

Royal Mencap Society

# Mencap - Staffordshire Domiciliary Care Agency

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 18 February 2016 was announced. This was the service's first inspection since their registration in 2014.

Mencap- Staffordshire Domiciliary Care agency provides personal care to people with learning disabilities in their own homes. There were 10 people using the service at the time of the 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.

Management and staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe and they had been employed using safe recruitment procedures.

Medication was administered by trained staff that had been assessed as competent prior to administering alone.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA which ensured that people consented to their care, treatment and support with the support of their representatives if they lacked capacity.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure in place and people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient amounts to maintain a healthy lifestyle dependent on their specific needs.

People were supported to access a wide range of health professionals. When people became unwell staff responded and sought the appropriate support.

People were treated with dignity and respect. Staff knew the providers whistle blowing policy and felt

assured that their concerns would be taken seriously.

The provider had systems in place to regularly monitor and review the quality of the service.

## 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 were kept safe as staff and management reported suspected abuse. There were sufficient numbers of suitably recruited staff to keep people safe within the service. Action was taken to prevent harm to people through the effective use of risk assessments. Systems were in place to ensure that people had their medicines safely.

### Is the service effective?

Good ●

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. People were supported to eat and drink a healthy diet. When people required support with their health care needs they received it.

### Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive. People received care that met their needs and their individual preferences. The provider had a complaints procedure and people knew how to use it.

### Is the service well-led?

Good ●

The service was well led. There was a registered manager in post. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

# Mencap - Staffordshire Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2016 and was announced. We informed the registered manager 24 hours prior to the inspection to ensure someone would be available. The inspection was undertaken by one inspector.

We spoke with one person who used the service, three relatives, two care staff, the registered manager, the service manager and the deputy service manager.

We looked at the care records of four people who used the service, two staff recruitment files, training records and the systems the provider had in place to monitor the quality of the service. We did this to check the effectiveness of the systems the provider had in place to maintain and improve the quality of service being delivered.

# Is the service safe?

## Our findings

People who used the service were safe and protected from the risk of abuse. One person who used the service told us: "Oh yes I feel safe, Mencap are very good to me". In the four care records we looked at we saw that people had a risk assessment for 'keeping people safe'. This assessment included information on ensuring that any staff working with people had been police checked and reminded staff to use the provider's whistleblowing policy if they had concerns. Staff we spoke with knew what constituted abuse and what to do if they suspected abuse had taken place. One staff member said: "I wouldn't hesitate to report anything suspicious to a manager". The registered manager gave us an example of a safeguarding referral they had made to the local authority when they had suspected abuse. This showed the provider was following safeguarding procedures to protect people from abuse or the risk of abuse.

Risks to people were assessed and plans were in place to minimise the risk of harm. For example if people required support with their mobility, staff we spoke with knew what to do to keep the person safe. One staff member told us: "There are rails in the bathroom for [Person's name] to use and we strategically place the furniture so they can use it as a way of moving independently around their home". Some people became anxious and required support to maintain their safety at these times. There were clear and comprehensive plans in place to inform staff how to support people and prevent harm to themselves or others. Other people required the use of a 'lifeline' call system, staff we spoke with knew what equipment people required to keep them safe and this allowed them to raise the alarm if they needed to. A relative told us: "I was worried that my relative wouldn't use the lifeline in the beginning but they since have when they needed help and I feel they are safe".

There were enough suitably trained staff to meet the needs of people who used the service. Staffing hours were commissioned through the local authority based on people's individual assessed needs. Staff we spoke with told us that there were enough staff to be able to meet people's needs safely and that they used the staff in the provider's other services to maintain safe cover at all times. The service manager told us that all staff completed 'shadow shifts' where they worked with more experienced staff prior to working alone with people. This meant that people would be supported by staff who knew their needs.

We saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff were of good character. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

We saw that people had medication plans for staff to follow to inform them of how to support each person in taking their medicines. Staff told us and we saw that they had all received medication training and had been assessed as competent by a senior member of staff prior to administering medication alone. Annual medication competency observations were undertaken by a senior member of staff to ensure they remained competent. The service manager told us if there was a medication error it would be investigated and the staff member involved would be given extra support and supervision in relation to the safe administration of medicines.

## Is the service effective?

### Our findings

Relatives told us that the staff were effective in their role. One relative told us: "Anything [Person's name] wants the staff sort it out for them, if they need a GP appointment they do it". Staff we spoke with told us they felt supported by the management team and had received sufficient training to fulfil their role. One staff member said: "There is a 24 hour on call system so we have always got someone to call on if we need them, but we tend to sort most things out between us, we are a good team". The registered manager told us that the provider would supply any training that was specific to the people they cared for. For example one person had an eating disorder and training in this condition was being arranged.

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. The provider was working within the principles of the MCA when supporting people to make decisions about their care. People consented to or were supported to consent to their care by their legal representatives. If people refused treatment or support this was respected, however if a person lacked capacity and treatment and support was deemed necessary, discussions were held to support the person in making the decision in their best interest.

People were supported to access food and drink of their choice. One person who used the service told us: "I've lost weight, the staff have helped me". The support people received varied depending on people's individual needs. Some people lived with family members who prepared their meals. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. Staff had received training in safe food handling and preparation.

People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. The staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities and a 'hospital passport' which had valuable information about the person if they were admitted into hospital. The information would support hospital staff in knowing how to best communicate and support the person to make their stay as less stressful as possible.

## Is the service caring?

### Our findings

One person who used the service told us: "They're marvellous Mencap are, they have done a lot for me and made me more friends". Relatives we spoke with told us that the staff were caring. One relative said: "The carers who come are excellent, very caring, they adapt their hours to suit, and they wouldn't just go off duty they would stay if they were needed". They went on to tell us: "My relative is happy I can tell they are well looked after".

Staff we spoke with demonstrated a caring value base. A member of staff told us: "I look after people how I would want people to look after my loved ones, we are like a family". They told us that they worked the hours to suit the needs of people who used the service. For example on Christmas day one person's relative had been unwell and unable to pick their relative up, a member of staff had taken the person to the relative's house and told them to ring when they needed picking up. This was outside of their contractual hours. This showed that staff cared for the people they worked with.

People were encouraged to be as independent as they were able to be and involved in the planning of their own care. One person told us: "I get up and go to bed when I like". A member of staff told us: "We work around what people want to do, it's their choice". We saw one person had been supported to buy a new iPad, they had recorded "It feels like Christmas", as they were so happy with their purchase.



## Is the service responsive?

### Our findings

Prior to people being offered a service an assessment of their needs was undertaken to ensure that the provider could meet people's individual needs. Care plans and risk assessments were drawn up for staff to be able to support the person based on their individual preferences. We saw everyone had an 'About Me' profile which documented the life story of the person and their likes and dislikes. Staff we spoke with knew people well and knew their preferences. A relative told us: "We get the same carers so we get consistency for my relative and they really need that."

People's care was regularly reviewed. One person told us: "I have a review next week with my social worker to check I'm ok". A relative confirmed that they met regularly with staff at their relative's home to discuss whether the level of support was still appropriate and if they were still happy with the care being provided. We saw when people's needs changed that their care plans were up dated to reflect the changes.

People were supported by staff to participate in hobbies and interests of their choice. Some people attended fitness classes, horse riding and a wide range of activities that they had chosen. One person told us: "Mencap have done a lot for me, I have loads more friends now". They told us how they enjoyed going to the local shops and talking to people in their local community. A relative told us: "The staff are always looking for nice things to engage them with". People's opportunities were based on their individual needs and preferences.

People felt confident that they could complain if they needed to. One person told us: "I would speak to the staff if I have any problems". A relative told us: "I would speak to the deputy service manager, they are very approachable". The provider had a complaints procedure which was available in a pictorial form for people with communication difficulties.

## Is the service well-led?

### Our findings

A person who used the service told us: "Mencap are brilliant". A relative told us: "Things have much improved since Mencap have taken over my relatives care, the staff are always thinking outside of the box and things are always completed as they should be".

There was a registered manager in post, who was supported by a service manager and deputy service manager. The service manager was in charge of the day to day management of the service; they were new in post and had completed an analysis of the service and drawn up an action plan of improvements they planned to make over an identified three month period.

Staff we spoke with told us that they felt supported by the management team. They received on-going performance appraisals where they were able to discuss their own personal developments and identify any necessary training that would help them fulfil their role more effectively. There was an on-going programme of regular training and the provider was committed to supplying training applicable to the needs of the staff and people they supported. Regular staff meetings took place to ensure that staff were able to contribute to the way in which the service was run.

We saw that there were systems in place to monitor the quality of the service. Staff used an electronic log in system when making their care calls; this allowed the management to monitor whether staff were on time and stayed the desired amount of time as identified in people's care plans.

Regular reviews of people's care were undertaken. Financial and medication observations took place with staff and annual questionnaires were sent to all people who used the service, their relatives and professionals who supported people. The service manager told us that they were in the process of analysing the information received to ensure that it 'Shaped the service'.