

Royal Mencap Society

Barnsley Mencap

Inspection report

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Date of inspection visit:
13 October 2016

Date of publication:
30 November 2016

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

The inspection took place on 13 October 2016 and was announced. We gave the provider notice of our inspection in line with our current methodology for inspecting this type of service. The service was previously inspected in February 2014 and the service was meeting the regulations we looked at.

Barnsley Mencap provides personal care to people who live in the Barnsley area. The service supports people who live in supported living services and people who live alone.

The service had a registered manager in post 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.

Staff we spoke with were knowledgeable about the process they would follow if they suspected abuse. They told us they received training in this area and would be able to recognise abuse. Staff also told us they knew how to use the whistle blowing policy and would raise anything that was a concern to them.

We looked at the systems in place to manage people's medicines and found this was done in a safe way. We spoke with staff who told us they had received appropriate training in medicine administration and were observed completing this task before they were able to administer medicines alone.

We found the provider had a safe and effective system in place for employing new staff. We looked at staff files and found them to contain pre-employment checks and other appropriate information.

We spoke with people who used the service and their relatives and were told there was always enough staff around to meet people's needs.

Risks associated with people's care were identified and appropriate measures were put in place to minimise the risk.

We spoke with staff about the training they received and they told us this was worthwhile and covered subjects appropriate to their role. The provider had their own learning and development team and most

training was provided by them.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff offered people choices and respected their decisions.

We spoke with people who used the service and their relatives and they all spoke highly of the food provided. People were involved in menu planning, preparation and cooking where appropriate.

People had access to healthcare professionals when required. We looked at care records and saw professionals such as speech and language therapist, and district nurses had been involved in their care.

People we spoke with thought the staff were caring and offered support in a respectful manner. People's choices and views were considered and respected and care plans included information about their likes and dislikes.

The provider had a complaints procedure which was discussed at individual key worker meetings, offering people a chance to raise any concerns. People we spoke with and their relatives had no concerns about the service and were very complimentary.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities well and looked to the management team for advice and guidance when required.

We saw audits were completed to ensure the quality of the service was maintained. Audits had action plans to address any issues that were identified.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas about how the service should operate.

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.

People told us they felt safe when the staff were supporting them. Staff knew how to respond to abuse.

Medicines prescribed to people were administered in a safe way.

Risks associated with people's care had been identified and plans were in place to minimise the risk occurring.

The provider had a safe recruitment system in place to assist them in employing new staff who were suitable to do the job.

Is the service effective?

Good ●

The service was effective.

We found that staff received training which assisted them to do their job well.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were involved in menu planning and assisted to eat a healthy and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People we spoke with thought the staff were caring and offered support in a respectful manner.

Staff we spoke with knew people well and were aware of their preferences.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their care plan and reviews took place to ensure the plans were accurate.

People enjoyed a wide range of activities and participated in social events in line with their preferences.

The provider had a complaints procedure and people felt able to raise concerns.

Is the service well-led?

Good ●

The service was well led.

There was evidence that audits took place to ensure policies and procedures were followed.

People were able to voice their opinion about the service and were given opportunities to do this.

Staff were aware of their own roles and responsibilities and knew when to raise things with the management team.

Barnsley 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 checked 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.

The inspection took place on the 13 October 2016 and was announced. The inspection team consisted of one adult social care inspector and an expert by experience who contacted people by telephone on 18 October 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the registered manager on the 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.

We spoke with four people who used the service and four relatives.

We spoke with two support workers, assistant manager, service manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.



Our findings

We spoke with people who used the service and they told us they felt safe while being supported by the staff. Everyone we spoke with said their family member was safe receiving support from the staff. One relative said, "My relative is absolutely safe." Another relative said, "If [my relative] was not happy they would tell me also their behaviour would change."

We spoke with staff about safeguarding people from abuse. They knew what signs to look for and how to report abuse. They confirmed that they had completed training in this subject, which taught them how to recognise and respond to abuse. One care worker said, "We have all the contact numbers we need, in case we have to report abuse. Our managers are very responsive and would take action immediately." Another care worker said, "I would make sure the person was safe and reassure them." We spoke with the registered manager about safeguarding and we were shown a log which was maintained. This showed incidents reported and actions taken.

The service had policies and procedures in place to ensure people received their medicines in a safe manner. People we spoke with told us they received their medicines in a safe way. Staff we spoke with told us they received training in the administration of medicines. We also found that staff were observed administering medicines and completed a competency check, prior to them administering medicines on their own. Staff confirmed that these competencies were checked on an annual basis, unless there were any problems raised.

Staff confirmed that they signed a Medication Admission Record (MAR) each time they administered medicines to someone. We looked at some of these records from previous months, which were held at the office base. We found they were signed appropriately. A stock control form was also completed for medicines prescribed on an 'as and when' basis (PRN). The provider had a system in place to assist staff in the safe administration of PRN medicines. For example, one person had a care plan in place which instructed the staff on how and when to give the PRN medicine, and why the person had been prescribed it. This showed that staff attempted to manage the situation prior to administering the medicine.

We looked at support plans and found that risks associated with people's care and support had been identified. There were plans in place which recorded what the risk was, and what action could be taken to minimise the risk occurring. Risks identified were in relation to bathing and showering, eating and drinking, choking, and safety in the kitchen. For example, one person was at risk of choking and the risk assessment indicated that staff should be trained in first aid, that the person should be sat in an upright position when

eating and drinking, and staff were to ensure the person was offered the correct diet to prevent them choking.

We spoke with people who used the service and their relatives and were told there were always enough staff to meet their needs. One relative said, "Yes there are always enough staff to support my relative." We spoke with staff and they told us there were enough staff working with them.

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff. The staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff were recruited based on people's needs and wishes. For example, when a post was advertised the recruitment system included a one page profile about the service. This gave details about the service, what was important and how people required supporting.



Our findings

All relatives we spoke with agreed that staff were well trained and had the correct skills to look after their family member's. One relative said, "They [the staff] are absolutely suited to [my relative]. They are brilliant with them." Another relative said, "The staff are so good, we have not had one moments worry." Another relative said, "I have no qualms that [my relative] has the best possible care from the staff."

We spoke with staff about the training they received and we were told it was interesting and informative. We spoke with one new starter who told us the induction had been really good, they said, "I have had lots of training and shadowed staff and got to know the service well." Another care worker said, "Mencap offers good training, we have done safeguarding, medication, first aid, dementia, Makaton and loads more. The training helps us to do our job well."

We spoke with the registered manager about training and were told that most training was completed face to face. The company had a learning and development team who provided most of the training. The registered manager told us that staff had competency checks around medication and people handling.

Staff felt supported by their manager and told us they regularly received supervision sessions. These were one to one meetings with their line manager. The provider called these sessions, 'shape your future meetings.' The sessions contribute to the staff member's annual appraisal where their performance was looked at and any relevant training sessions were identified. We spoke with staff about these sessions and were told they were all scheduled for the coming year and they were very supportive.

People we spoke with told us meals were very good and they were offered plenty of choice. One person said, "The meals are brilliant." Another person said, "The food is very good." One relative said, "They choose their own meals, it's their home after all."

We saw care plans in place to support people to eat a healthy, balanced diet. People who used the service were able to sit with staff on a weekly basis to plan the menu for the coming week. People were also given the opportunity to shop for their food and to assist with cooking and preparing meals where appropriate.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were knowledgeable about the MCA and DoLS. One care worker said, "It's important to involve people and talk through what we are doing, gain their consent and discuss the task we are doing."

We looked at care plans and found that people were referred to healthcare professionals where required. We saw that care plans reflected what the professionals had advised. When talking with staff they knew how best to support the person based on advice from relevant professionals involved in the person's care.



Our findings

We spoke with people who used the service and their relatives and everyone praised the staff for their caring and supportive manner. One relative said, "The [the staff] are brilliant, they make me so welcome and they have always got the kettle on." Another relative said, "They [the staff] are remarkable."

Relatives we spoke with told us their family member's dignity was respected and they made their own choices. One relative said, "The staff are good. They speak in a very respectful way." Another relative said, "[My family member] does exactly what they want and the staff are very respectful."

Each person had a one page profile which outlined their interests. Staff who worked for the provider also had a one page profile and staff and people were matched to the same interests. This showed the provider was keen to offer support to someone who shared a common interest.

The service had completed an 'all about me' document for use if the person had to go to hospital. This was guidelines for staff to understand the person and what they liked. People also had a care plan in place regarding family and friends and their involvement. For example one person's care plan stated that they liked to remember family and friends birthdays and buy a card for them. Staff supported this person to continue to do this.

We spoke with staff who knew people well and how best to support them. Staff were committed to providing support which was based on people's rights, choices and preferences. One person, who found it difficult to maintain friendships and did not like going out, had taken a particular interest in a sport and watched it on television and had the opportunity of going to watch the sport live with another person who used the service. This helped the person to develop a new interest and started a new friendship. Staff commented that the person appeared a lot happier since and had participated in other activities since. Staff assisted another person who loved animals to visit the animal that they sponsored.

We saw that communication was a vital aspect of support and detailed well in care plans. One care plan stated that staff were to communicate at eye level so facial expressions and lips could be seen. The plan also stated that the person used Makaton and could understand simple language spoken clearly. This showed that staff spent time communicating to ensure they were delivering care and support which involved the person and respected their choices.



Our findings

We spoke with people who used the service and their relatives and they told us they felt involved in their care and support. One relative said, "[My relative] has a care plan and we are always involved in reviews."

We looked at care plans belonging to people who used the service and found they were informative and reflected the care and support people required. Care plans had several areas of support for example, personal profile, health, personal support, choice and lifestyle and housing related support. Care plans were reviewed on a six monthly basis and people and their relatives took part in this to ensure the support was current and appropriately met their needs.

The service also ensured that an annual person centred reviews took place. People were asked to invite the people they wanted to be present at their review and to set a theme. For example, one person chose to have a tea party. During these reviews the people present discussed what had achieved, what mattered most to them and whether they were happy with the outcomes so far. This was an opportunity for people to take ownership of their own support.

Care plans had a section for staff to sign to confirm they had read the plan and understood the support the person required, and their roles and responsibilities in meeting their needs.

Care plans included leisure and social support in order to maintain people's daily activities and interests. We found that people were involved in various activities which included holidays, bowling, cinema, shopping, social events, swimming and meals out. Some people preferred to relax at home rather than going out and about and this was respected.

People we spoke with told us they enjoyed their activities. One person said, "I like going to the pub." Another person said, "I go to the day centre and for meals out sometimes."

Relatives we spoke with were pleased with the social aspect of their relatives support. One relative said, "[My relative] comes to see my once a week, but the rest of the time they are happy relaxing at home." Another relative said, "[My relative] goes to different clubs and has plenty of friends, in fact she has a party coming up soon."

The service had a complaints procedure and people we spoke with knew how to raise concerns if they had to. However, the people we spoke with and their relatives had never had cause to raise concerns and only

spoke highly about the service.

We spoke with the registered manager about complaints and found that a log of concerns was maintained. This was used to record the concern and to act on it. It was also used as learning and to prevent similar incident occurring in the future.

Each supported living service had their own record of low level concerns and people were given a complaints leaflet. People were encouraged to voice concerns in their one to one meetings with their key workers.



Our findings

At the time of our inspection there was a registered manager in place who was supported by a management team. The team consisted of five service managers and two assistant service managers, who were responsible for the day to day running of the supported living services.

People we spoke with and their relatives knew the management team well and felt they could speak with them whenever they needed to. One relative said, "Nothing is too much trouble." Another relative said, "The manager is very helpful, we have no problems at all."

We saw audits had taken place to make sure policies and procedures were being followed. The service had an electronic system known as the 'compliance confirmation tool' (CCT). This was designed to monitor aspects of supporting people, staffing, systems and environment. Service managers were responsible for completing these audits and reporting their findings in the CCT. The system generated an action plan which the service managers were responsible for implementing. The registered manager was responsible for checking the CCT and visited each supported living service every 12 weeks. This was to check progress with the action plans and to confirm the accuracy of the reports.

The registered manager held monthly accountability meeting with their line manager and held accountability meetings with each service manager. This was to ensure that any identified area for improvement had been addressed and that the service manager could account for the service they were responsible for.

There was evidence that people were consulted about the service provided. People who used the service gave feedback in their individual review meetings and informed the service of 'what mattered most.' This was part of a quality framework which looked at rights, choice, learning, safety, and being happy and healthy. People were also encouraged to talk about any area they were not happy about and assisted to find a resolution.

The staff programme, 'Shape your future,' gave staff the opportunity to look at their own values and how they could be achieved in each service. Staff meetings took place and staff were able to contribute ideas and suggestions to develop the service.

Staff we spoke with knew their role and responsibilities within the service and knew when to ask the advice of their managers. Staff told us they worked well as a team and enjoyed their job as they found it worthwhile

and rewarding. They also felt valued by their managers.

The registered manager told us that reflection meetings were held on an annual basis for each supported living service. This was to reflect on the service and what they had achieved. The meeting discussed three things they had succeeded in and the three things they wanted to improve over the next year.