Royal Mencap Society

Northallerton

Inspection report

Mencap
6 Flint Terrace
Richmond
North Yorkshire
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 31May 2016. The inspection was announced as The Royal Society of Mencap Northallerton provides domiciliary care to people in their own homes. We gave the service 24 hours notice to make sure there was someone at the office for the time of our inspection.

The Royal Society of Mencap Northallerton is a domiciliary care service that provides personal care and support to people with learning disabilities and autism, who live in their own homes or supported living. The service covers the Darlington, Gateshead and County Durham area and at the time of our inspection the service supported 31 people.

At the time of our inspection the service didn't have registered manager. 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.

At the time of our inspection there was a manager in place managing the service who wasn't registered with CQC. The manager had contacted CQC regarding registration, but was still in the first stage and hadn't yet submitted an application.

We spoke with support workers who told us that the manager was always available and approachable. We spoke with people who used the service on the day of the inspection and their relatives who also told us the manager was accessible and open.

We saw that people's prescribed medicines and topical medicines were recorded when administered. We looked at how records were kept and spoke with the manager about how staff were trained to administer medicines. We found that the medicine administration, recording and auditing process was safe.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individual's care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the support workers and the registered manager.

People who used the service received person centred support and their individual needs were respected and valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. For example, their doctor and care manager.

Our conversations with people who used the service and their relatives showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe. People who used the service chose their own staff and together with their families were a major part of the recruitment process.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence including accessing local facilities and the wider community.

We saw a compliments and complaints procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed them.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service, their representatives and healthcare professionals were regularly asked for their views about the service via surveys and 'service reflection events,' where people came together to discuss their views and have their say about the service.

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. Any applications must be made to the Court of Protection. At the time of this inspection applications had been made to the Court of Protection and several others had gone through the process.

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

This service was safe.

The service ensured the safe management of medicines.

There was sufficient staff to cover the needs of the people safely in their own homes.

The service had individualised risk assessments in place that were developed in a person centred way.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Is the service effective?

Good

This service was effective.

Staff training was appropriate to meet people's needs, but some staff needed training needed refreshing.

Staff were regularly supervised and received regular appraisals.

People could express their views about their health and quality of life outcomes. These were taken into account in the assessment of their needs and the planning of their care.

The service communicated well with other healthcare professionals and people were supported to access other healthcare services.

Is the service caring?

Good

This service was caring.

People's independence was promoted and people were supported with this.

People were treated with kindness and compassion.

People had the privacy they needed and were treated with dignity and respect at all times.

Staff were knowledgeable about advocacy and people had access to advocacy where needed.

Is the service responsive?

Good

This service was responsive.

People received person centred care and support in accordance with their preferences, interests, aspirations and diverse needs.

People and their families took part in choosing their own staff.

People were supported to take part in meaningful activities and to be part of their local community.

Is the service well-led?

Requires Improvement

This service was well led, but improvements were needed.

The service had not had a registered manager since?

There was an open culture with an emphasis on fairness, support and transparency. Staff were supported to question practice and those who raised concerns were protected.

There was a clear set of values that included person centred approaches to support.

There were effective service improvement plans and quality assurance systems in place to continually review the service.

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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 31 May 2016 and was announced. The inspection team consisted of one Adult Social Care Inspector. At the inspection we spoke with the manager and four support workers.

During the inspection we spoke with four people who used the service and their relatives. We visited two supported living schemes to speak with people. We spoke with five relatives over the phone.

Following the inspection we also spoke with a member of the speech and language therapy team and a district nurse from the learning disability team, who both worked alongside the registered provider to support the people who used the service. They were both complimentary about the service and had no concerns.

Before the inspection we checked the information that we held about registered provider. For example, we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners, and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

We also reviewed; four support plans, four daily records, staff training records, five staff recruitment files,

medicine administration records, accident and incident reports, safety certificates, internal communications, quality surveys and records relating to the management of the service, such as audits, policies and minutes of team meetings.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe having the registered provider supporting them in their own home. One person told us "Yes it's alright here, I feel safe yes." Relatives told us they were happy and they felt their family members were safe and they told us; "Yes they're kept safe there are alarms on doors and locks on medicines, there are no issues." Another told us "Yes [name] is unable to go out alone safely so they have staff to support them to go out and be safe crossing the road and using transport."

During the inspection we were unable to observe medicines being administered in people's own homes, but could see how medicines were stored, managed and recorded within the supported living schemes we visited. We looked at the Medicines Administration Record (MAR) sheets. We found that there were no omissions within the MAR sheets. Where people were prescribed topical creams these were administered and recorded. Dates of when creams were opened and when they were to expire were clearly recorded and on display.

We looked at what was in place for people who needed PRN medicine (as and when required) and we found that people had very detailed procedures in place within their health plans and these were readily available.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff members we spoke with were aware of who to contact to make referrals or to obtain advice from. Staff had attended safeguarding training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would contact my line manager in the first instance and if they were implicated then I would go higher and make sure everything was documented and kept confidential. If I thought a tenant was unsafe then I would protect them first and ensure they were safe first." We saw in their records that safeguarding had been reported appropriately.

The service had a health and safety policy and this gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw evacuation plans were in place for the care staff to follow when in a person's home. These evacuation plans provided staff with information about how they could ensure an individual's safe evacuation from their home in the event of an emergency. One member of staff told us, "We have plans for people and we have drills every month and we alternate them from day time to evening." For fire safety we saw that people had individualised evacuation plans to enable them to safely exit their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently. Individuals had personalised risk assessments to suit their needs and to enable them to take risks safely. We saw in one persons support plan that they would get distressed at times when traveling in a car and they had a specific risk assessment for them to enable them to manage the safety risks but still enjoy going out in the car safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe.

During the inspection we looked at the recruitment policy and five staff files that showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

People were supported by the right amount of staff to meet their needs. During our inspection we looked at staffing and could see in peoples support plans where people needed one to one or more support. When we spoke with the manager they told us how they managed this and how they ensured there was enough staff to meet peoples needs and they told us; "All of the people we support have contracts and assessed one to one hours and also shared hours. We use the one to one hours for when it is best for the person for example: personal care, going out in the community. Some people we support need two people to support them to go out and it is really important that they get to go out."

We found there were effective systems in place to reduce the risk and spread of infection and staff were trained and aware of the importance of infection control. One member of staff told us; "Make sure that we wear protective clothing and gloves when administering medicines and have two staff doing this. We have aprons to use when supporting people with personal care."

Good

Is the service effective?

Our findings

We looked at staff training and competencies within their training records. We could see that a number of staff member's core training had expired and competencies had not been updated for over one year. These included; medicines, safeguarding, mental capacity act and moving and handling. This meant that staff training was not up to date. When we raised this with the manager they supplied us with a copy of an action plan dated January 2016 that clearly addressed the issue of monitoring staff training and supporting them to keep their training up to date. The plan included the range of courses needed and dates of upcoming training booked for staff to attend. We could see from the action plan that progress had been made and some staff teams had updated all of their training.

Individual staff supervisions and appraisals were planned in advance and took place four times a year. Supervisions are when staff have one to one time with their manager to discuss their progress and working practices. These supervisions were carried out by the manager and by senior staff and were then monitored by the manager. We looked at people's supervisions and could see that the format was meaningful. When we asked staff about the process they told us; "They are good, I can get a little bit nervous in supervisions but the manager helps me." Another staff member told us; "I know I can have support at any time, I don't need to wait till my supervision or I can ask for more of them if I want."

Appraisals were also held annually to develop and motivate staff and review their practice and behaviours. Staff were monitored through annual appraisals and given a score rating.

For any new employees, their induction period was spent training and shadowing experienced members of staff, to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. New employees were given a daily diary to complete as part of their induction, called a 'workplace shadowing activity book.' One that we looked at was very detailed and one extract stated 'I was shown how to support [name] to do their banking, pay bills and then reconcile. It gave me another insight into the huge responsibility we hold and the trust that the [name] puts in us. I've learned the value 'trustworthy' and the importance of getting receipts for accountability.' This showed us that the induction incorporated reflective practice and recognised the importance of this.

New employees also completed the 'care certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

We looked at staff meeting minutes. We could see that staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. One staff member told us, "We have team meetings every six weeks to discuss any issues. I've raised concerns at meetings before and it was handled really well." The manager told us; "Within team meetings we ask staff all the time what they think and are inclusive.

Support workers are helping our people and if they're included and valued then they will do a good job."

When we looked in peoples support plans we could see that people with special diets were supported. One person had been recently been discharged from the dietician, because the staff were managing the persons weight at home, their weight was now stable and they no longer needed the specialist support.

When we visited one of the supported living services people who used the service showed us that they had been busy baking cakes earlier that day. We also spoke with people who used the service, relatives and family members about how the service supported people to prepare meals. One person who used the service told us; "We are having chilli tonight but it's not my turn to cook tonight, we take turns." One relative told us; "[name] has a special diet that has to have low potassium. The staff support them with this and it's all up on the wall." This showed us that people were supported to maintain special diets.

We saw records that showed the service ensured people's well-being was maintained. Each person had a personalised health action plan that held detailed information regarding their healthcare needs and their general health and wellbeing. Each health action plan also contained an accessible hospital passport to be used whenever a person was admitted to hospital.

All contact with community professionals that were involved in care and support was recorded including; the dentist, chiropodist, district nurse team and GP. Evidence was also available to show that people were supported to attend medical appointments.

We saw from the support plans that people were supported to access other healthcare professionals including; GP, community nursing teams, speech and language therapy team (SALT) and social work team. Staff had good working relationships with these professionals. When we spoke with a member of the SALT team they told us; "Staff are really good at contacting us with questions around eating or drinking difficulties. I worked quite closely with the team to support a person who was having difficulty understanding the changes that they needed to make to their diet because of their diabetes and heart condition. The staff worked together with us, managers, dietician and the nursing team to help the person to understand their health needs to improve their wellbeing."

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. Any applications must be made to the Court of Protection. At the time of this inspection three applications had been made to the Court of Protection and ten people who used the service had been through the court of protection for their finances.

When we asked staff members about their understanding of MCA and the court of protection they told us; "I support two people who are under the court of protection. We have received training on MCA. It's all about treating people as if they have capacity at all times. We have all been given cards that remind us of the five principles of MCA." The cards were given to all staff to use when considering mental capacity. This showed us that staff had knowledge of MCA and best interest decisions and how to best support people.

Where possible, we saw that people were asked to give their consent to their care and we could see in

peoples support plans that they had been involved in the development of the plan and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; "Yes they're lovely." Another told us; "Yes it's alright, I like the staff. They make my hair look nice, they do the braiding." Relatives told us; "[name] is doing really well, the staff have been fantastic, we are involved and they have been more than helpful, we are delighted with the care and support [name] has."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's support plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role.

People who used the service were supported to be independent. When we visited one of the supported living schemes we saw how the staff supported a person who used the service to make themselves a hot drink and they were encouraged to do this themselves with encouragement. One person who used the service told us; "I do something's for myself and staff do other things, like the staff clean the floor and I do other things."

We observed the staff interacting with the people who used the service at their home. The atmosphere was relaxed and staff and people were comfortable with each other; smiling and interacting with the people who used the service in a positive and encouraging manner. One relative told us; "The atmosphere is always very welcoming when we call in. It is their home and family and friends are all made welcome."

When we spoke with a community nurse who supported someone who used the service they told us how they felt the staff were caring and they told us; "The care is gold standard, the staff work collaboratively and their attention to detail is excellent."

During our inspection we saw in peoples care files and daily records that regular contact with family and friends was encouraged where possible and recorded. When we spoke to family members they told us that they valued the regular communication and one relative said; "I see [name] every few weeks and we talk on the phone every day." One staff member told us how they supported one person to speak with their family using skype on their tablet, as their relative was too unwell to visit them and this was working well.

We saw that there was information in the support plans for people who used the service regarding local advocacy services that were available. When we spoke with staff members, they were knowledgeable about advocacy and told us; "Yes two people I support have an advocate, they have no family and needed the support regarding finance, so their advocates were involved in that. They came to all the meetings and met with the people first." Another member of staff told us; "One person we support had an advocate involved to help them deal with a family relationship issue." This meant that the service respected people's rights and choices.

At the time of our inspection no one was receiving end of life care, but the manager was able to tell us what they had in place and discussed a recent person's experience. They told us; "We have recently supported a person at the end of their life. The end of life pathway enabled [name] to stay at home. District Nurses, Occupational Therapy and the GP visited every day. We had support from the nurses regarding skin integrity as [name] used a sleep system, to support them sleeping."

From looking in care plans we could see that some people had made advanced plans for the end of their life, best interest decisions were documented and people, their family and relevant professionals were involved.

Good

Is the service responsive?

Our findings

On the day of our inspection we were able to speak with people who used the service. We could see that people were encouraged and supported to take part in meaningful activities and to be an active part within their local community. One person had been busy making cakes when we visited and they told us; "I like making cakes, I like cooking meals too. We go to Tesco for the shopping."

When we spoke with people's relatives and staff members about how people were supported to take part in activities and be part of the community they told us; "[name] is involved in a project and they attend every day and the staff support them to get the bus to the project." Another relative told us; "The staff make sure that [name] makes choices about what they want to do. They enjoy activities like; the theatre, walking, and they have their say." One member of staff told us; "The people I support are active in their local community. One is part of the local church and is well known. We have got to know the neighbours now and are better known locally."

The support plans that we looked at were very detailed and person centred. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the person's likes and dislikes, personalised risk assessments, daily routines and planned activities. The support plans gave an insight into the individual's personality, preferences and choices. They had a section that set out how people liked to live their lives and made use of pictures and was accessible for the people themselves.

We saw people were involved in developing their own support plans. We also saw other people that mattered to them, where necessary, were involved in developing their support and activity plans too. One relative who we spoke with told us how they were involved; "Yes I have had some input into the support plan. It is reviewed six monthly and we see how things are going. Every six weeks it's checked to see if things are all OK."

When we spoke with the community nurse they commented on the person centred ethos of the staff team. They told us; "When we work with the staff and when they attend our training courses their attitudes are really positive. They are very person centred and on top of everything."

The member of staff from SALT (Speech and Language Therapy Team) also shared with us positive experiences of the service and how they were working in person centred ways. They gave us an example of how they had worked with people who used the service and staff to develop 'intensive interaction' to support people who don't use words to communicate. They told us; "The staff are really person centred and we have observed them gain confidence in helping people with intensive interaction. Helping the people they support who are not verbal to form relationships, meet their social needs and enjoy company. The staff spend time one to one really positively building on vocalisation."

People were encouraged within the supported living schemes to take part in house meetings, to discuss any issues or to make decisions with the other tenants they lived with. One person who used the service told us

that they chaired the meeting and showed us the book where the meetings were written down. We could see in the book that people had requested new furniture and when we asked the manager if this had been followed through they assured us it had.

From speaking with people who used the service we were able to establish that staff enabled people to maintain their choices, wants and wishes. One person was keen to tell us all about how they had recently had their room re-decorated. They showed us a photograph book that they had which contained photos and cuttings from magazines, displaying their favourite choices for furniture and décor. The book also contained price lists and a check list that they could tick off when competed. They told us; "I've got a new bedroom, it's purple and grey."

People who used the service were involved in the recruitment process for new staff. People were supported to take part in a second stage interview where they would ask prospective support workers questions about what was important to them and their support. People who used the service told us; "Yes we helped to choose the staff." The manager told us that it was an important part of the recruitment process and they were able to see how prospective candidates interacted with people who use the service.

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to make a complaint they told us; "Yes I know who to contact." When we asked people who used the service one person told us; "Yes I would just tell the staff." We also asked relatives if they were aware of how to raise any complaints and one relative told us; "I have been provided with all the information I need so if I need to complain I know how to." Another told us; "I wouldn't have any issues picking up the phone if I had to complain. I know they would be honest. I have all the paperwork about it." This showed us that the complaints procedure was well embedded within the service.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the service didn't have a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. There was a manager in place who was managing the service and was competent and experienced to manage the service effectively. The manager in place was in the early stages of registering with us and was awaiting on relevant safety checks before submitting an application to register.

Staff and relatives told us that they were supported by the manager. We saw that the manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One relative and one member of staff told us; "Management is good, I have no problems discussing any issues with the manager." One relative told us; "I know I can raise any concerns with the manager or the home manager." Another told us; "Yes the manager is good, very accessible. They are there if I need a quick chat."

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us; "Our main aim is that the people we support have the lives they want, with the support that they need to be fulfilled and have the choices, friends, relationships and housing."

We saw up to date evidence of quality checks carried out by the registered manager, which were recorded on an online system called a 'continuous compliance tool.' This focused on; the views and concerns of people who used the service, staffing, support plans, health and safety, risk assessments, supervisions and appraisals, safe administration of medicines and the environment. The manager showed us how they used this to monitor quality.

Staff members we spoke with said they were kept informed about matters that affected the service by the manager. They told us staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the manager was approachable and they felt supported in their role. One staff member said, "Staff meetings are every six weeks or so and are good."

We saw how the manager adhered to company policy, risk assessments and general issues such as, incidents/accidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During our inspection we were made aware of 'service reflection events.' These were organised engagement events that were held regularly and enabled people who used the service, relatives, staff and partner healthcare professionals to affect the way the service was delivered. We saw evidence of recent reflection events and could see that other healthcare professionals had attended and had been complimentary about

the service. We could see that people who used the service had been involved in organising them, such as coffee mornings and baking cakes. People who were unable to attend were sent a survey to complete and return before the event and their views were also taken into account at the event. Issues raised at the most recent event were; communication with pharmacist and for staff to gain a better understanding of CQC role. This meant that the service was open to discussion with people who used the service and partners to look at ways to improve the service.

Complaints were managed, monitored and clearly recorded by the manager. We saw the most recent monitoring of complaints and we could see that there had been one recent complaint made and from the records we could see how that complaint had been responded to and the outcomes were recorded appropriately. Staff, relatives and the manager were knowledgeable of the complaints procedure.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the local authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.