

Heart of England Mencap

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DCA Central

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Heart of England Mencap DCA Central is registered as a domiciliary care service which provides personal care to people in their own homes and within supported living accommodation. It also provides personal care to people living within extra care settings. At the time of our inspection 60 people were being supported with personal care.

People's experience of using this service:

Staff understood how to keep people safe and how to report any concerns they may have. However, under previous management, safeguarding concerns had not always been acted on in a timely way.

Staff had been trained in administering medication, however a lack of oversight meant we could not be assured people were receiving medication as prescribed.

People's capacity to make important decisions had not been assessed where required.

Risks to people had been identified but it was not always clear how risks had been assessed and action was not always taken to mitigate risk in a timely way.

Despite this, staff knew about risks associated with people's health and understood how to minimise these as they knew people well.

There were enough staff to meet people's physical and emotional needs.

Staff were recruited safely, and processes checked the background of potential new staff.

Accidents had been recorded and any immediate action had been taken to reduce the risk of the event happening again. Overall analysis was complete to identify patterns and trends.

Staff understood how to prevent the spread of infection.

People's needs were assessed before being supported by the service.

Staff received an extensive induction and had access to the training and guidance they needed to complete their role well.

People were offered choices. For example, in the meals and drinks they were offered.

Staff respected people's rights to privacy and dignity.

Every person and relative we spoke to told us staff were caring and kind.

Staff treated people with dignity and respect.

Care plans were personalised and contained the information and guidance staff needed to support people to achieve their goals and aspirations.

Systems were in place to manage and respond to any complaints or concerns raised.

The manager had systems and processes to monitor quality within the home. However, these had not yet been embedded.

The Chief Executive was open and transparent about the difficulties they had faced over the past 12 months and had recently changed the management structure at the service to ensure the quality of service delivery was improved.

The new manager understood their regulatory responsibilities and had informed us of significant events at the service since taking on the management role.

Lessons had been learned when things went wrong.

Rating at last inspection: Good. (The last report was published on 10 August 2016).

Why we inspected: This was a planned inspection to confirm that the service remained Good. The service is now rated 'Requires Improvement'.

The registered provider was in breach of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enforcement: Action we told provider to take (refer to end of full report).

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Heart of England Mencap DCA Central

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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, one assistant inspector and one expert by experience who had experience of caring for people with a learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Heart of England Mencap DCA Central is registered as a domiciliary care service. It provides personal care to people in their own homes and supported living locations. It also provides personal care to people living within extra care settings. It provides a service to people with a learning disability or autistic spectrum disorder.

At the time of our inspection, the service did not have a manager registered with the Care Quality Commission. However, The Head of Supported Living Services (interim) oversaw the day to day running of the service and had submitted their application to become registered with us (CQC). The registered manager and 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 site visit so the Head of Supported Living Services (interim), who was also the manager, would be available to talk to us. We also wanted to contact people in their own homes and we needed support from service to ensure people consented to this. The inspection started on 13 May 2019 and ended on 15 May 2019. We visited the office location on 15 May 2019 to see the Chief Executive of the provider company, the manager, office staff and to

review records.

What we did: Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR 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 sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry. We used this information to plan our inspection.

Prior to and following our site visit we spoke with ten people and seven relatives about the care people received. During our site visit we spoke with the Chief Executive of the provider company, the manager, the health and safety representative, three team leader's and three members of support staff.

We reviewed three people's support plans in full and specific aspects within other people's care records. We looked at induction and training records and other records of how the provider assured themselves of the quality of service provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations had been met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. However, staff had not always felt confident to report safeguarding concerns to the previous manager. We discussed this with the Chief Executive who told us the management team had now been restructured and the whistleblowing policy had been reviewed and embedded within the staff teams via team meetings. An independent 'serious incident review team' was also established to complete thorough investigations into all further safeguarding concerns.
- People told us they felt safe. Comments included, "I feel safe and relaxed" and "I trust them."
- Staff understood their responsibilities to keep people safe. One staff member told us, "I know safeguarding is keeping people safe. I would inform our team leader or manager but if they were complicit I would go to the safeguarding authority."

Using medicines safely

- Staff had been trained in the safe management of medicines and their competency was assessed to ensure safe medicine practices.
- However, there was no oversight of safe medication practices and therefore we could not be sure people were getting their medicines as prescribed. The manager told us team leaders completed spot checks on medication administration records (MAR) charts but these had not been recorded. The manager assured us immediate action would be taken to oversee safe medicine practices.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified but it was not always clear how risks had been assessed. For example, one person had been recorded as requiring full support with taking their medicines but there was no information about how this decision had been reached.
- Care plans were in place to guide staff on how to prevent, manage and mitigate risk to keep people safe but some lacked detail and were not consistently monitored. For example, records showed one person had frequently displayed behaviours which put themselves and others at risk. Action had not been taken to mitigate this risk in a timely way. We discussed this with the manager who told us, "Staff tried to get support, but nothing was done. They [staff] weren't listened to." Following the management restructure, a root cause analysis was complete which identified a clear trigger which was causing this person distress and it was clear the person did not like attending the day centre on specific days. This person is now offered alternative activities on these days which has had a positive impact on their emotional well-being.
- Despite this, people told us they were supported by staff who knew them and who they trusted to keep them safe.

Staffing and recruitment

- There were enough staff to meet people's assessed needs. People told us, "There are enough staff around and I can get them if its needed downstairs" and "They are very reliable".
- The provider continued to have an effective recruitment process to prevent unsuitable staff working with vulnerable adults.
- Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check and satisfactory references.
- A 24 hour on-call system was in place for staff to seek emergency advice when necessary.

Preventing and controlling infection

- Staff had completed infection control training and told us they followed good infection control practices. People confirmed staff used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents were recorded and monitored on an electronic system. The health and safety representative told us they were regularly reviewing the system to identify patterns and trends. They explained once any risks had been identified, the team leader would ensure action was taken to reduce the likelihood of it happening again. For example, one person had been identified as falling frequently which prompted a review of the person's risk assessment and care plan.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of MCA.
- People and relatives told us people felt free to make daily choices. One relative told us, "They always ask [person who uses the service] and she decides."
- Staff understood the principles of the Act. One staff member told us, "Everyone has capacity to make daily decisions. These are time and decision specific."
- The manager and staff told us some people lacked the capacity to make specific decisions about their care and treatment and therefore, staff made these decisions on their behalf. However, records demonstrated people's capacity had not been formally assessed where necessary and we could therefore not be assured these decisions had always been made in a person's best interests.
- Where people did have capacity to make specific decisions, it was not always clear people had consented to the proposed care and treatment being provided.

This was a breach of Regulation 11 of the HSCA (Regulated Activities) Regulations 2014. Consent

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

- People's needs were assessed before they received support from the service. This meant staff could be sure they could meet people's varying needs.
- Assessments and support plans had not always been reviewed to reflect changes in people's needs in a timely way. However, improvements were being made to ensure all support plans were up to date and reflected people's current needs.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- Records demonstrated a high level of compliance with staff training which kept them up to date with best practice. The manager explained training was delivered in a number of ways to enhance the learning

experience for staff and included classroom sessions and observations.

- The day before a staff member started working at the service they received a phone call from their assigned 'buddy' to wish them luck and offer their support on their first day.
- Staff received a thorough induction when they started working at the service which included time working alongside experienced staff to learn about people's needs. Staff were issued with a 'staff shadowing workbook' which aimed to embed a person-centred culture within the new staff team
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Staff spoke about the positive impact additional specialised training had on the quality of care they delivered. Comments included, "Training is good. We have training specific to people needs, like autism and challenging behaviour" and "I have done other training too like epilepsy. I have also done training on challenging behaviour and deescalating situations."
- Staff told us they had regular opportunities to discuss their development and records demonstrated supervision and appraisals were being used to motivate staff as well as review their working practices

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

- Peoples nutritional needs had been assessed and guidance was provided in care plans about how to encourage people to maintain a healthy diet. For example, one person had high cholesterol and was encouraged to eat foods low in salt.
- People told us they could choose what they wanted to eat and could eat at times to suit them.
- A relative told us, "[Person] has a good diet. He chooses what he eats and does a lot of walking."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Referrals had been made in a timely way to relevant healthcare professionals. For example, one person had been referred for psychiatry input and recommendations were acted upon.
- A relative told us, "Medical appointments are all made, and they assist him. They are regular like the dentist, podiatrist or doctor."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met

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

- Every person we spoke to told us staff treated them in a kind and caring way. People spoke openly about the staff feeling more like friends than carers. Comments included, "It's excellent. They look after us well", "They are always kind. They are more like friends" and "Staff are very nice and respectful."
- Relatives also provided positive feedback. One relative told us their family member lived in one of the services supported living schemes. They said, "They [Staff] are excellent, they really are. He clearly prefers to be there and it's his home." Another relative told us, "They treat [Person] like a friend and it's a circle of regulars [staff] so she knows them well."
- Staff enjoyed working at the service and told us they felt valued. A recognition scheme called 'Make It Meaningful' acknowledged when staff had gone above and beyond to make a real difference to people's lives. Six members of staff had recently won the award for their dedication and compassion in supporting a person who was admitted to hospital. This person found hospitals distressing and having support from familiar staff meant they were better able to cope and recover in this environment.
- The provider recognised the importance of promoting equality and diversity. A policy was in place which highlighted their commitment to eliminating all forms of unfair and unequal treatment and discrimination. The manager told us they were setting up an 'equality and diversity steering group' which will provide guidance and advise to the Board of Trustees on all equality and diversity matters.

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

- People were supported to express their views and were involved in making day to day decisions about their care. One person told us, "They listen to me and make sure I'm happy with it." Another person said, "If I say no, they respect me and my choices."
- Relatives told us staff tried to provide their loved ones with as much choice and control whilst increasing their independence.
- Where people needed extra help to make important decisions, referrals had been made to advocacy services when people did not have an appropriate person to speak on their behalf. However, a recent audit had identified more work was needed to ensure all people being supported by the service knew this was available if they wanted additional support.

Respecting and promoting people's privacy, dignity and independence

- Staff and relatives respected people's privacy and dignity. Comments included, "It's my home and they respect our privacy" and "They groom him, and he always looks tidy".
- Staff promoted people's independence. One person told us, "They encourage me and don't influence me by any harassment. They remain respectful and that helps me have a lot of independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. A relative told us, "It's all [person's] choice what they do and they fit around her."
- Care plans were written from the person's perspective and were focussed on people's needs and preferences to explain what was important to them.
- Some people who were supported by the service could become distressed and required staff to help them to manage their anxieties. Care plans focussed on positive strategies which meant staff could prevent and reduce people's distress quickly. For example, one person was encouraged to use a sensory area whilst another person found walking calming.
- People told us staff knew them well. One person told us, "They help me if I am worried." Another person said, "The help me avoid being over nervous. They know how to reassure me."
- Staff told us they generally provided support to people who they knew well. One staff member explained, "I think we match the right staff to the customers to get the best results."
- People had communication care plans in place which recorded people's preferred method of communication. However, the manager explained these were in the process of being reviewed to ensure they fully complied with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- The manager explained although some people have a limited ability to communicate their needs, it was still just as important for them to be able to receive care in their preferred way. Creative strategies needed to be in place for these people to aid their choice and control over their care. As a result, a 'Communication Ambassador' had recently been appointed to bridge any communication gaps for people with unique communication needs.

Improving care quality in response to complaints or concerns

- A system was in place to promote, manage and respond to complaints or concerns raised. In the twelve months prior to our inspection there had been seven complaints which had all been investigated and responded to fully.
- People told us they knew who the manager was and knew how to contact them via their accommodation senior staff members or by calling the office. People felt confident to raise concerns but said there had never been any need too.
- A relative told us, "I've had no complaints, but they are good if I need to discuss issues."

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. However, the manager explained they would involve other healthcare professionals to ensure people received the right care and support when

required.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred. Legal requirements had not been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The Chief Executive was open and honest about the leadership difficulties the service had faced particularly during the past 8 months. They explained the board of trustees had been a focussed on the organisation financially stability and had relied on the previous registered manager to ensure the safe running of the service with support from a head and deputy head of operations.
- The Chief Executive explained once the financial risks had been resolved, it was important to go back to the reason the organisation was founded, which was to empower people with learning disability and autism to lead fulfilling lives by delivering an exceptional service. As a result, the service was restructured and the Chief Executive, who is also the Chief of Operations, now directly line managers the registered managers which has improved oversight of the service being delivered.
- Staff spoke positively of the new management structure. One staff member told us, "It is getting a lot better, it is more transparent, and I feel more supported by the manager." The team leaders told us, "Now, if we have an issue [Manager] shows us what to do and we feel assured it is getting done. Before we never knew if anything was being done with things we raised because the previous manager didn't share it with us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager left the service in March 2019 and the new manager was immediately appointed and has applied to become registered. The manager spoke positively of the support they received from the provider and told us "I feel totally supported."
- Registered providers and registered managers have a legal responsibility to inform us (CQC) about any significant events that occur in the home including any serious injuries or safeguarding events. The new manager understood their regulatory responsibilities and had informed us of significant events at the service since taking on the management role. However, during our inspection we found two safeguarding incidents the provider had failed to inform us of.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents.

- The Chief Executive explained "The registered manager responsibility was far too diluted before. They need to be accountable, as do I as the nominated individual."

- Quality assurance systems were not always effective. The manager told us, "We deliver really good care, but our systems don't support it. Our audit system didn't do what it was supposed to." Despite some improvements being made, these had not yet been embedded within the service. For example, there was no oversight of medicine management and mental capacity assessments were not in place.

This was a breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

- The Chief Executive explained there was a key objective to improve the systems and processes and assured us of their commitment to putting in place all the actions they needed to. As a result, the provider had sought an external auditing company to review all aspects of care and from this, the manager had implemented an action plan of improvement which they told us, was everybody's business.

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

- Surveys were used to gather people's, relative's and healthcare professionals' views on the service. Analysis from the last survey indicated that overall people were happy with the service provided.
- Weekly team leader meetings had recently been introduced to ensure consistency across the service

Working in partnership with others

- Staff worked in partnership with people's families and health and social care professionals in promoting people's physical and mental health.
- The manager encouraged stakeholders to share their views with the service in order to improve the quality of care being provided.
- Everyone we asked said they would recommend the service, and some had actually done so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental Capacity Assessments and Best Interest Decisions were not in place for people who lacked capacity to make specific decisions.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not always effective

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to inform us about two significant incidents that had occurred at the service.

The enforcement action we took:

We issued a fixed penalty notice which has now been paid