

Royal Mencap Society

Mencap South Notts Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 27 November 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since registration in April 2014. Mencap South Notts Services provides personal care for younger adults and adults with a learning disability and associated conditions. There were 53 people using the service 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. The registered manager oversaw the running of the full service and was supported by service managers who are allocated a geographical area to manage. Service managers were responsible for individual parts of the service, for example support to people in a supported living unit or support to people living with their family or alone.

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm

Summary of findings

staff were of good character to work with people. Sufficient staff were available to meet people's diverse needs Medicines were managed safely and people were supported to take their medicine as prescribed.

Risk assessments and support plans had been developed with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. Staff understood people's needs and abilities and were provided with training to support the people they worked with. Staff received supervision, to support and develop their skills. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. When people were

unable to consent mental capacity assessment and best interest decisions were completed. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. People were supported develop and maintain hobbies and interests within the local community to promote equality and integration. The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to express their views and opinions about the service provided and to raise any concerns they had. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's support plans. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to work with people.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

Staff provided care that was kind and promoted people's dignity. Staff treated people respectfully and supported people to maintain their privacy. Staff knew the people they were supporting, including their personal preferences and personal likes and dislikes. People's personal preferences were met and they were supported to maintain their independence and autonomy. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported.

Good



Is the service responsive?

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. People and their representatives were actively encouraged to be involved in decisions which affected them. The complaints policy was accessible to people and they were supported to raise any concerns.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



Mencap South Notts Services

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 was 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 27 November 2015 and 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 at the office.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with three people who used the service and two people's relatives. The registered manager was not on duty on the day of our visit. We spoke with one service manager and two assistant managers and four care staff. We reviewed records held at the service's office, which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, “The staff look after me properly and talk to me in a way I understand completely.” A relative of two people that used the service told us, “I am so confident and so happy that my relatives are in safe hands and are taken really good care of. I trust the staff 100%.”

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, “We go through different scenarios as part of the safeguarding training, so we know what we need to do if we have any concerns.” Another staff member told us, “If I had any concerns I would report them to my manager. I know we can go to a higher management if we need to and to the local authority or CQC, although I have never needed to do this.” Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people’s assessed needs. Staff told us they had all the equipment they needed to assist people and were able to explain the equipment used to support people safely. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice as possible. For example, one person required oxygen therapy. We saw that this person was unable to tolerate nasal oxygen therapy. The staff supported them to receive this therapy in a way they preferred. This ensured the person received this therapy to reduce the identified risk.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person’s individual needs and supported them to understand the actions that would be required. For example we saw that one person’s plan included

photographs showing them how to get out and how to stop smoke getting into their room in the event of a fire. We saw that staff also practiced evacuation procedures with this person, to ensure they understood what to do.

People told us there were enough staff to meet their needs and supported them as agreed. One person told us, “Staff talk to me prior to getting my rota. They are always on time and have never been late.” Another person said, “We get new staff efficiently when somebody leaves and every Sunday a new rota is distributed for seven days a week.” Relatives also confirmed they were happy with the support provided. One relative told us, “Staff are very good and never late. The carers have been brilliant with the time keeping. Mencap are brilliant, we have five regular carers on our rota. Mencap give us a rota and this tells us in advance exactly who is coming and what time.” Staff told us that they supported people on a regular basis. One member of staff told us “I work with a particular group of people, that way we get to know people and they get to know us. It works really well.” This enhanced people’s experiences of care, as the support they received was consistent.

The provider checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. Staff told us about the recruitment process and confirmed that the second stage of the interview included spending time with people. One member of staff said, “I went to the pub as the second stage of the interview to meet people and to give them a chance to see if they liked me.” This showed us that people were involved in recruiting the staff that would be working with them.

We looked at how staff supported people to take their medicines. We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their needs. One person told us, “Staff help me to take my medication. It’s in a blister pack.” Staff told us they had undertaken medicine training and records confirmed this. For those people who required support a medicines administration record was kept in the person’s home and

Is the service safe?

we saw that staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff. One relative told us, "The staff go out of their way to make them happy as they know what their needs are." Staff told us and we saw that they received the training they needed to care for people. One member of staff told us, "As one person I support has dementia, I've had training that has helped me to understand that people with dementia need more time to understand prompts. I have done quite a lot of training it's all been really good."

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 people 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 service managers confirmed that some of the people supported required support to make some decisions. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions.

Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw that decision making forms were seen within people's support files, such as when people wished to purchase expensive household items or book holidays. This demonstrated that people were supported to make informed decisions, in a way that protected their rights and safeguarded them. We saw that staff were provided with training to support their understanding around the Act. People and their representatives confirmed they were involved in discussions about care. One person told us, "We are all involved in discussions about care, this includes our

social worker, team leader, manager and anybody else associated with services my relative receives." Staff told us they obtained people's consent before they supported them. People confirmed that staff explained what they were doing and sought their consent before they provided them with support.

Some people were supported by staff to purchase and plan their meals, using their preferred communication method; this was based on their preferences and dietary needs. One person told us about the support they received and said, "I do banking and carry a little money with me and I go shopping on a Friday." Another person told us, "The staff help me with the cooking." Another person said, "I stick to weight watchers and I like fruit. Tonight I'm either going to choose to either have pasta or go out for my tea." This showed us that people were supported to maintain as much independence and choice as possible.

We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans. We saw that professional involvement was sought when required, such as referrals to specialists. For example, one person required a soft diet as they had been assessed by the community speech and language therapist as at risk of choking. We saw that staff followed guidance from this assessment. This ensured the person was supported to follow a diet that was suitable for them. One person was supported to eat a healthy diet as they had diabetes. Information in their records confirmed that their understanding regarding diabetes was limited. We saw that this person was prompted by staff to maintain a healthy balanced diet. This showed us that people were encouraged to maintain a diet that met their needs and preferences.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. One person told us, "Medical appointments are on our record sheets. I can talk to staff if I have any concerns." We saw that information regarding people's method of communication and the level of support they required was recorded in their care plans. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

People told us that staff treated them with respect and in a kind and caring way. One person told us, "I like it here, the staff are very good. They always come and talk to me if I'm not happy about anything and are polite to me." Another person told us, "The carers are really good, I have a mixture of male and female workers, they really do care about us and are always there to lend an ear." "One relative said, "He has a good relationship with members of staff which gives me peace of mind." Another relative told us, "The carers are professional and have good timekeeping skills and the best bit is, they have a special bond."

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their method of communication and their values and aspirations. This included people's cultural and religious beliefs and goals they had set for themselves to achieve. One person told us, "My flat is being decorated with a new sofa, new bed and new wardrobe so I'm doing well and I'm really proud of myself. I also go on my own and chill out with my mates, making sure I'm back safely on time. Staff are always on the ball, when they come in they say "Hi, is everything alright?" I say "Yes, thank you."

Staff understood people's method of communication and this was recorded in their support plans, which provided information on how to communicate with them. One member of staff told us, "The person I support can make himself understood most of the time; he does find it hard to

communicate. You just have to be patient and you'll get there in the end. He's got a speech impediment, but if you give him plenty of eye contact and read his body language, it's possible to understand him, I've known him for seven years and we are both comfortable and confident I know his needs." This demonstrated that staff worked with people to ensure their individual preferences and choices were met.

We saw that information was provided in support plans regarding staff supporting people to make choices and maintain their dignity and privacy. One relative told us, "My relative was entitled to half an hour in the morning and half an hour at night. Staff members didn't rush and if they went over the half an hour, it didn't matter. They did what they had to do, I can't fault them."

People told us that they were supported to maintain relationships with significant people who were important to them. One person said, "My dad comes on Mondays and Wednesdays and I make him a cup of tea." Another person told us how the staff were supporting them as their relative was unwell and told us, "The staff are helping me make a remembrance book about him, giving me emotional support and taking me to visit him."

A relative told us, "Mencap rang me yesterday to see what I've got planned over Christmas because my son has got invites to different places. They asked me when I needed him home." This showed us that people were supported to maintain their independence and maintain relationships that were important to them.

Is the service responsive?

Our findings

People and their relatives confirmed that the support they received from staff met their individual needs. One relative said, "It is full of flexibility. Even at short notice if we have hospital appointments etc. I speak to the manager or her assistant asking, "Could you do this for me? Could you get staff to come half an hour early? Working together everybody makes sure that we get the service we need."

Staff supported people to maintain their interests and hobbies. One person told us, "I like my carers; they take me out wherever I want to go. I go to the pictures and shopping. All the girls are my favourites." A relative told us, "Once a month my oldest attends the disco and a carer will support him with this. It's really good." Another relative said, "He is enjoying himself, going to restaurants and parties."

Staff had the relevant information required to support people appropriately. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff were able to use up-to-date information to ensure that people were supported properly and safely. The care records we looked at had been signed by people or their representative to demonstrate their agreement. One relative said, "I had one review done after my son had been with them permanently for six weeks and we are hoping for another review after Christmas. We are all involved in discussions about care. I get an update of what he's been up to and the manager rings me frequently as well. Overall it's absolutely fantastic."

Staff told us that any complaints or concerns made to them would be reported to the registered manager. One member of staff told us, "I know the Mencap policy, raising it with the line manager first and if that's not dealt with appropriately then you would go to the next line manager and if you're still not happy with that there's a grievance policy you can follow. The person I am supporting today would know how to raise it with his support worker first and then raise it with the manager. If he isn't satisfied then we would support him to raise it externally if necessary." People and their representatives we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One member of staff told how they supported a person who was unable to tell them if they had any concerns. They said, "I support one person who is unable to vocalise if they had any concerns. We do regular audits of this person's behaviour. It is the only way we can tell if they are unhappy about anything as they wouldn't be able to tell us." This showed us that staff recognised the importance of supporting people that were unable to raise concerns verbally.

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw a system was in place to record complaints received and the actions taken and outcome. The service manager confirmed that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

People and their representatives told us that they felt the service was managed well. Comments included, “Mencap, I cannot praise them enough.” And, “I’m glad that I found Mencap through the social worker.”

People using the service and their relatives were clear who the service manager was for their team of staff and confirmed that they could speak to them when they needed to. One relative told us, “The manager is hands on. She definitely champions the service; she has done weekends here. The other services we have used in the past said, ‘This is the time that we are coming, you either take it or leave it.’ but not these. They ask me what I would like. I respond, ‘Saturday and Sunday my relatives want to have a lie in so could you come at 10 o’clock instead?’ which they do. I’ve got really good carers here so I’m happy.”

People confirmed that they were supported to be part of the local and wider community. One person told us, “I went to Wimbledon this year to watch the tennis with my carer.” Another person said, “I go fishing during the year, it’s fun. My favourite day out was going to Scarborough and I love going to the beach as well.” This showed us that people were encouraged to participate in community activities they enjoyed.

Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. One member of staff said, “There has been a recent change of manager, this change has happened a few months ago. It’s early days but they’re good managers and know what they’re doing, very experienced and have been in this profession a long while.” Another member of staff said about their manager, “She’s the best boss I ever had, approachable and any concerns I can ring or text.” Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

An on call system was available for staff and people who used the service. A member of staff said “We are all provided with work phones and there is an on call system

available to us 365 days of the year, so we always have someone available for advice when we need them.” People told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The provider’s quality assurance systems linked with the new fundamental standards and associated key lines of enquiry to promote good practice. We saw that monthly audits of key records such as people’s support records and risk assessments, environmental checks of people’s homes and health and safety checks were undertaken. The provider also monitored staff’s professional development and support and regular consultations were undertaken with people that used the service.

Accidents, incidents and falls were analysed to identify any patterns or trends. We saw that when a pattern was identified action had been taken to minimise the risks of a re-occurrence. One person had fallen on three occasions due to a damaged paving slab which was on their route home. The service manager had supported this person to raise a complaint to their local council. The repairs were then completed to ensure the route home was made safe for this person to access.

People confirmed that reviews of their care were completed with them. We saw that people’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People’s views were also sought on a regular basis through tenants meetings and annual satisfaction questionnaires. Service managers confirmed that information from the surveys was audited to provide an overall result. Any areas where improvements were needed were referred back for the registered manager to address.

We saw the data management systems at the office base ensured only authorised persons had access to records. People’s confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.