

Royal Mencap Society

Barnsley Mencap

Inspection report

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14 May 2019

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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:

This service provides care and support to people living in 'supported living' settings, so they can live 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 care and support.

Barnsley Mencap was providing personal care to 67 people at the time of the inspection.

The outcomes for people using the service reflected principles and values of 'Registering the Right Support' in the following ways, promotion of choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service: People were pleased with the quality of care and support they experienced. They told us they felt safe when support workers were providing care and support to them. A person told us, "I feel really safe here. The staff are really good and look after me really well."

Healthcare professionals involved with the service told us they had no concerns about the commissioning of the service or how it was managed.

Staff knew who to report any concerns to and assessments of potential risk helped to ensure people were as safe as possible. Staff told us they were confident that if they raised any concerns the registered manager and service managers would take them seriously and act accordingly.

The same support workers supported people most of the time. The provider recognized this was important to people. The provider employed enough support workers so people's needs could be met in a timely way.

Support workers had training about how to manage medicines safely. We saw staff administer medicines to people safely and in line with agreed policies and protocols.

Support workers followed safe practice for infection control. They wore protective equipment such as gloves and aprons when they supported people. They also supported people to keep their homes clean.

Staff were recruited following a thorough process that ensured as far as possible, only suitable staff were employed. New support workers learnt about people's needs by working alongside experienced colleagues before supporting people alone. They learnt about people's likes, dislikes and preferences about how they wanted to be supported.

Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff supported some people to have enough to eat and drink and to access health services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible. People were treated with respect by staff who demonstrated compassion and understanding.

People knew how to complain and were confident the registered manager or other staff would resolve their complaints.

People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of the staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed. Some of these systems needed firmly embedding into practice to ensure they were fully effective.

Rating at last inspection: At our last inspection, the service was rated 'good.' Our last report was published on 30 November 2016.

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 ●

Barnsley Mencap

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 inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for young and older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including physical disability.

The service had a manager 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 short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 13 May 2019 and ended on 14 May 2019.

On the 13 May 2019 we visited six people in their homes to ask their opinions about the care they received and to look at their care records. Whilst out on visits we were accompanied by a service manager and met two relatives and four support workers. We also spoke over the telephone with 12 people who used the service, one relative and six support workers.

On the 14 May 2019 we visited the office location to see the registered manager, interview staff and review care records and policies and procedures relating to the service. We interviewed three staff including, an administrator and two support workers. We also contacted staff by e-mail to ask them their views of the service. Eleven staff responded to our request for information.

What we did:

We used information the provider sent us in the Provider Information Return. 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.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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 provider and registered manager had appropriate systems in place to safeguard people from abuse.
- People who used the service told us they felt safe when being cared for by the support workers. One person told us, "I moved in last year. I like living here, the staff are looking after me well. I feel safe."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. Staff told us they had completed training in adult abuse which was updated yearly.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans detailing the support they required from staff to manage the identified risks.
- Staff spoken with were aware of any risk assessments in place and told us these helped to keep people safe from harm.
- Accident and incident reports were hand written at each house by staff that had witnessed the incident. Service managers read these within seven days, or sooner if needed, and the information was put onto an electronic system. The registered manager then looked to see if any themes and trends were emerging and completed an action plan to try to prevent a reoccurrence of the incident.
- At each team meeting staff looked together at the action plans so they were aware what action was needed. This also gave them an opportunity to talk through if the actions were effective.

Using medicines safely

- All support staff were trained in the safe administration of medicines. Following training, checks of staff competency were reviewed at least yearly. If any concerns were noted, action such as re-training and supervisions were completed.
- We observed one support worker administering a PRN (given when required) medicine to a person. They followed the agreed protocols and supported the person to take their medicine safely.
- We found the medicine administration records (MAR) for medicines prescribed PRN were hand written by staff. We spoke with the registered manager about the risk of errors occurring with this and she told us they would ensure hand written records were signed and witnessed by two staff in the future.

Staffing and recruitment

- Prior to their employment, staff underwent a robust pre-employment check. Staff files contained completed application forms, full employment history, interview record, proof of identification and a

Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

- There were enough staff employed to ensure people received care and support at the agreed times. People told us, "There is always staff here and they come on time. We're never left on our own," and "The staff are here to help us and that's what they do, whenever we need them."
- Staff comments included, "We are fully staffed at our service and all people receive their one to one hours," and "There is always enough staff to make sure we can meet people's support needs."

Preventing and controlling infection

- People were protected against the risk of cross contamination as staff had a clear understanding of infection control management.
- Staff confirmed they were familiar with the provider's infection control policy and had received infection control training.
- Whilst on home visits we observed staff using PPE (personal protective equipment) such as gloves and aprons, when it was appropriate to do so.

Learning lessons when things go wrong

- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service. Managers at the service encouraged staff to look at what could be learned when something went wrong.
- Staff discussions took place to give them the opportunity to give their feedback about what could be done better.
- Staff gave us an example of what happened when there were concerns raised about a person's behaviour. They said a representative from the provider's internal monitoring team went to the person's home and carried out observations of the person. They then gave staff advice about how this behaviour could be better managed. The review of the person also concluded additional staff support was needed, which was provided. The registered manager told us the person's behaviour was now better managed and the person was much happier.

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

- Assessment of people's needs were comprehensive. People and relatives confirmed they were involved in the assessment and review of on-going care and support needs. The support plans were detailed and reflected people's health and social care needs and their preferences and cultural needs.
- Staff told us the support plans guided them to provide effective care, and enabled people to be more independent. Staff were aware of people's diverse range of needs and preferences and ensured they were not discriminated against.

Staff support: induction, training, skills and experience

- Systems were in place to monitor staff's training needs and staff were up to date with their training. One support worker told us, "Induction training includes moving people, first aid, medication, fire theory and safeguarding. The service manager then supports us with training in finances, risk assessments, eating & drinking, and service specific training, for example, food hygiene, infection control and positive behaviour support. I have also received insulin training from the district nurse."
- Staff felt well supported and comfortable approaching management. Unannounced spot checks were carried out by managers to observe staff member's work practice
- Staff received regular supervisions and appraisals. One support worker told us, "We have four to five 'shape your future' meetings in a year and if required we can contact our service manager at any time. We have monthly checks around finance, medication and health and safety and our manager can just turn up and ask to look at things, speak to people and observe us working."

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

- Staff supported people to stay healthy and referred people to other healthcare professionals as required. Support plans had information about people's dietary needs, their preferences or cultural dietary requirements. For example, the guidance provided by the dietitian was included in the support plan for a person with a feeding tube.
- We saw speech and language therapy (SALT) assessments in place for people who were at risk of such things as choking. A support worker told us, "This information is in support plans and would travel to hospital with the 'all about me' medication pen picture, so that other staff are aware of the person's needs. SALT assessments are reviewed every six months. At my service on a Sunday evening a weekly food menu is completed with ideas from people, so they make choices. A shopping list is made from this menu. We have also had input from the dietitian."

Staff working with other agencies to provide consistent, effective, timely care

- People who used the service were provided with effective and timely care and support because staff

worked closely and in conjunction with other services such as emergency care practitioners, GP's and district nurses.

- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised support plans for the people they supported. We saw evidence of this.

Supporting people to live healthier lives, access healthcare services and support

- Staff were vigilant to changes in people's health and sought advice from healthcare professionals when required. Health action plans provided staff and healthcare professionals with the necessary information about people's medical conditions, their communication needs and how best to support the person.
- The feedback we received from healthcare professionals confirmed staff followed their advice to enable people to maintain good health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People confirmed they were involved in making decisions about their care and their consent had been sought for how support was delivered.
- Staff recognised the need to gain consent from people who used the service. This was discussed at the point the service was agreed and a service agreement was put in place and signed by each person.
- Staff understood their role in asking for and gaining consent from people when assisting them with personal care. A support worker told us, "We support people to have all the information they need to make an informed choice. We attend MCA meetings and best interest meetings. I've been at meetings with the local authority as of part of informing people about their choices about where they live."

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.

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

Ensuring people are well treated and supported; equality and diversity

- People were happy with the care and support they received. They told us, "Everything is fine. I have nothing to worry about," and "They [staff] know me, what I like to do and where I like to go, they [staff] are good to me."
- People had developed positive relationships with the staff and were confident in approaching staff when needed. One person showed us a picture of a staff member who was coming on duty later in the day. The person said this staff member was one of their favourites and they couldn't wait to see them.
- Staff had a good understanding of protecting and respecting people's human rights. Staff talked about the importance of respecting people's different and diverse needs. One staff member told us, "Rotas are completed around service needs along with individual people's needs. An example of this is a person I support attends swimming once a week after advice from physiotherapist. This is on the rota with a member of staff allocated to supporting the person on that day."
- The registered manager told us one area where people lived had a very diverse workforce and service user group. She had therefore completed some training with staff around ensuring non-discriminatory practice. The registered manager told us both staff and people who used the service had found this useful.

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

- People were confident to express their views and told us they had not experienced any discrimination.
- People told us their independence was respected and they were involved in making decisions about their care. Support plans contained information about what people could do for themselves. We observed staff respected this during our home visits.
- House meetings were held each month, which people could choose to be involved with or not. People told us they enjoyed these meetings and could talk about whatever they wanted, and staff would listen to them and make changes where necessary.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. We saw safeguards had been put in place to allow a person to go out independently and enable staff to be aware of the persons whereabouts and safety. People told us, "I do my food shopping with staff from next door. I make my own meals. I do my own cleaning mainly, including washing," "They [staff] help me with my medication, they cook my favourite bacon, they help me pay my bills and rent, they are brilliant," and "I feel safe and well cared for 24 hours a day, seven days a week. The staff turn up on time and help with my cleaning, cooking and tablets. They also help me with my personal care if I need it."

Is the service responsive?

Our findings

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

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 told us they received personalised care that was responsive to their needs. People, and their relatives had been involved in compiling their support plan and agreeing the support they needed. One relative told us, "Yes, I think [person] has seen their support plan and we are having a meeting with the managers from Mencap this Friday, which is about the support plan."
- Support plans were updated every six months, or sooner if anything changed. One staff member told us, "I have a lady who had a recent review for her to self-medicate. The support plan was fully updated following this."
- Each person had their support plan in their home. A copy of each person's support plan was also kept at the office. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed.
- Plans provided guidance for staff about everything they needed to do and how people liked their care provided. Plans were written in a person-centred way, meaning that people's wishes were central to the support they received. For example, we saw when a person had problems eating or swallowing they were referred to the speech and language therapy team (SALT) for input and support. Also, if a person required specialist equipment that too would be requested to support people to remain as independent as possible.
- The service applied the principals and values of 'Registering the Right Support' and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, control and independence.
- Individual activity programmes had been produced for each person and when an activity had been undertaken it was recorded in care records.
- Activities were supported by staff taking into consideration their relationships and skills. One person was supported to attend a theatre group called 'Take a Bow,' another person enjoyed going swimming. Some people enjoyed attending day services and others had jobs in such places as charity shops and gardens. The registered manager told us all people went out on an activity at least once a week and many much more often than this.
- Activities within each house included such things as themed nights, baking and painting. People were proud to show us photographs taken of them being involved in a variety of social activity.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns.

- There was an established complaints procedure. People told us they had seen information about the service's complaints policy, but most people told us they had not used this as they did not have any concerns about the service. One person told us, "Yes I have made a complaint and I knew who to go to. They

dealt with it."

- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly.

End of life care and support

- At the time of the inspection there was one person receiving end of life (EOL) care. The registered manager told us the person had only recently been assessed as needing EOL care and they were in the process of compiling the EOL support plan. We saw evidence of healthcare professionals involved with the persons care, including the care service manager, community nurses and Macmillan nurse.
- The registered manager confirmed policies and procedures were in place to guide staff on supporting people with EOL care and training was available to staff. There was also an EOL champion who held a 'health and wellbeing group' which brought their expertise to all staff.
- One staff told us, "We've had EOL support plans in place for other people and this meant they were able to die at home with dignity. Following the most recent death we received thanks from family members and there was a lovely person-centred story about the person put on Mencap's intranet."

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.

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

- Staff and managers were clear about their roles and responsibilities. Any concerns were raised with more senior management and discussed as part of the business continuity and improvement plan.
- The registered manager held monthly accountability meetings with all service managers. The electronic recording system informed the registered manager of any issues at each house. For example, medicine errors, and if any action further was needed. We saw when a staff member had forgotten to administer a medicine, there was a clear record of what action was taken to protect the person, and what action was taken with the staff member to prevent a reoccurrence. We spoke with the registered manager about getting this information back to the service and on system sooner as in some cases information relating to an incident were not returned to the office in a timely manner. The registered manager put a system in place to ensure this would happen.

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

- People and their relatives spoke positively about all aspects of the service, including the managers and support staff. Their comments included, "Our [relative] gets really good care and support. Everyone is good," and "I couldn't ask for more, everything is fine."
- Staff also spoke highly about the registered manager and support managers. Their comments included, "I feel supported by my manager. I have clear guidance in what I am supposed to be doing in my job role. I recently felt overwhelmed by some health issues, and I was supported really well with this during my final 'shape the future meeting.' I won't forget this," and "We can contact our manager at any time. They have supported staff through a very difficult few months and offered further support after we lost a very valued and loved staff member."
- The registered manager's values were evident throughout the inspection. The numerous values of the service included for example, promoting people's independence and treating people as individuals through an inclusive and transparent partnership.

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the service and outside agencies who were involved in the service. One person told us, "I feel I would be able to give my views honestly without being criticized. If someone didn't agree there would be no fear of any comeback. I feel I can always speak out."

- Quality assurance surveys had been sent out to people who used the service, relatives and stakeholders in October 2018. The registered manager told us she hadn't received the returned surveys from head office. The plan was for these to be analysed prior to an engagement meeting planned for July 2019. The registered manager told us she was assured that if any surveys had been returned with concerns or complaints these would have been passed to her for immediate attention.
- Staff and resident meetings were held in each house every four to six weeks. There was also a plan in place for all staff to meet with the registered manager at least yearly. The registered manager also held 'engagement meetings' with new starters, giving them an opportunity to give their feedback about such things as the induction process, the training programme and their service manager.

Continuous learning and improving care

- The systems and process in place to monitor the quality of the service ensured the management team considered whether there were emerging patterns or trends, for such things as accidents and incidents, which needed to be addressed.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and develop the service. The registered manager and staff at the service had a close working relationship with other healthcare professionals, including GP's, district nursing services and the SALT team. This helped to ensure people were receiving the right support at the right time.