

Harrow Mencap

Community Solutions (part of Harrow Mencap)

Inspection report

3 Jardine House
Harrovian Business Village
Bessborough Road
Harrow
London
Middlesex
HA1 3EX

Tel: 020 8869 8481

Website: www.community-solutions.org.uk

Date of inspection visit: 4 June 2015

Date of publication: 22/07/2015

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 

Overall summary

This inspection took place on 4 June 2015 and was announced, which meant we told the provider 48 hours in advance that we would be coming.

At our last inspection in August 2014 the service was not meeting one of the regulations we looked at. These were related to safe management of medicines. At this inspection we found that the service was now meeting this regulation.

Summary of findings

Community Solutions is part of Harrow Mencap. The agency provides personal care for children, young adults and people with learning disabilities living in their home or with their parents. The agency also provides escort services to accompany people to their chosen activities and organise person-centred activities. Currently the agency provides personal care to 15 people, which includes two live-in care workers. The agency has fifty personal assistants employed. This number increases during school holidays, during which the agency organises holiday activity camps for people with learning disabilities.

At the time of our inspection there was a registered manager in post. 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 told us they were well treated by the staff and felt safe and trusted them.

Staff could clearly explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed ways to minimise risks with people.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late. They also confirmed that if two staff were required they would come at the same time.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves. People's ability to make their own decisions, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service and said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including annual surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Summary of findings

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 was safe. Risk assessments had been undertaken depending on each person's individual needs and support plans were in place to ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were sufficient numbers of care staff available to ensure people received support when they needed it.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

People told us staff supported them with their medicines safely and on time.

Good



Is the service effective?

The service was effective. Staff were well supported through induction, supervision, appraisal and on-going training.

The consent of people was obtained before support was provided and staff worked in accordance with the principles of the Mental Capacity Act (2005).

People were supported by staff with meal preparation if they needed it.

Staff ensured that health needs of people who used the service were met.

Good



Is the service caring?

The service was caring. People told us they were happy with the support they received.

They spoke highly of the staff and said their privacy was respected, and they were treated with dignity and respect.

Staff demonstrated a genuine positive regard for the people they supported. They had a detailed knowledge of the needs, preferences and aspirations of each person.

Good



Is the service responsive?

The service was responsive. Support and community participation was individualised and varied based on each person's specific needs and desires. Some people had a job, others attended day facilities and people were engaged in ordinary community activities with the support of staff.

People were routinely involved in any reviews of their support plans. People said their support was person-centred and provided at a time and in a way that they liked.

A process for managing complaints was in place. Most people we spoke with knew how to raise a concern or make a complaint.

Good



Is the service well-led?

The service was well led. Staff spoke positively about the communication and support they received from management.

Good



Summary of findings

Opportunities were in place for people to provide feedback on the development of the service.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were in place.

Community Solutions (part of Harrow Mencap)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We were able to speak with nine people who used the service and two relatives so we could get their views about the agency.

Before our inspection we reviewed the information we held about the organisation. This included information which the provider had reported through to the Commission and other information the Care Quality Commission had received about the organisation from partner organisations and members of the public. We did not request a Provider Information Return (PIR). The PIR 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 spoke with six staff as well as the assistant manager and field supervisor.

We looked at ten people's care plans and other documents relating to their care including risk assessments and medicines records.

We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We also checked the provider's action plan which they sent to us following the inspection we undertook in August 2014.

Is the service safe?

Our findings

One relative told us “Staff know all the triggers and vulnerabilities and ensure that (person’s name) was always safe.” One person who used the service said, “I am more than safe.” Another relative told us “I regularly donate to Mencap; they do such a great job and make sure that my relative is safe and well care for. They are fantastic. They will always call if they are late and built a very positive relationship with my relative.”

Staff could clearly explain how they would recognise and report abuse. They told us, and records confirmed that they had received training in safeguarding adults. We were told that following safeguarding training staff had attended workshops, run by the agency, to make sure they fully understood their responsibilities in keeping people safe.

The deputy manager told us that the safeguarding training was provided by the local authority safeguarding team and included reference to equality and diversity and staff understood that racism or ageism were also forms of abuse. They gave us examples of how they valued and supported people’s differences. For example, staff ensured that people could still follow their chosen faiths and we saw that people’s cultural preferences in relation to diet and activities were respected and being maintained even if the person could no longer remember this for them. This was confirmed by examples given by staff “I will always make sure that I take my shoes off when I visit one particular client. It’s part of their religion.”

Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, CQC or the local authority.

Before people were offered a service, a pre- assessment was undertaken by the management of the agency. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, nutrition, medicine administration as well as psychological wellbeing and cognitive impairments. Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. Where risks had been identified, the management had thought about and discussed with the

person ways to minimise risks. For example, risk assessments clearly stated if one or two staff were needed to support the person with personal care. Staff told us that the agency always made sure that two staff attended a person’s home where this was required. We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late. One person, who told us that they could be a little forgetful commented, “They phone me and let me know who is coming.” Relatives told us, “All three regular carers are on time and mum is happy and safe” and “The staff are mostly on time. They may be 10 minutes late but that’s not so bad.” People told us that staff did not rush and one person commented, “They stay for the full length of time.”

We looked at seven staff files which contained the necessary documents and checks required to work with vulnerable adults. Documents included an enhanced criminal records check, two references, proof of the right to work in the UK and proof of address. This ensured that people who used the service could be confident staff were suitable and appropriately vetted to work with vulnerable adults.

At the last inspection on 14 August 2014, we asked the provider to take action to make improvements to the recording of medicines administered. This action had been completed.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. Staff we spoke with had good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

One senior staff (a field supervisor) undertook spot checks on staff at the person’s home. These spot checks included medicine audits. The systems for recording the administration of medicines had been recently revised and

Is the service safe?

management told us this new recording system was clearer for staff and had resulted in fewer medicine errors. Most people using the service only required staff to prompt them to take their medicines and the responsibility for reordering and collection was mainly with the person's relative.

Is the service effective?

Our findings

One relative told us when we spoke about the staff, “They’re brilliant, encouraging him to take responsibility for his personal hygiene”

Staff told us the organisation provided an in-depth induction that prepared them well for their role. We looked at three personnel records for staff that recently started working for Mencap. We could see the staff had a review meeting at the end of their induction and also had a meeting with their manager at the end of their probationary period.

All the staff we spoke with spoke highly about the standard of training provided by the organisation. They told us there was certain training they needed to complete each year and their manager reminded them when the training was due. They also said they received specific training depending on the needs of the people they were supporting. For example, training in diabetes and dementia care was facilitated when required. The training records we looked at showed staff were up-to-date with the training Mencap required them to complete.

We heard from staff that they had regular one-to-one meetings with their manager where they could discuss their development needs and any concerns they may have. Supervision and an annual appraisal was provided through quarterly meetings between the member of staff and their manager. The personnel records we looked at confirmed staff participated in the regular supervisions and appraisals. All the staff we spoke with had completed or were in the process of completing a National Vocational qualification (NVQ) in care. They said the organisation encouraged educational and professional development.

Staff we spoke with had a good understanding of the Mental Capacity Act (2005); legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They were equally clear about the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people are supported in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff were able to provide relevant examples of how the Mental Capacity Act. Service managers told us they had received

training in the Mental Capacity Act and then had provided training for their staff teams. Two service managers were identified as the organisation’s ‘champions’ for the Mental Capacity Act.

Staff informed us about a number of applications that had been made to the Court of Protection as some of the people had family members who did not wish to be involved in their relative’s finances. We also saw that a ‘best interest’ decision had been made on behalf of one person who could demonstrate behaviour that challenges and a protection plan was agreed by the local authority, the family and the care provider to ensure a consistent approach

Arrangements regarding meal choices and preparation varied considerably depending on the needs of each individual. A relative said, “Staff helps to make tea and sandwiches.” A personal assistant told us, “We cook together and sometimes we go out for lunch.” Another family member said about their relative, “He gets a choice but he won’t eat anything he does not like.”

Relatives, personal assistants and people who used the service told us people decided what they wished to eat each day. Sometimes they agreed a menu with other people they shared the property with. One person said they made a list each week and then staff helped them with the food shop. Some people cooked independently or with minimal staff supervision. Others needed the full support of staff with meal preparation. It was clear from our conversations with relatives and personal assistants in one of the 24-hour support scheme that the approach to meals was very much person-centred. Records also showed that people’s dietary needs, likes and dislikes had been documented and staff told us that they were reviewed regularly and updated to respond to changing needs.

People told us staff supported them to look after their health. They said staff accompanied them if they needed to visit the doctor. A family member said to us that their relative was in better health since receiving the support from staff. A member of staff told us one of the people they supported had a health action plan in place and had contact with a specialist nurse twice a year.

The support records we looked at confirmed that people’s health care needs were taken into account and people had access to a GP, dentist or other health care professional when they needed it. Staff were proactive with health

Is the service effective?

promotion, including the gender specific health needs of people. We heard some good examples of how staff had supported people with sexual health needs and provided health education around the use of contraception.

Is the service caring?

Our findings

We spoke to one relative about the personal assistant provided by the agency. The person told us “Staff is absolutely kind and calm; they have been a life-line for us.” Another person told us “I have no concerns how my relative is treated, staff are caring and kind.” One mother told us “The carers are brilliant, encourage my son to take responsibility for his personal care, we are extremely happy.”

Other people we spoke with told us the staff were, “kind”, “polite” and “friendly”. People told us that staff listened to them respected their choices and decisions. A relative told us, “They know us very well and they know mother’s preferences and needs.” Another relative commented, “They do listen.”

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

The service is specifically designed for people with learning disabilities and this was reflected in the staff team who

demonstrated a good understanding of people’s needs, challenges and difficulties they may experience daily. One personal assistant told us “Often members of the public speak to me instead of the person, this is discrimination and I feel I have a duty to educate the member of the public and advocate for my client.”

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples’ likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

One relative told us, “They are on time, cook for my relative, respect and maintain her dignity when they give her personal care.” Another relative commented, “The carer is compassionate, caring and talks through care tasks when giving care.”

Is the service responsive?

Our findings

Relatives told us “We have been involved in the care plan and carers always ask us if there is anything we want to add.” Personal assistants said “We have annual care review meetings, which are always attended by the family and the clients.” Relatives told us that they know how to raise any concerns; however two relatives told us that sometimes the office staff seemed not to take their concerns seriously. For example one relative told us that they complained about poor time keeping and it took the agency four days to respond to their complaint. We asked the person if the time keeping had improved since she complained, the person told us “Yes, they have now provided three regular carers and currently two new staff shadow, this is good for consistency and understand the person they have to care for.”

We saw from people’s care records and by talking with staff that if any changes to people’s health were noted by staff, they would phone the office and report these changes and concerns.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for ten people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their relative’s needs. These assessments had ensured that the agency only supported people whose care needs could be met.

The care plans included a detailed account of all aspects of people’s care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

The agency had a complaints procedure in place, which was also available in alternative formats such as ‘Easy Read’, which uses pictures and symbols to make it easier to understand for people who have difficulties to or cannot read. The agency had received 15 complaints in 2014 and three complaints in 2015. All complaints were clearly documented and responded to appropriately and each entry included the outcome of any investigation. We also saw in individual staff supervisions that complaints were discussed with personal assistants; action was taken to learn from complaints and find ways of reducing similar complaints from being raised again in the future.

Is the service well-led?

Our findings

People using the service and their relatives were positive about the management of the agency. A relative told us, “The agency do ask for feedback about the carer’s performance and punctuality and do spot checks if the carers have personal protective equipment (PPE) on them or not during care.”

The agency had developed systems to monitor the safety and quality of service provision. These systems included regular spot checks by field supervisors, detailed risk assessments and any learning from accidents and incidents being recorded and put into practice. One person commented, “The office do make spot checks, do assessments and there has been significant change and improvements in the agency.”

We saw that action had been taken as a result of comments and feedback from people and their relatives. For example, telephone surveys undertaken had identified a number of concerns from people regarding the use of mobile phones, poor communication and staff not always wearing their identity badges. We saw that the management had taken action to address these concerns and was monitoring this.

Staff were also very positive about the management and the support and advice they received from them. One staff member told us, “I understand my role.” There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and the meetings were chaired by designated staff representatives who directly reported to the chief executive.

Staff told us that they were aware of the organisation’s visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

The agency had a number of quality monitoring systems including annual surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

The deputy manager told us that the agency planned to arrange service user’s forums on a quarterly basis to provide people who used the service with more opportunities to contribute to the management and running of the service. The provider had developed a leadership programme for senior managers which provided role specific training such as operational planning. The deputy manager told us that quarterly lunch training sessions together with all senior managers provided additional training in areas such as managing others, conflict management and project planning.

A person told us, “Someone from the office visits to survey and I can see improvements.” A relative we spoke with commented, “They phone sometimes to ask our opinion. We filled in a questionnaire about the service about six months ago. We are very happy with the service.”