuguese and Spanish had key staff who spoke the same language. A member of staff told us, "We don't assume that because of a person's culture that they want to eat particular food or listen to particular music. Some people feel that their cultural needs are being met by their families and friends and want to be involved in the wider local community by English speaking staff." This meant people chose how their cultural needs were met.

People were involved in making decisions about how they received care and support. Care records showed that people made decisions about their day to day support. For example, people were supported to choose the clothes they wore and the activities they participated in. People were also supported to make more complex decisions over a period of time with the support of staff, relatives and, when necessary, health and social care professionals. For example, records showed people were supported to make decisions and plans about holiday abroad to destinations locations including France, Turkey and Eritrea. A member of staff said "The person is the expert on their own life. We get involved with their choices when people want us to. Our interactions are geared towards asking not dictating and it's important that questions are open ended and not closed." This meant that people were given the support to make choices.

People were treated with dignity and respect. A relative told us, "They [staff] always speak to [person's name] with respect. They never use childish words or tones. They talk to [person's name] like they would to me and you. And it's funny to see how they have developed their own shared humour." Care records promoted people's dignity. For example we read in one person's records, "[person's name] takes great pride in their appearance. It is important that they look smart. They like to dress independently but need a bit of assistance with zips, buttons and laces." This meant staff respected people's dignity and promoted their independence.

Good

Is the service responsive?

Our findings

People's needs were assessed before they received a service to ensure staff could provide the support and care they required. Care records were person centred and reflected people's individual needs and preferences. One health and social care professional told us, "Lambeth Mencap are really person centred and strong advocates for those they support."

People were supported to participate in a wide range of activities. We read care records which showed people engaging in keep fit classes, paintballing, drumming groups, recumbent cycling, gardening, dance classes, shopping and clubs. Staff recorded the activities people undertook and those they indicated they wanted to do. This meant support was responsive to the individually expressed needs of people.

People and their families were involved in the development of care plans. Care records contained colour photographs of people participating in activities that they enjoyed for example on holidays and socialising. Care records reflected people's individual needs and preferences and provided guidance for staff in the delivery of support. Guidance for staff in care records was often written in the first person. For example, in one person's care records it stated, "After a seizure please reassure me and encourage me to rest." This meant staff knew how people wanted to receive care and support.

People received support for the number of hours the local authority assessed that they required support for to meet their needs. Records showed the service delivered packages of care ranging from two and a half hours per week to 24 hours per day. People were supported to review their care when their needs changed. For example, one person's hours of support increased when their behavioural needs increased. This was noted in their care records and their risk assessment was updated. This meant the service took action in response to people's needs changing.

The provider sought the views and involvement of people in their own care and support as well as in wider service delivery. A 'people's rights group' operated as a service user forum. It gathered, discussed and shared people's views with the provider. People were present on the provider's board of trustees and people were involved in interviewing new staff. This meant the views and experiences of people were listened to at each level of the organisation.

People and their relatives understood the provider's complaints procedure. We read complaints records and found that complaints were documented, investigated and the outcome relayed to the complainant in a timely manner. We also reviewed the compliments book and read positive comments from people and their relatives. For example, one person said, "They are always on time and are very pleasant to me." A relative wrote, [Staff name] has a lovely manner and really understands the situation."

Good

Is the service well-led?

Our findings

Relatives, health and social care professionals and staff all told us the service was well led. A relative told us, "I think it is very well run and they keep us well informed. The managers are all very good." A health and social care professional told us, "It's an effective, responsive well run organisation that is open with other bodies and has good internal monitoring." One member of staff told us, "I enjoy my work. I learn every day. I get to help and support some wonderful people and I work alongside great [staff]. The managers are enthusiastic and encouraging. I love working here." Another member of staff said, "This is a nice environment to work in".

Staff told us the registered manager kept them informed. One staff member told us, "Communication within the organisation is good. We are definitely kept in the loop. We have team meetings, staff bulletins and access to our website." Staff representatives held a forum every three months to discuss staff, organisational and service delivery issues. This meant the provider sought the views of staff about improving the delivery of support to people.

Records showed that team meetings took place every three months. Meetings were spread over four sessions to maximise staff attendance whilst maintaining cover for care and support. Team meetings were used to discuss improving the delivery of care and support to people and promoting the provider's visions and values. Staff told us team meetings were an opportunity for them to discuss ideas and make suggestions. Team meeting minutes were made available for staff who could not attend.

Staff understood their roles and responsibilities along with those of team leaders, care coordinators and the registered manager. The registered manager understood their responsibilities of registration with CQC and had notified us of important events affecting the service.

Staff maintained accurate records of accidents and incidents which were analysed by the registered manager, operations manager and care co-ordinators who updated care records and risk assessments to reflect people's changed needs. This meant prompt action was taken to provide staff with the guidance necessary to prevent events recurring.

The registered manager ensured that audits were carried out to assess the quality and safety of the service people received. When shortfalls were identified the registered manager developed and implemented action plans to address the required improvements.

The provider worked collaboratively with two other social care providers locally. They shared training facilities and events and combined their resources for a number of social activities. The service had effective links with health and social care professionals and worked in partnership with behavioural therapists, occupational therapist physiotherapists, dieticians and social workers. The input from health and social care professionals was reflected in care records.