Royal Mencap Society

Royal Mencap Society - Lincolnshire Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to 50 people living in their own houses and flats. It also provides other support to people living with a learning disability. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care.

The service had been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

People's experience of using this service: The service was exceptional in placing people at the heart of the service and its values. It had a strong person centred and local community-based ethos. Staff and the service's management told us how they were passionate about providing outstanding person-centred care to people when they needed it.

People's needs, and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for.

There was a system in place to carry out quality checks. These had been carried out on a regular basis. People were asked their views in person and via questionnaires.

Medicines were managed safely. Arrangements were in place to monitor and manage medicines.

We saw evidence of caring relationships in place, and a clear commitment to support people at difficult times with compassion, respect and affection. People said they felt safe. There was enough staff to support people and staff were flexible in their approach. Efforts were made to ensure people had the same care staff visiting.

People were supported to have nutritious meals according to their likes and dislikes and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition.

Care plans contained information about people and their care needs.

Staff had received training to support their role. Staff had received regular supervision and appraisal.

People had good health care support from professionals. The provider and staff worked in partnership with health and care professionals.

Staff were aware of people's life history and preferences and they used this information to develop positive

relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

People were supported to access a range of leisure pursuits and participate in the community they lived in.

Although the provider was not responsible for the environments which people lived in they had put in place arrangements to work with the housing providers to ensure they met people's needs.

Arrangements were in place to manage and prevent cross infection and ensure good infection control systems were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provided had displayed the latest rating on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection: Good (Report Published January 2016).

Why we inspected: This inspection was carried out based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

Please see the 'action we have asked the provider to take' section at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe Details are in our Safe findings below.	**Good**
Is the service effective? The service remained good Details are in our Effective findings below	**Good**
Is the service caring? The service was exceptionally caring Details are in our Caring findings below.	**Outstanding** ☆
Is the service responsive? The service remained good. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was exceptionally well-led Details are in our Well-Led findings below.	**Outstanding** ☆

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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 a single inspector and an Expert by Experience. An Expert by Experience is a person who has had experience of the relevant care setting, in this instance experience of services for people living with a learning disability.

Service and service type:
This was a domiciliary care service. It provides personal care to people living in their own homes in the community.

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. On the day of inspection, the registered manager was unavailable. We spoke with the registered manager by telephone following our inspection.

Notice of inspection:
This was a planned comprehensive inspection and was announced. We inspected the service on 16 April 2019.

What we did:
Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return.This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with two people who used the service, two relatives, five members of care staff, two service managers and an area manager. We also looked at five care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Good

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.

Using medicines safely

•At this inspection we found medicines were managed safely.
•Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given as and when people required them, known as 'when required' (PRN). We found two occasions when protocols were not in place for paracetamol. We spoke with staff about this and saw they had been put in place on the day of inspection.
•Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe in their home. We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.
•Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
•We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staffing and recruitment

•There were sufficient staff available to meet the needs of people. Arrangements were in place to provide core teams of staff to provide support to people. This meant they would receive continuity of care and be familiar with the staff who supported them. Staff told us they thought there was enough staff to keep people safe. One staff member said, "The packages are good, you don't have to rush."
•The registered persons had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Assessing risk, safety monitoring and management

•We found that risks to people's safety had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
•People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, where people were identified as being at risk when going out in the community up to date risk assessments were in place and plans to support them when accessing the community.

Preventing and controlling infection

•We observed suitable measures were in place for managing infections. Staff had access to protective clothing.

Learning lessons when things go wrong

•Records showed that arrangements were in place to record accidents and near misses, and arrangements to analyse these so that the home manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff so they could work together to minimise risk.

Good

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.

Staff support: induction, training, skills and experience

•Staff had had access to regular updates on issues such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care.
•Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people. The advocate we spoke with told us, "Staff are trained to meet needs of [people] and have a good understanding of disabilities."
•Where people had specific needs, training had been provided to ensure staff were able to support people appropriately. For example, staff supported a person to access a hydrotherapy pool and had received training. Staff had also received training in supporting people with epilepsy and behaviours that challenge. A member of staff told us it was important to be able to access this type of training, so they could offer the best support.
•Supervision and appraisals had taken place. These are important because they provide staff with the opportunity to review their performance and training needs.
•An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard. Staff told us as part of the induction they also had time to shadow more experienced staff so they were familiar with people's needs and how they preferred their care.

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

•Where people required specific equipment to assist them with their care this was in place and guidance given to staff on how to support them with the equipment. A relative told us their family member used a hoist and staff had been trained in how to use this.
•Although people lived in their own homes, people were supported to maintain them. For example, the provider had developed working relationships with the landlords to facilitate this.

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

•Care plans were regularly reviewed and reflected people's changing needs and wishes. People and relatives said they had been involved in discussions about their care plans.
•Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required.

•Care plans were kept in people's own homes with electronic copies stored in the office for ease of access. The provider was in the process at looking at an electronic care record system to ensure information was available in real time.

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

• Care records detailed people's needs and likes and dislikes and where people required adapted cutlery and plates, to help them eat independently this was recorded.
•People were supported to plan their meals according to their wishes.

Staff working with other agencies to provide consistent, effective, timely care

•We saw from looking at people's care records that there was evidence that all the people who lived at the service had access to health professionals, to ensure that their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.
•We saw hospital passports were available in case people needed emergency hospital treatment, to ensure other professionals understood people's health needs.

Supporting people to live healthier lives, access healthcare services and support

•Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
•Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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. In domicillary care services this is by applications made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

•We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support to make more complex decisions.
•We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had been put in place.

Outstanding ☆

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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

•People's feedback told us they received exceptionally high quality, personalised, creative and compassionate care. All the people, relatives and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received.
•Staff used creative ways of reflecting people's personal histories and interests. The registered manager had developed a network of staff who were Sexuality and Relationships champions. This group of staff worked with the provider to support the development of a Sexuality and Relationships toolkit to be used when talking about the topic with people. A launch event was held which involved a speed dating night attended by over 100 people who used the service. This was beneficial to people because the majority live in rural areas with poor transport networks and meeting people can be very difficult. The event enabled people who used the service to meet people from outside their usual friendship groups. Where people wished staff had supported them to meet again so they could develop their friendships.
•Two people had been supported to get married. Staff were flexible in their service delivery, providing support above and beyond their usual remit. Staff supported the people to budget for and plan for their wedding. For example, the staff received a care award for their work with the couple from an external organisation.
•Staff were focussed on maintaining open and honest relationships with people and their families. We saw that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. We spoke with an advocate who visited the service they told us, "The staff I have met are really good and know the needs of the service users."
•We observed staff interacted positively with people who used the service. A member of staff told us, "Yes, it is a nice place to work as the service looks after you, I come to work because I enjoy it. I would put my family here as I know they would get looked after."

Respecting and promoting people's privacy, dignity and independence

•Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. There were many examples of people's quality of life improving because of the management and staff support. Staff were particularly sensitive to times when people needed caring and compassionate support. One person who lived with a relative needed extra support because the relative required a hospital admission. The service responded by working with the person's social worker and

changing shift times and providing additional support for a period of two months. The person had always expressed a wish to remain in their own home and the event was beneficial to the person because they coped so well living independently with the additional support, during this period. This meant the person had been able to remain living in their own home. Staff had explored the person's needs and preferences in relation to both their personal and family support in order to ensure they were able to meet their needs according to their preferences.
•Another person was very reclusive when they started to use the service. Staff worked with them and the clinical psychology team to increase their confidence. The person now attends different activities and volunteers at a charity shop. They are no longer afraid of attending medical appointments and spoke at a reflection event and at the launch of Mencap's Health Campaign "Treat Me Well." This person had grown in confidence as a result of the support from the service working with other health care professionals.
•The way the provider cared for people meant that they could make positive changes in their lives. A relative told us, "They [staff] are respectful and treat [family member] with kindness."
•We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

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

•We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. One person told us, "If I needed more help I could ask and they will help." Another person said, "I do a lot for myself, but they are nice and they all talk." A relative told us, "They [staff] are really good at meeting [family member's] needs."
•Where people were unable to communicate verbally arrangements had been put in place to support them. For example, a care record explained a person was able to make a choice when a 'few things' were offered to them. It advised to reinforce speech with pictures and gestures. Communication Passports were also in place. This meant if people were with staff or professionals who were not familiar with their care and needs they would be able to see how to communicate with a person and what was important to them.
• Records reflected the need to ensure people were happy with being supported. For example, a record explained that if a person did not like their meal they would push it away. Another explained how a person liked a lie in at the weekend so would get up for their medicines and then return to bed.
•Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Good

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 using the service each had an individualised plan of their care, drawn up with them and based on an assessment of their needs. Plans were reviewed regularly. People's files we looked at included assessments of their care and support needs and a plan of care. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.
•The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways people expressed their feelings and opinions.
•Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. The Accessible Information Standard is a law which sets out the legal expectations to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Information about people's rotas could be given to them in a variety of formats, to ensure the information was accessible to them. For example, one person received a rota with photographs on, so they were aware who was coming to support them and used a picture menu to plan their meals. For the person this meant they were better able to plan their days, with a clear understanding of who was coming to support them and when.
•People were involved in the development of their care plans. One person told us they, 'Had reviews that are meetings with the office'. A relative told us, "I have involvement in my [family member's] care if there is any change I let the staff know and we plan from there."
•People were supported to access to a range of leisure pursuits of their choice. For example, one person enjoyed watching sport, in particular wrestling and staff had supported them to purchase tickets to see this live. A relative told us, "They [staff] are really good at helping her social inclusion they take her out to meet people."
•Some people had their own cars and staff could drive for them, so they could access places more easily. Other people had been supported to obtain bus passes to use in the local community to increase their access to the community they lived in.

Improving care quality in response to complaints or concerns

•There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. Complaints had been responded to appropriately and resolved.

•A policy for dealing with complaints was in place. This was available in words and pictures to assist people with access to it. A relative told us they knew how to complain and would be happy to raise any concerns if they had any.

End of life care and support

•At the time of our inspection there was no one who required end of life care. However, the provider had arrangements in place to support people at the end of their life if required.
•The registered manager told us about a person who had expressed a wish to remain in their own home and staff supported the person to do this until they died. Records showed that staff had supported them in their own time to help achieve a dignified death in the place they wished to be.
•The team also supported another person who died in hospital to ensure they had familiar people around them and felt more at home.
•Recently two people who shared their home had died following illnesses. Staff have supported the other people who lived with them to create a memorial garden so that they can reflect and have a place to remember them.

Outstanding ☆

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

•The provider had an inclusive culture. Their ethos was team work in all instances. Staff felt involved and that their opinions and voice mattered.
•There was consistent and constructive engagement with staff. Staff were asked for their views at team meetings, supervisions and events. Staff told us they felt valued. Regular staff meetings were held to ensure staff were kept informed of changes and developments within the service. In addition, the provider had set up communication system to communicate with staff on a regular basis. For example, electronic based systems where staff had direct access to senior management to ask questions and comments.
•The contributions of staff were acknowledged through an internal award system. Staff could be nominated for the care they had provided, team working or 'above and beyond the call of duty' to win a prize. Staff told us they felt supported. A member of staff when asked if they felt supported, said, "Yes I feel if needed anything they would be there."
•There was a structured approach to gathering feedback on what mattered most to people and to identify ways in which to improve the quality of the service to benefit their well-being. We found that people who used the service, their relatives and members of staff had been engaged in the running of the service. The provider ran a 'What Matters Most' scheme to gain feedback. This involved an individual review of people's satisfaction with their service and then a service wide 'reflection event'. The reflection event brought together staff, people who use the service and families. The events focused on reviewing things that had gone well, needed improvement and future plans.
•There were consistently high levels of constructive engagement with staff and people who used the service. Surveys were carried out on a yearly basis. The survey for this year had not been published however we looked at the questionnaire and saw it had been commissioned independently. The questionnaire was designed by a steering group of families of people Mencap supports nationally. We observed that people who used the service had an equal voice in the organisation as staff, professional and families. For example, the provider had developed an advisory group to support people in the recruitment of staff. The group was made up of people who used services.
•More locally, locations held tenants' meetings which were used to plan what people want to do and review day to day support. Staff told us that in some areas for example where people live in different houses but in the same street they would join up for the meeting and turn it into a social event where people could meetup and exchange ideas.
•People were also involved in the recruitment of their support staff. This varied according to their needs and wishes, for example some people would be part of an interview and others preferred to meet potential staff

in a more informal arrangement such as over a cup of tea.

Working in partnership with others

•The registered manager worked collaboratively with other organisations, charities, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make positive and life affirming changes to people's daily living. For example, staff had received support from external organisations with specific expertise to support them with meeting people's individual needs. For example, BILD the British Institute of Learning Disability.
•Following an incident where a person did not receive quality care when attending a local hospital, a member of staff was supported to work with a local hospital trust to get them to sign up to Mencap's Treat Me Well campaign. This is a campaign which is aimed at improving health outcomes for people living with a learning disability. They will be working with National Mencap in 2019 running workshops for people with a learning disability to help them to understand their rights when they go into hospital in Skegness and Boston, so they will receive a better service. Leaders, managers and staff strive for excellence through consultation, research and reflective practice.
•The service has a track record of being an excellent role model for other services. It works in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Working relationships had been developed with other professionals to access advice and support. This included GPs and social workers in order to resolve complex issues for people. For example supporting a person to stay in their own home during a relative's illness.

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

•The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how 'passionate' they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. A member of staff said about a person they had supported, "I am so proud to have been part of [person] journey, to a happier, healthier, more independent life."
•The service had recently received an award for good practice for the care and support they gave to a person who was at the end of their life.
•The service had a very motivated, stable and committed staff team. Staff members told us they thought the provider was very good to work for and the management team supported them. There were numerous examples of staff working above and beyond their remit to ensure people received the best quality of care.
•There were systems in place to monitor the quality of care people received and to drive improvements. Regular checks were in place for a variety of issues including environment, health and safety, fire, moving and handling, accidents and training. A central system was in place for assisting managers to analyse results so that trends could be identified to avoid incidents occurring again. Area managers also carried out regular audits and developed improvement plans with registered managers to ensure improvements occurred.
•The previous inspection ratings poster was displayed on the provider's website.

Continuous learning and improving care

•The provider ensured national guidance was followed. For example, the policy for medicines reflected best practice guidance.
•There was a system to analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.

•The registered manager had engaged with external organisations to provide advice and training to staff on issues which affected people who received support. For example, the registered manager and a service manager were British Institute of Learning Disability (BILD) PBS (positive Behaviour Support) Coaches which meant they could deliver advice and support to staff in a timely manner.

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

•Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
•The registered provider ensured resources were available and working effectively to support high quality care and staff in their role. For example, a member of staff had been appointed to work with families and engage them with the service.
•Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.