

Royal Mencap Society

Mencap - Norwich Domiciliary Care Agency

Inspection report

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Date of inspection visit:

22 November 2016

23 November 2016

13 December 2016

Date of publication:

09 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 23 November and 13 December 2016 and was announced. Royal Mencap – Norwich Domiciliary Care Agency is registered to provide personal care to younger adults and people who have learning disabilities or autistic spectrum disorder who live in supported living schemes in the Norwich area. At the time of our inspection 18 people were receiving personal care from the service. The amount of support provided to people was based on their assessed needs and varied from 24 hours a day support for people with very complex support and care needs to a few hours each week for people who were relatively independent.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

There were systems in place to help keep people safe from harm. Staff knew what abuse was and they were also aware of how to report any concerns about people's safety if they had them. There were enough staff to meet people's needs with a regular, consistent staff team. There were robust recruitment practices in place, which meant staff had been recruited safely.

Medicines were managed in a safe way and support was offered by staff when needed. Risks to people and staff had been assessed. People felt safe and where risks to people were identified, action was taken to reduce them.

People were supported by well trained and skilled staff. Staff supervision, meetings and appraisals were taking place on a regular basis, which meant staff had the opportunity to reflect on and develop their practice.

People's rights to make their own decisions were promoted and respected. People confirmed they were involved in decision-making about their care and support needs where possible.

When needed, people were offered support to eat and drink and to participate in hobbies and pastimes they chose. Staff supported people to make and attend health appointments if requested.

People's care plans were comprehensive and provided guidance to staff on how to meet people's needs. People received support that was individualised to their specific needs.

Staff felt they were listened to and were given the opportunity to raise any concerns. Staff were knowledgeable about people's background histories, preferences and routines.

The management team assessed and monitored the quality of the service through audits that were undertaken.

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.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise risk of harm

The service had a robust recruitment process.

Staff followed safe practices in the administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training and support relevant to their roles which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and respectful staff who understood how people communicated.

People's privacy and dignity was promoted and they were encouraged to remain independent.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised to people's individual requirements. Staff had a good understanding of how to respond to people's changing needs.

People's preferences were considered and people were involved with planning and reviewing their care where they were able to do so.

Staff delivered care that was in line with people's care plans.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems were in place to monitor the quality of the service being delivered.

The manager was approachable.

The service had policies and procedures in place, which the staff were aware of and worked to.

Mencap - Norwich 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 22 November 2016 at the provider's office. On 23 November 2016 we visited people at their homes to ask them about the care and support they received. This was followed up by further telephone calls to peoples' relatives on 15 December 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

We spoke with four people who used the service and three relatives. We observed how people were cared for when we visited them at home. This helped us understand people's experience of the support they received.

We spoke with three care staff, the registered manager, and a service manager. During the inspection, we

looked at four people's care plans as well as records in relation to the management of the service. This included staff recruitment records, staff supervisions, complaints and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe. One person said, "'I feel safe when staff are here, they help me.'" Another person told us, "I'm safe because staff always come and see me when they are supposed to." Another person said, "I feel safe because staff listen to me."

Not all people who used the service that we met were able to tell us about their views however, relatives we spoke with said the service their family members received was safe. One relative said, "Yes, my [relative] is safe where they live and with the staff support that they receive."

Arrangements were in place to protect people from avoidable harm. Staff we spoke with had undertaken safeguarding training as part of their induction, and had regular updates afterwards. Staff had a good knowledge and understanding of safeguarding. They were able to explain the process they would need to follow to report any concerns they may have, what signs of possible harm they would look for, and who they would escalate their concerns to if they felt appropriate action had not been taken. One staff member we spoke with said, "Any concerns and we [staff] report straight through to the manager. Information that we need is all in the foyer at the office. There are telephone numbers we can call and whistle blowing information too." Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

People were supported by a staff team who understood the risks to people and how to reduce the risk of harm. People's support plans included comprehensive risk assessments for all areas of their daily living. Risk assessments were carried out which considered how people's specific circumstances and needs could put them at risk of injury and harm when being supported in their home and when they were in the community. Support plans gave staff information on how to manage identified risks. We observed, and records confirmed, that staff cared for people in accordance with their support plans in relation to minimising risks. Examples of this were around specialist and individual nutritional support needs. Staff followed the support plan and risk assessment when they were working with and supporting people.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. The number of hours of staffing support required was agreed with the relevant funding authority to meet each person's individual needs. This ranged from 24 hour one to one staff support for people with complex needs; to just a few hours of support each week for people who were relatively independent. Staff told us they felt the staffing levels were appropriate to meet the needs and preferences of the people they supported. The registered manager told us that there was an ongoing challenge to recruit new staff to vacant posts however this was a challenge they were continually attempting to address. A member of staff told us, "Staff numbers has been an issue but it has improved now. We very rarely miss people's support calls but if we did they wouldn't lose those hours. The time is recorded and the people we support can use them on a different occasion or 'bank' them for a specific event they wish to attend."

Before commencing work all new staff had appropriate checks carried out to make sure they were suitable to work for the service, delivering care to people. These checks included seeking references from previous

employers and carrying out a disclosure and barring service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people. Staff confirmed that appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Royal Mencap until their DBS check and references had been satisfactorily received.

Systems were in place to ensure people received their medicines safely. One person told us, "Staff help me a little with my medicine. They are always on time with them." Many people were able to take their own prescribed medicines although some needed assistance or prompting with their medicines. Staff received medicine administration training and shadowed more experienced staff until they were assessed as competent by one of the managers. The assessment involved observation of their practice. Staff were reassessed every 12 months to ensure their practice continued to be safe. A member of staff told us, "I have had medicines training refreshed regularly and a competency check."

Medicines were kept in suitable storage facilities and medicine administration records were accurate and up to date. Staff said they checked to ensure people took the correct medicines at the right times. The managers carried out audits to check the accuracy of medicine records and supplies.

Is the service effective?

Our findings

Staff were provided with training and support to ensure they were able to meet people's needs effectively. The staff we spoke with told us they had the skills and knowledge they needed to support people who used the service. One staff member we spoke with said, "The training is good, it stretches you and makes you think. Mencap are a good company for staff training." We checked the staff training records and saw that staff had received training in a number of areas including moving and handling, medicines administration and first aid.

New members of staff completed an induction programme. This included shadowing more experienced staff until they became familiar and confident with the needs of the people they were supporting. One member of staff said, "New staff do shadow shifts where they observe existing staff working. When they are confident they work alone, there is no pressure on them to do so quickly."

Staff we spoke with told us they felt appropriately supported by managers and they said they had supervision every one to two months and an annual appraisal which was called 'shape your future'. One staff member said, "I have regular support and time to sit and discuss my work and any training. We also talk about if there are any areas needing updating." Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff we spoke with understood their responsibilities in respect of the MCA and the requirement to seek people's consent prior to offering support or care. Staff were also aware that people had the right to refuse care regardless of their capacity. One member of staff said, "Most people have the capacity to make their own choices and we respect them. We don't have to agree with them, it's their choices."

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration. The people we spoke with who received staff assistance with meal preparation told us they were happy with the meals staff prepared for them. We visited one person who required staff assistance to prepare their meal in a specific way, following specialist healthcare advice. We saw that staff supporting this person prepared their food and supported them to eat in accordance with the person's support plan.

People were supported with their health needs and to maintain good health. This was because people had access to and were referred to a variety of health professionals who promoted and supported their health needs. Records confirmed that these appointments took place and that people were well supported by staff to attend them. Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support can be given should they be admitted to hospital.

Is the service caring?

Our findings

People spoke positively about the staff and told us that staff were caring. One person said, "It's fantastic here. Staff are fantastic; I can't put it into words." Another person said, "Staff are nice people. They are lovely. We have a nice talk."

Not all people that we met who were receiving a service from Royal Mencap Norfolk DCA were able to communicate with us verbally and tell us about their experiences of their care. We spent time however observing how staff interacted with them and the care they were provided with. We found that staff supporting people were kind, caring and respectful in their interactions.

Relatives were also positive about the caring support that their family members were receiving. One relative said, "Staff are brilliant. My relative's key worker is exceptional, over and above. I can't speak highly enough of them."

Staff spoke warmly and respectfully about the people they supported and how much they enjoyed their job roles. One member of staff said, "We let people talk, we don't talk for them. We give people choice and respect them."

People's right to maintain their independence and privacy was respected. We saw that staff always knocked on people's front doors before they entered their home and also verbally asked if it was okay too. The people we spoke to confirmed this happened.

Staff were enthusiastic about the support they provided to people to promote their independence. People we spoke with told us that they were able to make their own choices. One staff member said, "We let people talk for themselves, we don't talk for them. We give choices and respect people, they are free to tell us what they think and we respect their choice and opinion. I wouldn't want anyone telling me how to live my life why should the people we support?" Another staff member said, "I love working here, it's one of a kind. People have support but they also have independence."

People were supported by named key workers. A key worker is a member of care staff who works with a person to focus on specific support areas. Staff had a good understanding of what was important to people and provided support in line with people's preferences. Staff supported people to follow interests and hobbies and maintain contact with their local community. One person told us, "My key worker is fantastic. We have meetings about my support plan to see how I am getting on. [Key worker] helps me with trips out and my money. We went out this week and I loved every minute of it."

The people we spoke with told us their care needs had been discussed with them and they were involved in their care plan reviews. One person described to us how they met with their key worker on a regular basis to review their support and plan their personal goals. They told us, "I have monthly meetings with my keyworker; we look at my support plan. We look at what I want to do and where I want to go. We have a chat and I have a yearly review."

People had their independence promoted by staff who worked alongside them and didn't rush in to do tasks for people. We observed staff encouraging people to undertake household tasks for themselves, which promoted their independence. One person told us, "I do my own shopping, I polish my floors, Hoover my carpets and I do it all every day. I am very independent with a little staff help."

People we spoke with told us they liked the staff and that they were treated with kindness. People told us that they were supported by staff who respected their privacy and dignity. One person told us that it was important that a specific gender of staff helped them with their personal care. They told us that staff respected this. Staff also confirmed that this person's preferences were respected. One staff said, "We respect [persons] preference to have a female carer. If there is a male carer on duty then we make sure a female comes in specifically to assist [person] with their personal care."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. One person said, "Staff are so good, they help me with what I need and help me in the right way for me."

Staff were aware of the needs of people that they were supporting. They spoke knowledgeably about how people liked to be supported and what was important to them. One person told us that it was important to them that they retained their independence and were able to make themselves a hot drink. They also told us that as a result of recent difficulties their support staff were supporting them to purchase a lightweight kettle so they could retain this independence in making their own drink. This meant that staff were responsive to people's changing needs and supportive to help them retain their independence.

Each person had a support plan with information personal to them. Support plans reflected how each person wished to receive their care and gave guidance to staff on how best to support the person. We saw staff had a good understanding of the way people preferred to communicate. We observed during our inspection, relaxed and natural communication between people and staff.

Changes to people's support plans were made in response to changes in the person's needs and the goals they set. Staff confirmed they were aware of changes made in support plans. One staff member said, "Communication is really good. We have a communication support book. We [staff] also update one another with any change to people's care by phone or email. We use people's initials though not their full names so it's confidential. We have to have good communication in this job role."

One person told us that they were part of an events committee organised by the registered manager. The purpose of the committee was to review what social events people who were being supported by the organisation wished to hold and then organise and arrange for them to happen. One person told us how much they enjoyed being part of the committee and involved in the meetings. They said "I am on the events committee. We talk about different things like day trips and Christmas. We have a meeting at the office." They also told us about some of the events that the committee had organised so far such as day trips, a Christmas meal and how they were planning for a Valentine's party next.

Information about how to make a complaint or provide comments about the service was available in an easy read format along with pictorial support. This guide was included in the service user guide. The information included timescales for an acknowledgement and a response. People were aware of the complaints procedure. We asked people whether they had made a complaint or if they would know what to do if they wanted to. One person said, "They ask me for feedback and I'm honest and truthful. If I don't like something I don't hold back however here I haven't had to complain. The staff are so lovely I am lucky to have them."

Is the service well-led?

Our findings

There was a registered manager in post who based themselves from the provider's office. The registered manager was supported by a team of service managers who worked alongside the registered manager and who provided support and line management to the support staff.

People and their relatives that we spoke with were mostly very complimentary about the service they received and the management and staff. One person said, "They are all so lovely, you wouldn't be believe it." One person's relative said, "Staff and the managers are brilliant. They can't do enough for my [relative] and they keep us informed." Another person's relative said, "I think it is well managed."

We also received feedback from a relative who felt that the communication between themselves and the registered manager had not always been productive however they also acknowledged that the service manager now in post was a 'breath of fresh air'. When we discussed the relatives concerns with the registered manager we found them to be very proactive and responsive in addressing the relatives concern.

We found the registered manager was knowledgeable about the service and about good quality care. They were enthusiastic about making a difference for the people the team were supporting. Staff were positive about their job roles. One staff member said, "I'm proud to work for Royal Mencap. I feel we deliver a good service to people."

Staff were positive about the support they received from both their line managers and the registered manager telling us that they found them to be very approachable. There was an open culture where staff were able to speak up and contribute their thoughts and ideas. One staff member said, "Team meetings are mostly held monthly. It's an open forum for discussion although we do have an agenda. We [staff] can speak up. We discuss ideas and it's a chance to listen to others opinions."

The ethos of the service was person centred support. Staff told us they shared this value and worked well as a team to support people. Person centred care is an approach that takes into account people's needs, preferences and strengths. Staff also told us they worked well together as a team and felt they could rely on their colleagues for support. One member of staff said, "The team work is very good. We all help each other. We have each other's telephone numbers if we need to talk to each other. It's nice to have someone at the end of the phone that you can talk to."

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. The registered manager told us that there were two main types of audits undertaken through the provider's online compliance monitoring tool. These were around the environment and also people's support. The environmental audit also covered health and safety. We saw that support plans were audited to ensure that they were up to date. Where changes or updates were needed a compliance action plan was developed which the registered manager shared with the service manager. We could see that where there were actions required to update documents these were being addressed.

Any accidents and incidents which occurred were recorded and analysed. The registered manager told us that actions were followed up using the provider's online system and action plans drawn up where needed as a result.

A quality assurance process was undertaken. Part of this process involved a questionnaire seeking feedback about people's care and support. We looked at the records and saw that an annual questionnaire was sent out to people and to their families. The relatives we contacted confirmed this. The HR manager told us that the results were positive and that they had shared them with the staff team. We were told they were also communicated to people's families as part of individual's review meetings.

We looked at whether people were involved in the development of the service. We saw that the registered manager sent out satisfaction questionnaires to people entitled 'Tell us what you think about Mencap'. The registered manager told us that the service was looking to engage with people in a meaningful way and that staff had supported people to understand the questions by rewording them if needed. We reviewed the questionnaires and noted responses were positive.

The registered manager told us the service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notifications to CQC and other external organisations.