

Royal Mencap Society

Mencap - East Suffolk Domiciliary Care Agency

Inspection report

Unit 1, Columba, Orion Court
Orion Avenue, Great Blakenham
Ipswich
Suffolk
IP6 0LW

Tel: 01473564001

Date of inspection visit:
13 September 2017
14 September 2017

Date of publication:
10 October 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

Mencap – East Suffolk Domiciliary Care Agency provides personal care and support to people living in their own homes. At the time of our inspection of 13 and 14 September 2017 there were 41 people using the personal care service. Four of these people received the domiciliary care service and 37 the supported living service. The service was registered in January 2016 and this was their first inspection.

There was a registered manager in post, who was also the area operations manager. There was a second registered manager who was on leave, the area operations manager was covering their role until they returned to work. 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 service is run.

There were systems in place designed to reduce the risks of people being abused, such as providing support workers with training and guidance in the service's policies and procedures.

People's care records provided guidance to support workers about how the risks in people's daily living were minimised.

The service had taken action to address support worker vacancies. This included actively recruiting to vacant roles to ensure that there were enough support workers to meet people's needs. There were robust recruitment systems in place.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were cared for and supported by support workers who were trained and supported to meet their needs.

The service was working within the principles of the Mental Capacity Act 2015. People's consent was sought before any care was provided.

Where required, people were provided with the support they needed to meet their dietary needs.

People were supported to access health care professionals, where required, to maintain good health.

People were treated with respect by their support workers and they shared positive relationships. Care records guided support workers in how people's privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support.

People received care and support which was planned and delivered to meet their specific needs.

There was a complaints procedure was in place. People's concerns and complaints were listened to and addressed.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

There were systems in place to reduce the risks to people and keep them safe from harm.

Action was taken to address vacancies to ensure that there were enough staff to meet people's needs. Robust recruitment processes were in place.

Where people needed support to take their medicines this was done safely.

Is the service effective?

Good 

The service was effective.

People were cared for by support workers who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

Is the service caring?

Good 

The service was caring.

People were treated with respect and kindness.

People were involved in making decisions about their care and these were respected.

Is the service responsive?

Good 

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

Is the service well-led?

Good 

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was a quality assurance system in place. Where shortfalls were identified plans were in place to address them. As a result the quality of the service continued to improve.

Mencap - East Suffolk 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 announced inspection took place on 13 and 14 September 2017 and was undertaken by one inspector.

On the first day of our inspection we visited the service's office. On the second day we visited four people in their homes, and spoke with two of these people about their experiences of the service. We observed the interaction between support workers and people. We spoke with one person and two relatives on the telephone. We also received feedback from another relative in an e-mail.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the registered manager/area operations manager, five service managers, two support workers and the administrator.

We looked at records in relation to seven people's care. We also looked at records relating to the management of the service, three staff recruitment records, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service. One person said, "I am safe." One person's relative told us how they felt that the person was safe with their support workers, specifically when supporting the person with behaviours that may be challenging, "They [support workers] never lose their cool, they stay calm."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse including detailed policies and procedures. Support workers were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been identified, the service had raised safeguarding referrals appropriately and acted on guidance to safeguard people. These had been used to improve the service and reduce the risks of future events. For example, taking disciplinary action.

People's care records included information to guide support workers on how the risks in people's lives were assessed and minimised. These included risks associated with people's mobility, accessing the community, finances and risks that may arise in people's own homes.

There were systems in place to provide people with support workers to meet their assessed needs. The registered manager told us that the numbers of support workers required were calculated to ensure that people's care needs were met. They explained how there were currently vacancies which were being covered by existing support workers or regular agency staff to ensure that people were provided with the support they needed. The registered manager told us how they were actively recruiting to these vacant posts, such as recruitment days. On the day of our visit to the service's office we saw that prospective support workers were being interviewed. A service manager showed us their staffing rota, which identified the times that people were assessed as requiring to meet their needs and the allocation of support workers to people.

Records showed that the service's recruitment procedures were robust and systems were in place to check that staff were of good character and were suitable to care for the people who used the service.

Systems were in place to provide people with their medicines safely, where required. Support workers were provided with training in medicines and were observed to check that they were competent in supporting people with their medicines safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed.

Where people were prescribed with medicines to be administered as required (PRN) there were protocols in place to guide support workers when these should be given. This reduced the risks of inappropriate use of these medicines, such as those intended to support people with their anxiety. Where people were prescribed with medicines for pain relief, their care records gave support workers guidance on how people expressed pain or discomfort if they could not verbally express this.

Medicines audits were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people.

Is the service effective?

Our findings

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. They were also provided with the opportunity to achieve qualifications relevant to their role. Training included moving and handling, safeguarding, medicines and food hygiene. Where people had specific needs and conditions, such as epilepsy and diabetes, support workers were provided with training in these. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) qualification relevant to their role. A service manager told us that some staff were working on a QCF in autism. Another service manager said that they were working on a management qualification.

Before support workers started working in the service they received an induction which included training such as moving and handling, health and safety, and safeguarding. Support workers completed the care certificate during their induction, this is an industry recognised set of induction standards that support workers should be working to. They also shadowed more experienced colleagues before they worked alone. This enabled them to meet with the people they were caring for and learn how their individual needs were met. In addition new workers were provided with regular probationary meetings, which gave them the opportunity to discuss how they were progressing and to identify any further training needs they had.

Support workers and service managers were supported in their role and were provided with one to one supervision and 'shape your future' meetings. Discussions with support workers and service managers showed that in these meetings, they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

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. Staff were provided with training in the MCA and consent and there were policies and procedures in place which guided staff in the MCA principles.

People's consent was sought before any care and treatment was provided and the support workers acted on their wishes. Prior to us visiting people in their homes, their consent was sought by a service manager. We saw support workers asking for people's consent during our visit to their home. This included asking if they wanted to speak with us, where they wanted to be in the service and what and when they wanted to eat. Care records included information about if people required assistance to make decisions about their care. This included how they made choices, such as what clothing they wore and food they wanted to eat, and the assistance they needed with decisions, such as those made in their best interests.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not

eating or drinking enough and/or if they required assistance with healthy eating to lose weight. There was detailed information in people's care records, if they were at risk of choking, which guided support workers how to support them to reduce the risks. People told us that they chose what they wanted to eat and their choices were listened to.

People were supported to maintain good health and have access to healthcare services. People's records identified the support that people required to maintain good health and the other professionals involved in their wellbeing. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people, including their doctor and the speech and language therapy team (SALT). When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the support workers who cared for and supported them. One person said about their support workers, "They are all nice." One person's relative said, "[Person] has a good rapport with staff." Another relative commented, "Lovely people [staff], they treat [person] kindly, [named support workers] [person] absolutely adores."

We saw, during a visit to people in their homes that the support workers and service manager were respectful and caring in their interactions with people. People responded to these staff positively by smiling and chatting with them. All of the staff we spoke with during our inspection spoke about people in a compassionate manner.

People's care records included information throughout for support workers about how people's choices, privacy, dignity and independence should be promoted and respected.

People's care records were stored securely which reduced the risks of their personal information being accessed by others. We saw that support workers knocked on people's doors and asked for permission before entering. Where a person was being supported with their personal care needs, their door was closed to respect their privacy. One person's relative told us how the person's abilities had affected their privacy, "They [person] have always been private, they now need help with [an aspect of their personal care]. The [support workers] know this and have managed it so smoothly, [person] now looks forward to it."

Discussions with service managers and support workers showed that people's independence was promoted and respected. We were given examples of how staff encouraged people's independence. For example, when dressing, doing their laundry and accessing services in the community. One person told us about how they did their laundry, "I press the buttons [on the drying machine]." We saw that support workers encouraged people to assist them in preparing their meals. One person prepared their packed lunch for the following day, they refused assistance from a support worker and later told us, "I like to do it myself."

People told us that they felt that their views and comments were listened to and acted on. One person said, "I choose, my choice." People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning, including their likes and dislikes. People were involved in the interview and recruitment of support workers. This enabled people to share their views about the prospective staff members. The registered manager and a service manager told us how people's views were valued and listened to as part of the recruitment process. This told us that people's comments were listened to and respected.

Policies and procedures were in text and picture format. These allowed people using the service to access these in line with their abilities and understanding.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said about the care and support they received, "I am happy." One person's relative said, "We are very happy with the service that [person] receives from Mencap... We have always found staff to be receptive to our views and comments. They continue to look for ways to improve [person's] quality of life." Another relative said, "I don't think [person] would get better care anywhere else."

People's care records were person centred and included detailed care plans which provided support workers with guidance on people's assessed needs and how these were met. This included people's diverse needs, such as how they communicated, their conditions and how they affected their daily living, how they mobilised and the support that they required with behaviours that may be challenging to others. One person told us how their spiritual needs were met, they attended a place of worship every week, they read us a passage from their Bible and sang us their favourite hymn. One person's relative told us how the service responded to and met their relative's needs, this included maintaining their routines which made the person feel secure. Another person's relative commented how the person's needs had changed and the service and support workers had adapted the ways that they supported the person to meet these changing needs. They said, "They [support workers] adapt and we are all continually learning and improving [in meeting the person's changing needs]."

Records showed that where people's needs or preferences changed, their care records were reviewed and updated to ensure that support workers received the most up to date information about how to work with individuals. People's care plans were written in a positive way which focussed on people's abilities and future goals.

People's daily records included information to show what support they had been provided with each day and their wellbeing, including their mood and health. These records also included specific information for people such as their dietary intake and continence. This allowed support workers to monitor people's wellbeing and take action if there were any risks. For example, referring the person to their doctor.

People knew how to make a complaint and felt that they were listened to. One person said, "I would tell [support worker]." One person's relative told us how they had raised concerns in the past and felt that they had been listened to, their concerns were resolved and that the service had learned from an incident.

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. This was provided in text and picture format which was accessible to people using the service and assisted their understanding. Records of complaints showed that they were being addressed, responded to and used to improve the service. One service manager told us how they responded to any concerns promptly, which reduced the need for people to raise formal complaints. The registered manager told us that they were looking at improving how compliments were recorded.

Is the service well-led?

Our findings

This service had been registered with the Care Quality Commission (CQC) under this provider in January 2016. There was a registered manager in post, who was also the area operations manager. There was a second registered manager who was on leave, the area operations manager was covering their role until they returned to work.

Each supported living house and the domiciliary care service had a service manager in place, who were supported by an assistant manager or a support worker with additional responsibilities.

The service provided an open and empowering culture. At the end of the year staff were rated on their performance and development opportunities were provided to either improve their rating or enhance their learning. For example, a service manager told us that they had achieved an 'excellent' rating and they were planning to shadow another department. This enabled them to learn how other departments were doing, use this in their personal development and incorporate their learning into how they worked with people. Another service manager said that there were professional development opportunities in the service, and this was discussed in their 'shape your future' meetings.

Support workers were observed by management in their usual work practice to check that they were working to the required standard and providing people with a good quality service. The service had a computerised system in place which assisted the service's management in monitoring that checks, supervision and training for support workers were up to date.

People and their relatives were asked for their views of the service. This included satisfaction questionnaires. We saw the results of recent questionnaires completed by relatives. The service listened to and valued people's comments and used them to improve the service.

The management of the service worked to deliver good quality care to people. There were quality assurance systems in place which enabled the provider and management to identify and address shortfalls. These included audits and checks on medicines management, training, incidents and accidents, and care records. Where improvements were identified there was an action plan in place with timescales for when they were planned to complete. There were systems in place to identify if there were any patterns/trends to issues such as incidents and actions taken to address them, for example referring to the doctor.

Reflection events were held where services were discussed; including what they were good at and what they needed to improve. Staff had completed questionnaires about their views of the service and the outcomes and plans for improvements were discussed in the reflection event. This showed that the systems in place supported the service to continually improve.