

## Watford And District Mencap Society

# Community Support Service (Dom Care)

### 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

About the service: Community Support Service (Dom Care) provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. They also provide a domiciliary service to people in their own homes. The service's office is based in Rickmansworth and the support for people receiving personal care is in and around this area. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service was supporting seven people who needed support with personal care who were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen ' Registering the Right Support' CQC policy.

What life is like for people using this service: People who used the agency told us they felt confident in the management team and how the service operated. They told us good staffing levels afforded people responsive and dignified support.

There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose.

People received their medicines safely.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and could adapt to meet people's needs and support them as they wanted.

Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were clearly recorded and regularly reviewed to check they were still necessary and proportionate.

People were involved in planning their care and decisions about how care was delivered. Easy read information was provided to help people make informed decisions. Where necessary other supporting information was provided such as visual and audio materials. We observed people were in charge of their routines and were able to request support when they needed it.

Staff were recruited in a safe way and following a recent recruitment campaign, there were enough staff to meet people's current needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

People were supported to access health professionals when needed and staff worked closely with those professionals to ensure their health and social needs as well as their well-being was monitored.

The registered manager and provider worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

Rating at last inspection: At our previous inspection the service was rated Good. (Report published 3 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection the service remained Good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

# Community Support Service (Dom Care)

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: Community Support Service (Dom Care) of Watford & District Mencap is a domiciliary care service. Staff deliver personal care support to people living in their own homes and in supported houses. Services are provided to adults and children with a learning disability and/or autistic spectrum disorder and other complex needs.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a domiciliary service and the managers are often out of the office supporting staff and visiting services. We needed to be sure that they would be available to speak with us. We also needed to be sure that people's consent was gained for us to contact them for feedback about the service.

We visited the office location on 12 February 2019 to see the managers and office staff; and to review care records and policies and procedures.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as

notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with two people who used the service. We also had discussions with two staff members and the registered managers. We also received feedback from four health and social care professionals to gain their views on the service.

We looked at the care and medication records of two people who used the service, we visited the main office and two supported living houses.

We examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, medicine reporting systems, staff training and supervision records, safe guarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe –this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The service had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. One staff member said, "We have had loads of safeguarding training so we know the process and the whistleblowing procedure."
- Staff were aware of the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally.
- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management.

- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions including mental health, mobility and nutrition.
- Staff worked with the same people so they were familiar with their needs and plans to manage risk.
- The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. The service referred people to external agencies for guidance and support when required.

Staffing and recruitment.

- Staffing levels matched each person's requirements and sickness and staff leave was managed between the team to maintain continuity of care. When we discussed this with people and they confirmed they had the right support and staff who understood their needs. People told us they liked having the same staff who knew their needs and respected their choices. One person said, "They [staff] are very good they know me very well."
- The management team had good systems for recruiting staff in place. Staff recruitment records seen were consistent and held required information. This included professional references and criminal record checks from the Disclosure and Barring Service (DBS). In addition, the registered managers had details about each person's full employment history to assess reasons for any gaps. Staff received a full induction following their recruitment to help them settle in their new roles. Staff we spoke with confirmed this. This showed the management team followed safe procedures to ensure staff were suitable to work with vulnerable adults.

Using medicines safely.

- The service supported some people with their medicines. People told us they were satisfied with how their medicines were managed.

- Staff were trained and administered medicines safely.
- Medicines records were accurately maintained.

#### Preventing and controlling infection.

- If required staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The registered managers ensured infection control procedures were maintained with effective staff training. People who used the service we spoke with told us staff consistently washed their hands before and after providing personal care for them.

#### Learning lessons when things go wrong.

- The registered managers reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.



# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care plans showed expected outcomes were identified and ensured promoting people's independence would be a priority.
- Care plans detailed tasks required when visiting people's homes. They were regularly reviewed and updated when circumstances changed. Records looked at and discussions with staff and people who used the service confirmed this.
- Care plans were person-centred. Care was planned and delivered in line with people's individual Assessments.

Staff skills, knowledge and experience.

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. The provider monitored staff training to ensure it was up to date and effective. People we spoke with told us staff were skilled and competent. One person told us "I'm very confident in the staff that support me."
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff told us the managers were always available to support them.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans identified people's dietary needs had been assessed and support and guidance recorded as required.
- People told us they were happy with the support they received with their meal preparation. Two people told us, "[Staff] know what I like and don't like it works well" and "I'm encouraged to do as much for myself as I can but then staff help me out when I need it."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

Staff providing consistent, effective, timely care within and across organisations.

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. The registered managers told us how they referred people to external professionals for support, for example to help reduce the risk of falls.

Ensuring consent to care and treatment in line with law and guidance.

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- People told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.

## Is the service caring?

### Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People we spoke with and visited confirmed staff were kind, respectful and sensitive to their needs. For example, we received only positive responses about the attitude and performance of staff at Community Support Services they included, "I am very happy with the support I get here Its helped me a lot" and "Always happy and upbeat."
- Care records included information in relation to each person's dignity and privacy. It was evident care records and the attitude of staff was to ensure support planning was personalised and focused on retaining and promoting people's independence. A staff member said, "It's really important we respect clients but help them to do as much as they can for themselves."

Supporting people to express their views and be involved in making decisions about their care.

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. One person told us, "I've come a long way but it's only because of [the staff]. I wouldn't be where I am now if it wasn't for them."
- People told us staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Respecting and promoting people's privacy, dignity and independence.

- It was clear from our observations when we visited the homes of two people and spoke with them that staff had a good awareness of the importance of treating people with respect and maintaining their dignity.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. The service recognised the importance of treating everyone as individuals. People's diverse needs, such as their cultural, sexuality or religious needs were reflected in their care planning.
- People's confidentiality was respected and people's care records were kept securely.

# Is the service responsive?

## Our findings

Responsive –this means that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships.

- People were empowered to have as much control and independence as possible, including in developing care plans. One person commented, "I am involved in all my care. They [staff] include me in everything."
- Care plans were personalised and reflected people's individual needs and preferences. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances.
- Staff had built positive, caring relationships with people and knew them well, including their likes, dislikes and preferences.
- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. This included a description of words and behaviours. Staff were skilled at supporting people with their communication needs.
- Information was shared with people and where relevant available to people in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and satisfaction surveys. We saw the results of the most recent survey were positive.
- People were asked about their views individual meetings including care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have if they were unable to tell staff about this

End of life care and support.

- At the time of our inspection the service was not providing end of life care to anyone. The provider had systems in place to work closely with other agencies to ensure it enabled people to have a dignified ending to their life.

# Is the service well-led?

## Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility.

- People who received care from the agency were complimentary about the registered managers and management team. They said they were approachable and available at all times and operated an organised service.
- The registered managers and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and outside agencies who were involved in Community Care Services.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The registered manager and team leaders worked alongside staff and led by example.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered managers and team leaders were involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to develop the service based on good guidance about current best practice.
- The registered managers and care coordinators met regularly to plan operational tasks. This included monitoring staffing levels to ensure all care visits would be fulfilled, the on call, rota and feedback about the people they supported and any actions they may need to take.
- People spoke highly of the service and did not identify any areas for improvement.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, relatives and advocates feedback was sought through surveys phone contact and through regular face to face discussions. Responses showed they were happy with people's care and quality of life.
- People were kept informed about the service through annual publications showing what the service had achieved.

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Regular team meetings were regularly held for all staff to attend. This provided staff with an opportunity to share any ideas, or raise any issues about the service. Team leaders had regular meetings with the care staff, as well as office staff meetings to provide an opportunity to raise any issues.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care.

- The management team were keen to ensure a culture of continuous learning and improvement. They had started to explore systems to help them in the overall monitoring of the service quality and safety as they recognised this may be needed as the service begins to grow.
- The registered manager used a range of resources to ensure the service kept up to date with best practice guidance.

Working in partnership with others.

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. For example, worked with health professionals to ensure people's health needs are met.
- The provider had facilities to support families of people using the service to use changing facilities designed for people with disabilities at the main office. This supported people to use the town without having to return home to access the facilities they required.