

Royal Mencap Society

# Mencap Flat 4 Aston Lodge Domiciliary Care Agency

## Inspection report

Flat 4 Office, Aston Lodge  
Allerton Road  
Borehamwood  
WD6 4BF  
Tel: 020 8207 3854  
Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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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

This inspection was carried out on 12 January 2016 and was announced. We gave the provider 48 hours' notice of our intended inspection to ensure the right people would be present to assist us with our inspection.

Mencap Flat 4 Aston Lodge Domiciliary Care Agency provides support and care to people with a learning disability and who live in their own flats. The service was supporting 14 people 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 (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 and associated Regulations about how the service is run.

# Summary of findings

At the last inspection on 27/1/2014, the service was found to be meeting the standards in relation to all the outcomes we reviewed. At this inspection we found the service continued to meet the required standards.

People were protected from the risk of potential abuse, because staff had received training and had a good understanding of how to recognise and report concerns. Risks were assessed and reviewed, and actions were put in place to mitigate risks.

Staff were recruited through a robust recruitment process and received the appropriate training and supervision. We saw that staffing levels were appropriate to meet

people's assessed needs. People and staff told us they had adequate time to support people with all aspects of their daily living skills including supporting people to attend social activities.

People were supported to eat a healthy and varied diet. People had regular access to health care professionals. Care was personalised and people were involved in planning and reviewing their care and support.

The management team shared core values and supported people with a consistent approach to person centred care and support. There were systems in place to monitor the quality of the service and these were kept under constant review to ensure continuous improvements.

# 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 were supported by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times.

There was a robust recruitment policy in place.

People were prompted to take their medicines, by staff who had been trained to support people to take medicines safely.

Good



### Is the service effective?

The service was effective.

Staff received induction training and refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples` consent and agreement was obtained and was reviewed.

Peoples health was monitored to ensure people`s physical health and wellbeing were maintained.

Good



### Is the service caring?

The service was caring.

People had developed positive and meaningful relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

Peoples` dignity and privacy was maintained and respected by staff.

Personal information was kept secure and confidential.

Good



### Is the service responsive?

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People were able to raise concerns and complain. Concerns were appropriately investigated and responded to.

Good



### Is the service well-led?

The service was well led.

People were positive about the manager team and the leadership of the service

The management team were open and transparent and shared core values.

There were systems in place to monitor and improve the quality of the service.

Good



# Mencap Flat 4 Aston Lodge 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 12 January 2016 and was carried out by one inspector. The visit was announced. Before our inspection we reviewed information we held about the

service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with three people who were being supported by the service, three members of support staff, the registered manager and deputy manager. We received feedback from health and social care professionals. We viewed three people's support plans, two staff files and looked at quality monitoring information.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us “the staff help me to feel safe, and I like the staff to come out with me as well”. We observed that people were kept safe within their own homes. For example there were risk assessments in place for the environment.

Staff were able to demonstrate they had a good understanding of what constituted abuse and how to report any concerns. We saw that there was information on how to report concerns displayed in communal areas within the service. Staff we spoke with were able to tell us the process for reporting concerns and also how to elevate concerns using the whistle blowing policy if concerns were not addressed within the service. However all staff were confident that concerns would be addressed by the registered manager or the management team.

People had individual risk assessments in place. We saw that risks had been assessed for a range of activities both within people’s homes and in the community. For example when people travelled by public transport or taxi and road safety. People were not restricted in what they could do and were supported to live full lives even when there were risks involved. People were supported to make informed choices.

Accidents and incidents were recorded and monitored to help identify themes and enable staff to take timely remedial action to reduce the risk of a reoccurrence. For example a person who was supported by the service had had a couple of falls while out in the community. The

person along with support from staff had put measures in place so the person was back home before it got dark and also when required was accompanied by staff to reduce the risk of a reoccurrence.

People were supported by sufficient numbers of support staff. We saw that people had individual care and support plans. Staff were able to spend quality time supporting people and also supported them to participate in activities. We saw that staff had enough time to support people safely and staff encouraged people to undertake tasks with support.

There was a robust recruitment procedure in place which helped to ensure that potential employees had undergone appropriate pre-employment checks prior to commencing employment. We saw checks included a full employment history, disclosure and barring checks, a minimum of two references and proof of address and eligibility to work in the UK. This helped to ensure people were supported by staff who were suitable to work with people who required support.

Most of the people being supported at 4 Ashton lodge managed their own medicines and staff prompted or reminded people. However some people required more support with taking their medicines and staff told us they had received training and competency checks to enable them to support people safely. We saw that records were completed appropriately. Information was handed over to staff at the beginning and end of their shift and this helped ensure people were kept up to date with any key events and to keep people safe.

# Is the service effective?

## Our findings

People were supported by staff who had received training relevant to their roles. Staff had regular support meetings in place including one to one meetings with their line manager, team meetings and an annual appraisal. The training and support network helped to ensure that staff had the skills and abilities to meet the needs of the people they supported.

One person told us “the staff are wonderful and that I am well supported”. The other two people we spoke with were not able to tell us whether they felt staff had been trained or if they were competent in their roles. However through our observations during the inspection and from speaking with staff, they were able to demonstrate a range of skills and abilities.

Staff received regular training updates and we saw that all staff training was up to date with refresher training scheduled, for when staff required updates. Staff received an induction prior to commencing work, which also consisted of shadowing with more experienced staff until they felt confident supporting people on their own. Staff also were orientated with people’s homes, the building and outreach service users as well as becoming familiar with people’s care and support plans.

Staff told us that they felt supported by the management team and that they all worked as a team. One staff member said, “I do feel supported we can always discuss concerns with a senior member of staff”. Another staff member said we work closely, and support each other as well.” We saw that monthly meetings were held and staff were invited to attend. The minutes of the meetings were shared with all staff so that everyone was kept up to date with events. Staff had bi monthly one to one meetings with their line

manager. These provided an opportunity to discuss all aspects of the staff member’s performance as well as to discuss any concerns relating to the people they supported.

People were encouraged to participate in decision making about how their care was provided. We saw that staff asked for people’s consent before supporting them. For example we saw staff checking with people whether they would they like to be assisted with bath or shower, and were they ready to have breakfast and what would they like support with. Where people may be unable to make decisions, a mental capacity assessment was completed. Sometimes people needed support with making day to day decisions and staff were able to support them with making choices for example in relation to travel plans and how they could access work placements that were of interest to them. Four people who were subject to constant supervision had been assessed under MCA and were pending outcomes.

Staff supported people with food shopping and preparation. They encouraged people to eat healthy and nutritious food and prompted people to drink sufficient amounts to keep hydrated. We saw that staff spent time discussing food options and helping people with preparing and cooking their food. One person told us “I like pasta; I would like to eat it every day if I could”. Another person told us “I like going out to have coffee and cake in town”. Staff told us they often supported people to eat out or occasionally people chose to buy a take away.

People were supported to access health and social care professionals when required. Staff told us they would make a GP appointment for people when required. In addition they supported people to attend ‘well person’ appointments to maintain regular health checks. We saw that health and medical appointments were recorded in people’s care and support plans. People had attended dental appointments and opticians regularly for periodic check-ups.

# Is the service caring?

## Our findings

People were treated by staff who were kind and caring and were treated with dignity and respect. For example, before entering anyone's home staff knocked on the door and called out to alert the person, and asked if it was alright to come in with a visitor. They introduced us to people and explained why we were visiting to alleviate people's anxiety. Staff treated people as individuals and acknowledged this was their home and they had choices about how they lived their life.

One person told us "I like (Staff) they are kind to me and take me to the Cinema". Another person said "I like the staff very much; they help me to plan things". Staff told us they encouraged people to maintain contact with family and friends and people who were important to them. Staff welcomed visitors to the complex and to people's individual homes. Staff were observed to be kind and caring in their interactions with people. One staff member told us "they are like our second family", however you have to maintain professional boundaries or it can get difficult". For example a person who was being supported was asking their support worker some questions. The support worker was responding in an informative way. However when the person started asking personal questions, the support worker told the person in a kind and caring way that they did not want to discuss personal matters. The person they were supporting accepted this and they started planning how they would spend their social time for that day. This was done in a caring and professional way so as not to compromise the person's feelings or to make them feel awkward.

Staff were very supportive and complimentary of people's achievements and made sure they praised people. For example one person had completed voluntary work on a

farm and was working in a local forestry, while another person was doing voluntary work in a school for autistic children. People were clearly proud of their achievements and smiled and displayed signs of happiness when staff were describing what they had achieved.

We saw that there was no hierarchy between people and staff for example the manager and senior staff were all treated equally and throughout the inspection people came in and out of the office for a chat with staff and were clearly comfortable with each other.

Staff told us that people were supported with all aspects of their lives and not just on a practical level. For example staff helped people with claiming benefits and checked their entitlement sometimes using a local advocacy service to support people. They helped with budgeting skills, food rotation and cleaning, planning activities and holidays. People were encouraged and supported to live full and meaningful lives and staff supported people to overcome any difficulties they encountered as a result of their disabilities.

People were involved in planning and reviewing their care. We saw that care plans were completed with supporting pictorials to help people who used the service understand their support records. People had allocated 'key workers' who reviewed people's care needs monthly. People were asked to sign their care plans and where people could not contribute fully family were invited to participate to make sure the person's care was as personalised as it could be.

There was information about the person's life which helped staff to understand people's history and what and who was important to them as well as their strengths and weaknesses and areas where the person needed additional support. This demonstrated that staff knew people well; they treated everyone as individuals, with care that was individual and personalised.

# Is the service responsive?

## Our findings

The service was responsive to people's needs and had a flexible approach. Staff were familiar with each person's individual needs and able to tell us the abilities of those they supported. People who used the service received personalised care that considered their preferences and personal circumstances. Detailed information and guidance had been collated to support staff provide care in a person centred way, based on people's individual needs. Support plans included information about people's daily routines, food preferences and how personal care was provided.

We saw that daily log notes contained a summary of what the person had done that day. We saw that plans often changed because people changed their minds and this demonstrated that the service was responsive to people's changing needs and wishes. For example on the day of our inspection a person decided they wanted to clean their oven before going to town to look at some new furniture. The staff supporting the person said "off course I will help you to clean the oven we will go out whenever you want."

This approach demonstrated that people's views and preferences had been considered and taken into account during the planning and delivery of their support. Staff told us that they encouraged people not only to maintain their everyday skills and independence but also to support people to try new things and develop new skills. Staff also encouraged people to make decisions confidently instead of relying on staff to make decision for them.

People were supported to pursue a range of hobbies and interests both within their own homes and the community. People were planning various outings on the day of our

inspection. One person was going into town; another was going out for lunch and somebody else going shopping. One person told us "I enjoy going to the cinema and watching films". Another person told us they liked the coffee mornings. Staff arranged group events each week and people who were being supported as part of the outreach service were also invited to attend and participate. We saw that there were individual 'pamper' sessions, pool nights, fab Friday when people got together for a chat and some snacks. Other activities included playing football, cooking sessions and art and craft sessions.

People were also supported to plan and go on holiday and they were accompanied by staff, both at home and abroad.

People and staff told us they had regular 'service user' meetings to discuss all aspects of the service provided. People could provide feedback about how the service operated, and make suggestions about how the service could be improved. People told us they felt listened to and told us they 'chaired' the meeting and the staff done the minutes.

There was a complaints procedure in place and people were given information on how to raise a complaint as part of their tenancy and welcome pack. None of the people we spoke to had made a complain however one person told us that they had spoken to staff about a person in the complex being "too noisy" and this had been rectified quickly so they were confident that complaints and comments were acted upon. People were also able to provide positive feedback and we saw that these too were recorded and shared with staff. We saw the complaints policy and form was displayed in the communal room so that people were reminded about how to raise concerns.



# Is the service well-led?

## Our findings

Systems were in place to monitor the quality of the service and these were reviewed periodically. People who received support, and staff were complimentary about the management team and how the service was operated. One person told us, “[The managers] are really supportive. We work well as a team because the people come first”.

Staff told us that the registered manager was approachable, and available. The service operated effectively and efficiently because all staff had clearly defined roles and responsibilities.

The manager and deputy described individual roles and told us how they all fitted together to form a cohesive and supportive team. A member of staff described the service as being “well managed” and where staff were self-motivated and felt valued. This helped to maintain a positive working environment not only for staff but also for the people they supported.

The management team and staff were clear about the provider’s values and the objectives of the service. Staff too were clear about the values, their roles, and the direction the organisation was moving. A staff member told us, “Mencap have clear values and tries to support staff and managers to include these in all aspects of their work. Another staff member commented, “It’s all about taking a holistic approach to support and help people achieve their goals and live as full and meaningful lives as possible.”

Managers knew the people who were being supported very well and were able to describe people in detail and knew

about people’s inspirations and aspirations and this was always foremost in their approach. They ensured that staff had quality time to spend with people and it was never just about achieving a task but having adequate resources and abilities to meet the individual, complex and varied needs of all the people they supported.

We found that feedback was obtained from people and all stakeholders about how the service was run. The surveys were completed individually and asked people a range of questions covering all aspects of the service. Although feedback was analysed we found that it was fairly basic and we spoke to the registered manager about this. The registered manager told us feedback from surveys was being reviewed so they could capture more information and put appropriate remedial actions in place. Part of the development was about being able to evidence that improvements had been made in response to feedback received. This work was in progress at the time of our inspection so we could not report how this would benefit people who used the service in the future.

There were audits and checks in place such as fire risk assessments, personal emergency evacuation plans, health and safety, accidents, incidents, and people’s support plans. These were reviewed by the registered manager. The information was used to identify both shortfalls and drive continuous improvement. Records were stored safely and could only be accessed by people who were legally entitled to review them. This ensured that people could be confident that confidential information was stored securely and information provided was maintained appropriately.