

Eden Mencap Society

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Inspection report

Ullswater House
Duke Street
Penrith
Cumbria
CA11 7LY

Tel: 01768892014

Website: www.edenmencap.org.uk

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 26 and 27 September 2018. We carried out telephone interviews with relatives on 6 November 2018. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be at the service. The service was rated good at our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service also provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible. 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.

Not everyone using Eden Mencap Society receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 6 people receiving support with their personal care.

The service operates from permanent offices close to Penrith town centre.

There was a registered manager at the service. 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.'

The care service was not fully 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 were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

The human and legal rights of people who used this service were not protected because staff, including the management team, did not have a good working knowledge of the principles of the Mental Capacity Act 2005.

The service did not have effective safeguarding systems in place.

People's finances and medicines had not always been managed safely. Where mistakes had been identified, appropriate actions had not been taken to help make sure they did not happen again.

The service did not have a robust and effective system in place to monitor the quality and safety of the service.

These are breaches of the regulations.

You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments and care records had not been maintained accurately and did not reflect people's current support needs. The documents were not produced in a way that met the communication needs of the people using the service.

We have made a recommendation about communication and accessible information.

The provider had a complaints process. No one that we spoke with had ever needed to raise a complaint. However, we did see some evidence of complaints during our visit to the office. The complaints system was not well managed.

We have made a recommendation about the management of complaints.

The service operated a safe recruitment process to help make sure only suitable people were employed. There were usually enough staff on duty to meet people's needs. We found that people usually had support from the same team of carers who knew them well.

Staff were provided with some training and updates. They told us that they felt well supported by the management at the service. However, we noted that there were gaps in their skills and knowledge, particularly around keeping people safe.

Staff at the service knew the people they supported very well. They could give a good account of people's individual care and support needs.

People we spoke with during the inspection process were all happy with the support provided by the service. They all thought that people were "well looked after."

People were supported to access health and social care professionals when needed, as well as independent advocacy services. Additionally, people were supported to access activities and employment in the local community or to attend day centres and clubs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

The service had safeguarding procedures in place. Staff were not familiar with the processes to help keep people safe.

Risk assessments had been carried out but they were not up to date or centred on the needs of the individual person.

People's finances and medicines were not always managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Support workers received some support, training and supervision with regards to their role and work but there were gaps in their skills and knowledge.

People who used the service were not always appropriately supported to make choices about their care needs and lifestyle.

The service did not have a good working knowledge of the key requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff were aware of the individual needs of the people they supported.

People told us they thought the service was caring and supportive.

Advocacy services were available when needed or requested.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care and support plans were not well maintained and kept up to date.

Information was not always presented in a way that met people's communication needs.

The complaints system was not managed consistently.

People using the service were supported to access the community and take part in activities that interested them.

Is the service well-led?

The service was not well led.

Care and support for people using the service was not always guided by good practice and management support.

The service had systems in place to help monitor and improve the quality of the service but these were not effective.

The organisation had policies and procedures in place but these were not consistently put into practice at this service.

Requires Improvement 

Eden Mencap Society

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.

The inspection took place on 26 and 27 September 2018 and we carried out telephone interviews to people who used the service or their relatives on 6 November 2018. The inspection was announced because it is small and provided domiciliary care service. We needed to be sure someone would be at the service.

We visited the office location to see the registered manager and office staff; and to review care records, staff records, policies and procedures.

The inspection team consisted of one adult social care inspector.

Prior to our inspection visit we reviewed the information we held about the service, for example notifications. A notification is information about important events which the service is required to send us by law. In addition, we spoke with commissioners about their views and experience of the service.

The provider completed and returned a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information to help us plan our inspection.

As part of the inspection we spoke with the relatives of two people who used the service via telephone calls. We spoke with five members of staff employed at the service including a team manager and the registered manager. During our visit to the offices of Eden Mencap Society, we observed two of the people who received services.

We looked at the personnel records for three members of staff and reviewed the support plans of two people who used the service. We also looked at a sample of the policies, procedures and records relating to

the operation of the service.

We asked the registered manager to provide us with copies of policies and procedures, the business plan and information relating to the management and support of staff at the service. The registered manager sent us the information we asked for.

Is the service safe?

Our findings

The service had safeguarding procedures in place. Staff told us and the training records showed that they had received some training about safeguarding adults. This training had not been regularly updated. One member of staff said, "We are probably due for some updated training." Two of the staff we spoke with described the actions they would take if they suspected anyone was being abused. However, staff, including the management team, were not familiar with the processes to help keep people safe. Safeguarding concerns had not been managed appropriately nor reported in a timely manner.

The relatives we contacted told us that they had never had any concerns about the service or the support their relative received.

We reviewed the way in which the service supported people with the management of their finances. The service had a policy and procedure in place regarding people's finances and possessions, but this had not been followed. Most people did not have full control of their finances and had not been supported to be as independent as possible with regards this. Balance checks had been carried out and receipts for purchases kept but there had been gaps in the checking systems and people were at risk of financial abuse. The registered manager had introduced revised monitoring systems, but little consideration had been given as to whether the practices were appropriate, the least restrictive or proportionate against the risks they sought to guard people from, or if it was in turn, institutional or financially abusive practice.

We were very concerned about the safe management of people's finances and following the inspection we referred the matter to Cumbria County Council's safeguarding team.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used this service were not protected from the risks of abuse and improper treatment because the provider did not operate effective systems and processes to prevent abuse and report allegations.

We reviewed the care records of two of the people that used the service. Risk assessments had been carried out for some aspects of their care and support. The assessments were not up to date or centred on the needs of the individual person. There was information missing about supporting people safely with medical conditions and safe infection control protocols. We saw from meeting minutes that the registered manager had identified that risk assessments were out of date in July 2018 but they had not been had not been updated.

The service had medication administration and management procedures in place. Staff had been provided with some training during their induction period. The training records showed that refresher training had been arranged but some of the dates were planned for two or three years in the future. People's medication support needs were not always managed safely. We found several examples of when people had not received their medicines as their doctor had intended. We saw that where mistakes had been made, the person's doctor had been consulted for advice. However, where staff had been identified as having made a

mistake, they had not been adequately supervised and monitored to help them improved their practise and keep people safe.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not done everything reasonably practicable to minimise and mitigate risks. People who used this service were placed at risk of receiving unsafe care and support.

We checked the way in which the service managed staff discipline and performance. There were procedures in place and the service had access to external support with regards to staff discipline. Disciplinary investigations had been carried out when required. However, the application of the processes had not always been consistently applied.

We reviewed the staff recruitment processes in place at the service. We found that systems were in place and followed, to help ensure only suitable people were employed. Appropriate pre-employment checks had been carried out including obtaining employment histories, identification checks, references from previous employers and criminal record checks.

The staff we spoke with told us that there were usually enough staff on duty to meet the needs of the people they supported. One person told us, "The rotas are more settled lately and people get more consistent care from regular support workers." Another member of staff said, "I usually get enough time to give great support to the people I work with. I tend to work with the same people. There are times when we have been short staffed but this has changed a bit recently."

A relative said, "They (Eden Mencap Society) have been short of staff at times, but (Name) always has the support needed)."

One of the social care professionals that we spoke to also thought that the service provided consistent and good support to people. They added, "The service seems to have a good rate of staff retention, which helps to make sure people don't have a lot of changes to their support workers."

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The Mental Capacity Act states that people should be assumed to have capacity (until established otherwise) to manage their own lifestyles, including their finances. If these restrictive practices were in people's best interests, mental capacity assessments should have been carried out and recorded on their care files. Records around consent and capacity were incomplete and there was no clear indication that people understood and were happy to consent to these practices.

The provider had policies and procedures in place regarding the Mental Capacity Act, but the service had not followed them. Staff, including the management team, had little understanding of consent or of the Mental Capacity Act. There were no risk assessments, best interest assessments or Mental Capacity assessments in place to confirm whether people had the capacity to make decisions or were safe to manage aspects of their lives such as personal finances either with or without support. These practices did not support the values that underpin the Registering the Right Support and other best practice guidance.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not always appropriately supported to make choices about their care needs and lifestyle.

We reviewed the staff training records and a sample of four staff supervision records during our inspection of the service. We also spoke with four members of staff about their experiences of working at the service.

Staff told us that they attended the office for supervision meetings with their line manager. They also told us that the provider held monthly team meetings, but not everyone attended these. The staff felt that they were well supported in their work and that they were listened to by the managers. They also told us about some of the training they had been provided with. This was mostly e-learning but training such as moving and handling had included an element of practical training.

One member of staff told us, "I feel that I get the support and training I need, although I am probably due for some more training now to update." Another member of staff said, "I think I get enough training to help me work safely and I feel listened to when I attend my supervision meetings."

The relatives we spoke with thought that staff were competent. One person said, "(Name) has worked with my relative for a long time. They understand them very well, they are very good with my relative."

The records helped to confirm that staff received regular supervisions and attended staff training. The staff training records that we were shown indicated when training had taken place and training that needed updating. The training records were limited to nine main subjects and training such as person-centred care,

equality and diversity, health and safety and infection control had been covered by the Care Certificate units. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is good practice for care staff to achieve this qualification. There were some issues with the way in which this training had been recorded. However, the registered manager explained that the recording systems would be changed so that a more accurate record was maintained.

The provider told us about the introduction of new technology to help improve people's life. A new phone system had been introduced at the service. The system used pictures or photographs of people's faces rather than using a keypad. This helped people who used the service to make phone calls unsupported. Technology to help keep people safe was also in use, for example the Careline system and epilepsy sensors.

The records we reviewed showed that people were supported to access health and social care services when they needed or chose to. We saw that people had 'Hospital Passports' as part of the care and support plans. The aim of hospital passports is to assist people with disabilities to provide hospital and medical staff with important information about them and their health when they are admitted to hospital, for example. The passports are endorsed by the Department of Health and promoted by NHS England and are viewed as good practice.

People were supported with eating, drinking and menu planning (including shopping) where this was part of their care plan.

Is the service caring?

Our findings

The staff we spoke with during the inspection knew the people they supported very well. Staff could give a good account of people's individual needs, wishes and lifestyle, including daily routines, likes and dislikes. They told us that the communication processes used between themselves generally worked well. There were communication books and daily diaries in the supported living houses where they worked and staff were also provided with verbal handovers when needed, particularly when people's needs had changed within a short time.

Staff told us that they had time to read people's care and support plans to help them understand the type and level of support people needed with their daily lives. They also told us that they were allocated enough time to spend with the people they supported and that people usually received consistent care from the same group of staff.

During our visits to the office of Eden Mencap Society, we saw two people who received personal care support. They were attending the day services. We observed that they were relaxed and comfortable with the staff supporting them. There were warm and friendly exchanges.

One of the relatives we spoke with said, "They (Relative) are better looked after with this service. They are more settled with the care team. The staff are very caring and supportive. My relative is happy and I am happy."

Another relative told us, "My relative is doing so well now. They have changed a great deal since they moved to this service. They (Relative) have never indicated any unhappiness with the staff and they view the staff as their mates. I can't fault the service."

One member of staff said, "I enjoy working at the supported living service. I like supporting the guys (people using the service) to do what they want to do each day. Sometimes it doesn't feel like a job, it's very enjoyable." Another member of staff told us, "I support people with their daily living activities. We access the community based on people's choices. Sometimes it is small things like going out shopping and sometimes more complex activities that need some planning. Rotas and working hours are flexible so that we can do these things. However, I do think we could do a bit more about encouraging and showing people that they could do more."

One of the social workers we spoke to told us, "I think they (the service) give people good support. One of my clients receives a service from Eden Mencap. They like where they live and their flat is always kept clean and tidy. They are well looked after. The relatives that I have contact with are also very happy with the care and support provided." Another social worker said, "I have found the service to be proactive in supporting people's independence and identifying where support can be reduced as people progress. They are creative in the support they provide and very person centred (not maternal) in doing so. I have no current concerns regarding this organisation."

The provider told us that when needed or requested, people had access to advocacy services.

Is the service responsive?

Our findings

The provider told us that person centred care and support plans were in place and that they were regularly reviewed and up dated. They told us that the information was available in various formats to help meet individual communication needs. However, we found that support plans had not been kept up to date or in good order. The records we reviewed did not meet people's communication needs.

The provider told us that the service was developing life story books to help capture the past lives and experiences of each person they supported. We did not see any information to support this and when we spoke with staff, they had "not heard" of these.

We discussed these matters with the registered manager who confirmed that the support plans did not really meet people's communication needs. They said, "People are not really interested in their records." We also discussed the Accessible Information Standard (AIS). The provider had started to develop policies and procedures about the Accessible Information Standard but further work was needed. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

We recommend that the service seek advice and guidance from a reputable source, about communication needs and the implementation of the Accessible Information Standard.

There was a complaints process in place at the service. We also saw that people had been provided with their own copy of this information. We looked at the way in which the service managed complaints. The service had received three complaints over the last year. Brief details of the issues had been recorded and it was difficult to establish exactly what the complaints were about, what had been done to address the matter and whether the complainant was satisfied with the outcome of any investigations and actions. There was little evidence to support that the service had used complaints as a learning tool.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints

Social workers told us they thought the service practised a person-centred approach to people's care. They told us they had been involved in people's care needs assessments. We saw evidence of care needs assessments supplied to the service by the local authority. One social worker told us, "I have never had any issues with the care and support provided by this service."

Staff at the service told us about the support they provided to help people access the local community and keep up with their hobbies and interests. Eden Mencap Service also provides day centre opportunities for people should they wish to join in and there are other projects that people can access, including meaningful, paid employment. During our time at the service, we observed people joining in activities and helping staff with tasks in the offices. It was evident from the chatter and laughter that people felt comfortable in this environment.

The people we spoke to told us about some of the activities their relatives participated in and enjoyed. One person said, "My relative works in the café and loves it. They are also learning to cook." Another person told us, "They (Relative) are out all week doing things, including visits to me."

The provider told us about the support provided to help people maintain and improve their independence. Simple adaptations such as new crockery, taping the edges of worktops, marking household appliances and obtaining lightweight, cordless versions have made a difference to people's independence.

The service is a recognised safe place and reporting centre for hate crime. Hate Incident Reporting Centres are a safe, neutral location within the community where people can report hate crime or hate incidents without having to contact the Police directly. Anyone can use this facility regardless of whether they are a victim, witness or someone who is aware of information that needs to be reported. There are trained staff based at the centre to assist people with the reporting process.

Is the service well-led?

Our findings

The registered manager was at the service during our inspection visits. They assisted us throughout the process, providing information and documents when requested.

The registered manager explained that they regularly visited people's homes and checked various aspects of the support provision. These were limited to care records, medication administration records, finance records, spot checks of the fridge and general cleanliness of the property.

The systems that were in place had identified that care records and risk assessments were out of date and did not reflect people's current needs. Information relating to people's mental capacity and the ability to consent or make decisions was missing from their personal records.

The registered manager failed to ensure appropriate actions had been taken to address the shortfalls and manage the risks. They had delegated some tasks to team managers. There had been some communication issues between the management team, which meant the registered manager did not always have a good oversight of the service.

Staff could comment on the service. Staff meetings had been held although not with any regularity. We reviewed the minutes of the last meeting where contracts, rotas and training had been discussed. Staff surveys had also been carried out, the last one in 2017. Staff had raised issues about communication, specific training and basic training needing to be updated. Staff had also commented on how well they worked as a team and that they were happy with the level of support they received from the management. The staff we spoke with during the inspection said that they felt supported by the managers at the service. They told us that they felt that the managers listened and acted on things.

We were told by the provider that people living in supported living services attended 'tenants meetings.' However, there were no minutes or records available about the meetings. Satisfaction surveys had been completed by some of the people who used the service. They had been supported with this by staff working at the service or by their relatives. No concerns had been raised in the surveys.

The service had policies and procedures in place designed to help ensure the safe and effective operation of the service. The registered manager told us that staff were reminded to read the policies in place at the service. However, we found that many of these processes had not been followed in practice nor had there been any assessments or reviews carried out to check that staff understood and followed them. Additionally, the policies and procedures that we reviewed during the inspection made no reference to current best practice guidance, for example, those produced by the National Institute for Clinical Excellence (NICE).

There was little evidence to confirm that competency checks had been carried out to help make sure staff worked safely in line with the policies and expectations of the service. Where shortfalls in staff competency had been identified, there were no clear plans to help staff improve and understand their roles and

responsibilities.

We found that the quality monitoring and auditing system in place at the service was ineffective. We spoke with the registered manager about the quality and auditing systems. The registered manager told us that there were no formal auditing and governance systems in place for the service. A business plan had been produced for the development of the service. However, there were no action plans for improving the standard of the service or to help ensure the service met the requirements of their registration.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems to assess, monitor and improve the quality of the service were not effectively operated.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who used the service were not always appropriately supported to make choices about their care needs and lifestyle.</p> <p>Regulation 11</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used this service were placed at risk of receiving unsafe care and support because the provider had not done everything reasonably practicable to minimise and mitigate risks.</p> <p>Regulation 12(1),(2)(a)(b)(c)(g)(h)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who used this service were not protected from the risks of abuse and improper treatment because the provider did not operate effective systems to prevent abuse and report allegations.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems to assess, monitor and improve the quality of the service were not effectively operated.

Regulation 17