

Royal Mencap Society

Mencap - Mansfield

Domiciliary Care Agency

### 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 was carried out on 7 February 2017. Mencap - Mansfield Domiciliary Care Agency is a domiciliary care service which provides support and personal care to people with learning disabilities living in supported living accommodation in north Nottinghamshire. Prior to the inspection the provider told us there were 41 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People were provided with the support they needed to take their medicines as prescribed.

People were provided with the care and support they wanted from staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the provider followed the Mental Capacity Act 2005 legal framework to make the least restrictive decisions in people's best interest.

People were supported by staff who understood their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with dignity and respect and their privacy was protected. Where possible people were involved in making decisions about their care and support.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had.

People were supported by a service which was person centred and put their interests first. There were systems in place to monitor the quality of the service so that improvements could be made when needed.

## 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.

Measures were in place to keep people who used the service safe because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the support they required from staff to meet their needs.

People were provided with the support they required to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Where people lacked capacity to make a decision about their care and support, their rights and best interests were protected.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were cared about them and treated them with respect.

People were involved in planning and influencing how they were

provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were supported to follow their interests and aspirations.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

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

**Good** ●

The service was well led.

People had opportunities to provide feedback regarding the support they received and about their involvement with the service.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

There were systems followed to monitor the service to recognise when improvements were needed and how these could be made.

# Mencap - Mansfield Domiciliary Care Agency

## **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 took place on 7 February 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

We were unable to speak with anyone who used the service during the inspection but we were able to speak with eight relatives. We also spoke with 11 staff, consisting of six support workers, four service managers and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records and other records kept by the registered manager as part of their management and auditing of the service.

## Is the service safe?

### Our findings

Relatives felt their relations were safe using the service and were treated well by the staff who visited them. They told us staff being with their relations kept them safe. One relative said, "The carers are there all the while." Another relative told us they had, "Never seen anything untoward that would worry me." A third relative said they were confident their relation was safe using the service and staff knew how to act with regards to safeguarding. They added that, "The major thing is [name] feels safe."

The provider informed us on their PIR that annual safeguarding training informed staff on how to identify types of abuse and to follow their local safeguarding procedures. Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager and make records of what they had been told or witnessed, which some staff said they had done previously. Staff knew how to contact MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

Service managers told us there was up to date information provided to staff on how to raise any safeguarding concerns. They spoke of having made safeguarding referrals to the local authority, who are the lead agency for safeguarding concerns and working with the local authority to investigate these. The registered manager said there was some developmental work underway within the service looking at how they could make safeguarding more person centred where people were involved in making decisions about their safety.

People were provided with the support they needed to keep them safe in their accommodation and when they were out in the community. Some relatives described how their relations were assisted with their mobility safely. This included ensuring their relations used any walking aids they had been assessed to need as well as keeping them under observation when mobilising. One relative whose relation needed to use a wheelchair when going out into the community said this was done safely because staff, "Keep their wheelchair in good condition won't let it go out if not perfect." Another relative said staff accompanied their relation when out in the community to keep them safe because their relation, "Doesn't know when they are in danger so they have staff with them to cross roads and things look that."

Support workers described how people were empowered rather than restricted by the risk assessment process. They told us how risk assessments were used to identify how people they supported could carry out activities as safely as possible. This ranged from day to day activities such as mobility and personal hygiene to taking part in their hobbies and interests as well as having new experiences. One support worker told us how they had recently been involved with other staff and professionals in risk assessing a person who had been less stable when walking to maintain their independence with their mobility. This had identified when the person had been at greater risk of falling and they were provided with additional mobility support at these times. The support worker told us this had "made a difference in reducing their falling". Another support worker said how this had identified how people could take part in activities they

wished to as safely as possible, such as using a hydrotherapy pool.

Service managers said risk assessments were used to "see how we can make it happen". They gave examples of people using a swing designed for wheel chair users and plans being made for two people they supported to have a hot air balloon ride. One service manager told us how a risk assessment showed how one person was now able to "enjoy a soak in the bath"

People were supported by a small team of staff who were assigned to work in the supported living accommodation they shared with a small number of other people. Relatives told us that they felt there were sufficient staff available to support their relation and the other people they shared their supported living accommodation with. Some relatives said there had been times previously where the staff team who supported their relation had been short staffed but new staff were recruited when a support worker left.

Support workers said they always had the number of staff needed to provide people with the support they required. They said if there were not enough permanent staff to provide the cover needed then this was made up by relief staff, staff working additional hours, one of the managers or by using agency staff. One support worker said, "We always find a solution." Support workers also said any vacant posts were recruited to and when anyone new was supported, or there was a change in a person's needs, the amount of staff support needed was reviewed. Staff also said how important the additional support hours were for people, one support worker said, "It has made such a difference."

Service managers said they looked to have a full complement of permanent staff. They described how they recruited support workers to support specific people who used the service, who were included in the interview process. The provider informed us on their PIR that staff were only appointed once the required recruitment checks had been carried out to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The service managers confirmed these recruitment processes were followed and described checking application forms during the recruitment process.

People were provided with the support they required to take their medicines safely. Relatives told us their relations were not able to manage their own medicines and needed staff to support them with taking these. One relative told us, "They (staff) have to give it (medicines) to them, they have a rota to check it's done. " Another relative said, "They sort that out [name] wouldn't be able to do that themselves." Relatives also told us that as far as they were aware their relations were provided with the support they needed to take their medicines safely and at the correct time.

Support workers told us they had received training on supporting people with their medicines and that following this they were then observed and assessed to be competent at supporting people with their medicines to ensure they did this safely. Service manager confirmed that they, or assistant managers, undertook these assessments. Support workers displayed an understanding of safe practices and how to respond in the event of an error being made. Some support workers also spoke of having had additional training to support people who had more complex needs for administration of their medicines.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Relatives told us they felt their relations were supported by staff who knew how to provide them with the support they needed. One relative said, "I have no concerns about the staff training, they look to me as if they know what they are doing." Another relative said they thought the staff "seem very capable".

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. The provider informed us on their PIR that all new staff completed the Care Certificate within their first 12 weeks of employment which the registered manager confirmed. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. A relative told us they had noticed how new staff "learnt as they went" and became more confident.

Support workers told us they completed a training programme which covered the key areas they needed to provide people with the support they required. They told us they were reminded when there was any training due to be updated. The registered manager showed us a record of training yet to be completed by staff, which comprised of new staff who were working through the 12 week training programme, and staff who had been off work for a period of time. Support workers said they were provided with any additional training they may need to meet a person's needs that was not included in the training programme, for example about how to support someone with a specific health condition. They also told us they could request any additional training if they felt this would be beneficial. Service managers all said they were currently developing their managerial skills currently undertaking a management based qualification

All staff had an individual development programme, known as 'shape your future'. This provided a forum where staff discussed their work individually with a manager who was assigned to be their supervisor, identified any additional training and support needs and given feedback on their work performance through an annual appraisal.

Relatives felt staff respected decisions their relations were able to make whilst they were supporting them. One relative said their relation "makes the decisions they want to". They added that staff encouraged them to do things they hadn't done before. Another relative said, "If [name] wants to wear something they wear it."

Staff told us they obtained people's consent about their support and any other matters wherever possible. They described how they looked to see the best way each person could be supported to retain and understand the information they needed to make a decision. One support worker described how some people had been able to make decisions on the décor and furnishing of their home through the use of technology and providing visual images.

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. The provider included information on their PIR about the principles of the MCA being embedded within the practice of different staff teams.

We checked whether the service was working within the principles of the MCA and found staff had a clear understanding of the principles of this legislation. There were assessments of people's capacity to make specific decisions included in their support plans. Where people had been assessed as not able to make a specific decision this had been made in their best interest. A relative told us that staff "always act in their (relation's) best interests, I am asked about it (decisions)." Staff told us they involved relevant individuals from a person's circle of support (which include people's family, friends and other involved professionals) in making decisions in a person's best interest. There was information included in people's support plans about who should be involved in certain decisions that may need to be made, for example if there were significant financial implications for the person to a decision being made.

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. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. The registered manager told us they had notified the local authority of circumstances where people they supported may be deprived of their liberty for them to consider if an application was required. Staff told us people were not subjected to any form of avoidable restraint other than where needed for their safety, such as using a strap on a wheelchair to prevent them from falling.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. One relative said, "You should see what they have to eat! I have no worries there." Some relatives commented that they felt their relations sometimes had too much to eat and were putting on weight, but appreciated this was a choice they made.

Support workers told us when they had identified any worries about a person's nutritional intake they had involved other healthcare professionals such as dieticians, GPs or speech and language therapists (known as SALT who provide advice on swallowing and choking issues). The support workers told us some people needed to be supervised when eating and had their meals prepared in a certain way. This was to help them digest their food and prevent them from choking. Staff said people were encouraged to eat a healthy diet and they referred to ensuring people had 'their five a day' of fruit and vegetables. Service managers told us staff were provided with training on nutrition from a nutritional nurse and SALT staff who had attended team meetings.

The provider informed us on their PIR how each person's health was monitored and any essential information was available to pass onto any healthcare services a person used. They also wrote that people attended regular appointments with the health professionals involved in their support, and that people living at one address had been involved in a pilot with their local GP surgery for the use of virtual weekly appointments. Relatives said their relations were supported to attend routine healthcare appointments and wellbeing checks. One relative told us how staff noticed a health issue with their relation and due to them acting promptly they were able to have this investigated.

Support workers told us they understood people's health needs and how to support them with these. They spoke of having "a lot of support" from healthcare professionals and said they had good working relationships with them. One support worker told us they had recognised one person was showing signs of

an illness and arranged for them to see their GP. This had led to the person having a change in the medicines they took. Support workers also told us how they prepared people for any health care procedures they needed to reduce their anxiety of these.

The provider informed us on their PIR they provided training and support about healthcare conditions people had as well as end of life care. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

## Is the service caring?

### Our findings

Relatives described staff as dedicated and exceptional and told us they had positive relationships with their relations. One relative said, "I would say they are really dedicated, particularly those that have been there for years." Relatives also spoke of their relations being happy. One of them saying their relation was, "Happy as Larry, it is the best I've seen them in 60 years." The relative added that they were "settled, happy and well looked after".

Relatives told us their relations were supported to maintain their relationships. One relative said due to their circumstances they were no longer able to visit their relation, so staff had begun bringing their relation to visit them instead. Other relatives told us they often "popped in" when they were passing to visit their relations and always felt welcome in doing so.

Staff spoke with passion about their work and providing people with the best care and support that they could. Support workers spoke of "empowering people to achieve" and "making a difference to people by knowing their wants and boundaries". One support worker told us, "Every day I get a different pleasure." They told us at times this could be someone achieving a daily activity, such as managing to put their own toothpaste onto their toothbrush. A number of staff described with great feeling and emotion how they had been able to put into place the end of life support one person required to enable them to spend this time at home rather than in hospital.

Support workers told us how people's individuality was recognised within their support plan and gave them the guidance as to how they should support people in the way that respected them and their views, beliefs and wishes. They gave an example of how one person was supported to regularly attend a place of worship.

Relatives felt that the supported living arrangements provided their relations with more choice, control and independence over their lives than previous residential placements they had lived in. One relative told us how their relation had decided upon their own routines which staff supported them to follow. Another relative said, "I am pleased with supported living, this has improved things for [name], they now have more freedom and choice."

Service managers described how staff had embraced the changes in the way people were supported through supported living which gave them more control, choice and responsibility over their lives. They told us that people were involved in interviewing staff who were going to support them. One support worker told us they had been interviewed by people they supported. Another support worker said the people they supported were not able to take part in an interview so prospective support workers were observed taking part in activities involving people.

Support workers told us people were involved and present whenever a decision that affected them was being made. Service managers said they followed the principle of, "No decision about me without me." Support workers said they supported people in the way that best suited them, which included using technology, photographs, books and picture cards, to express what they did and did not want or like.

Support workers also told us people were involved in every aspect of their plans through the person centred reviews. They gave examples where this had led to people purchasing their own vehicles and going away on holidays. Each person's support plan included details of the best way to communicate with them as well as explanations about how the person communicated and what some of their actions may mean.

Staff told us there was no one who used the service at present had the support of an advocate, however they would facilitate anyone to contact one if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service had their independence promoted and they were supported by staff with dignity and respect. Relatives told us their relations always appeared to be clean and presentably dressed. They spoke of them going shopping for new clothes and their accommodation being clean and tidy. One relative said their relation was, "Always clean, tidy and well-kept." They added that, "Their bedding and room is always nice and clean as well." Staff described how they showed respect to people and promoted their privacy and dignity when they supported them and spoke of maintaining confidentiality.

Service managers told us how people's living arrangements were developing along with the principles of supported living. This included having a more individual and less communal approach. This included people having meals when they wanted these, and although people sometimes did choose to eat together they could also have meals individually if they preferred. People were choosing letter boxes for mail to be delivered to their rooms and each person had their own medicines cupboard. One service manager said they were currently reviewing with the local fire officer what signage was needed. Staff told us how they only entered people's accommodation when they were invited in and that they had separate arrangements for food and drink that did not involve people's own purchases. They also ensured that any staff possessions and work items were kept in a designated area.

## Is the service responsive?

### Our findings

The support people needed was explained in a care plan and was kept under review. The provider informed us on their PIR how people's needs were identified through an assessment which was then used to prepare any risk assessments needed and a plan of the support they required. They also described how these were regularly reviewed. Relatives spoke of attending annual reviews to discuss their relation's support. One relative said, "The reviews go through everything, their medication, hygiene and wellbeing." Relatives told us these reviews included making plans for the forthcoming year, such as planning and organising a holiday.

Staff told us how the support people required was detailed in their support plan and that people had their needs met. They told us these plans were treated as 'live documents' and they would make any changes to these as and when these occurred. We saw additions and changes had been made to people's support plans at various times when staff had found a change to their needs. Staff also said people's support plans were reviewed during the person's annual review. Daily records made showed people had been provided with the support that had been planned for them. A support worker said the records were the evidence to show how they were supporting people and what they needed to prepare for.

Most professionals we asked for any comments about the service responded positively to this and described staff as working well with people and being knowledgeable about their needs. We were told about some issues concerning the care and support for one person which we discussed with the registered manager. The registered manager said they had not been made aware of all of these issues, but acknowledged that some of them could and should have been managed better. The registered manager informed us of the actions they had taken following our discussion.

People were supported to follow their interests and aspirations. Relatives said their relations were supported to do the things they wanted, such as going out for a meal, going to shows and other entertainments. One relative said, "You have to know what to do with [name], they (staff) know them well." Some relatives also said their relations attended a local day centre, which they had done for a number of years.

Service managers told us that people having individual support time allocated had been the key to them being able to pursue their individual interests. The provider informed us on their PIR that staff were expected to be flexible to meet the needs of the service. Support workers said they completed a monthly report with people they supported about what had happened the previous month and what future plans they would like to make. Support workers told us things they had supported people with recently included joining with a school choir, putting on a concert, attending football matches, having a meal on a train and taking part in the national 'Mencap's got talent' show.

People who used the service, or relatives acting on their behalf were able to raise any issues or concerns which were listened to and acted upon. Relatives told us they felt able to raise any issues with staff who supported their relations. They said when they had done so these had been acted upon so they had not needed to make any type of formal complaint. There was a complaints procedure where people involved

with the service could raise any complaint or concerns. The provider informed us on their PIR there was a robust complaints policy and procedure with clear deadlines for investigation, although they also informed us they had not received any complaints.

Staff were aware there was a complaints procedure but told us they had not been aware of any complaints made. One support worker told us how they had supported a person to make a complaint against their landlord over a building maintenance issue.

## Is the service well-led?

### Our findings

Relatives felt the service was well run and effective at communicating with them. Relatives told us they had contact with the staff team who supported their relations. They spoke positively about their contacts with staff and said they communicated well with them and any issues they had were addressed. One relative said, "If they want me to know anything they phone up and tell me." Relatives also spoke about staff wanting the best for the people they supported.

The registered manager told us about initiatives underway to involve people more and provide them with opportunities to express their views. There was a communications group which was looking at how to make the best use of technology to obtain people's views, choices and wishes. The registered manager said they had implemented a tenants' forum which had been developing over recent months to discuss tenancy related issues and another forum to organise social events. One of these had been a music therapy group for people in the surrounding area.

Staff spoke positively about the service and said they were proud to work for Mencap. They told us they felt the organisation "fought people's corner" and "strove to make things better for people". A service manager said, "I am proud of what we have done and I am proud to belong to Mencap." Staff told us they felt involved in developing the service and knew the long term plans. They told us they had regular staff meetings and were kept up to date with information in newsletters. The registered manager showed us an action plan they had prepared to develop the service in line with nationally recognised good practice in supported living standards.

The provider informed us on their PIR that there was always a manager available or advice and support and how staff could access their policies and procedures. Staff told us they could always contact a manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

Relatives spoke of how the staff members who supported their relations were provided with sound leadership. One relative told us about the positive impact one manager had made and "knows what is happening". Support workers told us they were managed and supported in individual teams. They told us they could contact the registered manager if needed and they saw them at staff meetings and other events.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

Relatives told us they had opportunities to comment about the service and support their relations received. They told us this was done through completing a questionnaire and during formal and informal discussions

with staff, such as their relations review or when visiting the relation or speaking with staff on the phone.

The provider informed us on their PIR that there were systems in place for monitoring the service. The registered manager showed us the IT system used to collect and monitor data about the service and any events and incidents that took place. This showed key information such as staff training being up to date and health and that safety checks had been completed at the frequency required. This also showed when any activity or test was next due. The registered manager told us the provider was in the process of changing to a new system which would be implemented the following month.