Care Quality Commission

Royal Mencap Society

# Royal Mencap Society - Suite 6 Canterbury Business Centre

**Inspection report**

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an announced inspection.

Royal Mencap Society - Suite 6 Canterbury Business Centre is a domiciliary care service providing support to people with a learning disability to enable them to live their lives as independently as possible. Support includes help with personal care and skills such as shopping and banking. The support hours provided varied depending on the person's needs. At the time of our inspection, 21 people were being supported with personal care, some in a supported living type service. A registered manager was

# Summary of findings

employed by this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People's safety was being compromised in a few areas including the way medicines were not being stored and recorded. This was a breach of our regulations. You can see what action we told the provider to take at the back of the full version of this report. A few health action plans were missing relevant information. Risks were managed in a way that balanced people's right to make choices with their right to be safe and people were encouraged to make informed choices about risks.

People using the service and their relatives were positive about the service they received. People were treated with kindness and respect. We saw relaxed and friendly conversations taking place. Staff told us they would challenge poor practice. They had helped to empower people using this service and their relatives to do the same. Staff were well trained and supported to provide good quality care. People were encouraged to take part in the care planning process and to actively feedback on the support they received.

Sufficient numbers of staff were available to keep people safe and meet their needs. The use of agency staff had, however, reduced staff consistency and this had in turn negatively impacted on people's care. Some people were not being supported to reach their full potential. The goals in some people's support plans were not focussed on their priorities and others had no record of review or progress for over 18 months. Staff told us they aimed to help people live as independently as they were able. Some people told us about the paid work they were doing, the new skills they had learned and the important relationships they had with other people. People also had plans for the future which they looked forward to achieving.

The registered manager and provider had governance systems in place to monitor the quality of the service provided. These systems had, however, not identified the concerns we found around medicines management and supporting people to achieve their goals. There was a learning culture where staff and people were encouraged to comment on the running of the service. Permanent staff received the line management and support they needed to care for people competently. Staff without permanent contracts did not receive the same line management input from their managers which could make it more difficult to identify and address poor practice.

# Summary of findings

## 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 

This service was not safe. The way medicines were recorded and stored was not always in line with good practice. Staff did not have all the information they needed to safely support people with their medicines.

People told us they felt safe using the service. People and staff knew how to recognise and respond to abuse. Risk assessments about abuse had, however, not been personalised and so did not assess the risks to the person accurately. The focus was on taking informed risks to maintain people's independence. People's freedom and rights were respected by staff who acted within the requirements of the law.

Sufficient numbers of staff were available to keep people safe and meet their needs. The use of agency staff had, however, reduced staff consistency and this had in turn negatively impacted on some aspects of care.

**Is the service effective?**

Good 

The service was effective. Staff were knowledgeable about the people they supported and used this to help people be as independent as possible and to develop new skills.

Permanent staff received the line management and support they needed to care for people competently. Staff without permanent contracts did not receive the same line management input which could make it more difficult to identify and address poor practice. We asked the registered manager to review this approach.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. A few health action plans were missing information and staff told us they would address this. Where necessary, staff contacted health and social care professionals for guidance and support. People were supported to eat a healthy diet.

**Is the service caring?**

Good 

This service was caring. People were treated with kindness and respect. Senior staff acted as role models and monitored the way other staff behaved. Staff were prepared to act if they saw other staff behaving in a way that was not caring. Staff treated people with dignity and maintained confidentiality. Staff were thoughtful about the way personal care was provided and respected people's desire for privacy.

People were happy with the support they provided. They felt comfortable chatting with staff and had a good rapport with them. This included sharing jokes. Staff had a detailed knowledge of people's needs and preferences and knew the whole person.

# Summary of findings

People were encouraged to be involved in planning their support. Some people did not want to be involved in planning but were still supported by staff to make daily choices. People were also supported to maintain relationships important to them.

**Is the service responsive?**

**Requires Improvement**

This service was not always responsive. Some people were not being supported to reach their full potential. The goals in some people's support plans were not focussed on their priorities and others had no record of review or progress for over 18 months.

Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes. People were involved in developing and reviewing these plans. Staff supported people to meet their spiritual and social needs.

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

**Is the service well-led?**

**Requires Improvement**

This service was not always well-led. The registered manager had not been made aware some people were not achieving their desired outcomes and problems with the recording and storage of medicines had not been identified in a timely fashion. The systems in place to monitor quality had not identified these problems.

People receiving support and staff said they found the registered manager and senior staff approachable. Most staff felt well supported and able to challenge poor practice.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. When something went wrong staff learned from the experience to prevent the same thing happening again.

# Royal Mencap Society - Suite 6 Canterbury Business Centre

**Detailed findings**

## Background to this inspection

An adult social care inspector and an expert by experience carried out this inspection on 4, 6, 8 and 11 August and 12 September 2014. The expert by experience had personal experience of caring for someone with a learning disability. This was an announced inspection to ensure there were staff available to meet with us at the office and to allow us to arrange appointments to visit people in their own homes.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. At our last inspection in January 2014 we did not identify any concerns about the care being provided by Royal Mencap Society - Suite 6 Canterbury Business Centre. We also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

On 4 and 6 August we telephoned four people receiving support from Royal Mencap Society - Suite 6 Canterbury Business Centre and seven staff. We spoke with them about their experiences of the service. During our visit we met with three further people and seven members of staff. We spent time observing the support provided and interactions between staff and people. We reviewed three support plans, staff training records and a selection of quality monitoring documents.

Following the visit we spoke with one relative about their views on the quality of the care and support being provided. We also received feedback from one healthcare professional.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

# Is the service safe?

## Our findings

People's medicines were not always managed safely. We looked at people's medicines administration records (MARs). Where changes had been made to the medicines to be administered these had not been signed by two staff as required by company policy. This should be done to help prevent errors. On one MAR we found unclear alterations had been made by staff making it hard to tell which medicine needed to be administered. There was a risk the wrong medicine could be administered, causing harm to the person, however, staff were able to tell us which should be administered.

The medicines policy stated where medicines could be given as and when the person needed them (as required medicines), there must be a protocol in place to guide staff. There were no as required medicines protocols in the records we looked at. Staff did not have the information they needed to safely support people with these medicines which meant people could be harmed if they were administered incorrectly. Some people could not safely administer homely remedies independently and needed staff to administer these medicines. The policy required the written approval of the person's GP if staff were administering the medicines. Only one of the records we looked at contained this approval. One person requiring support had medicine to stop diarrhoea but there was no authorisation from a healthcare professional for this to be given by staff. Without this authorisation, staff could inadvertently administer medicines that could be harmful to the person.

Some people purchased their own homely remedies and took them as they needed. This showed people were encouraged to be as independent as possible. However, there was no risk assessment in place to check that people could safely take their medicines by themselves. Other people lived in the same house and could be harmed if they took other people's homely remedies that were not safely stored. This risk had not been assessed.

One person had a number of medicines in their cupboard that had been prescribed up to 12 months ago but had not been used. Staff told us one of the medicines could be taken as required but this was not recorded in the MAR. Staff had not clarified this with the prescriber so could not be sure the medicine was being safely administered. Other medicines in the person's cupboard were no longer needed but staff had not asked the person for permission to destroy them. There was a risk they could be incorrectly administered. For two people, creams, sprays and drops had not been dated on opening. Some of the items needed to be destroyed after they had been open for a specific period of time. Staff had no way of knowing whether this time had elapsed. Some people could not safely dispose of medicines themselves. We asked to see the record of medicines returned to the pharmacy for destruction for these people. Staff were unable to locate this for some people. This record would be needed to support stock checking for people unable to manage their own medicines.

Where staff administered people's medicines, they checked the number of tablets in stock to help identify administration errors. We looked at the number of tablets in stock for each person compared to the number that should be in stock according to the MARs. Most were correct but the balance of one medicine was not correct and this had not been noticed by staff. They could not account for the extra tablets in stock. This could mean medicines had not been properly booked in on delivery or medicines had not been taken when they had been recorded as taken. It was unclear what had happened and if the person had missed medicines they needed to take. These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe and secure and knew who to speak with if they had any concerns. If they did not wish to speak with the staff supporting them, they could post a pre-printed card to request a visit from a senior manager. This gave people an additional method of raising a concern. One person said "I like everything. I can talk to anyone." Each person had a safeguarding risk assessment but they had not been personalised to identify the risks specific to that person. For example, people's understanding of safeguarding, their level of isolation and ability to communicate were not taken into account. Staff told us they would review the documents.

Staff had access to safeguarding guidance to help them identify abuse and respond appropriately. They told us they had received safeguarding training and training records confirmed this. They accurately described the actions they would need to take if they suspected abuse was taking place. Staff said they would have no hesitation

# Is the service safe?

in reporting abuse and were confident the registered manager would act on their concerns. A member of staff described a concern they had raised with their manager which had been taken seriously and acted on. Staff checked people's understanding of abuse and safeguarding every two months when they met for their care review. They believed asking regularly helped people to remember how to report a concern.

Only senior staff had received training on the Mental Capacity Act 2005. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions. A course for care staff was being developed. In the meantime, mental capacity was discussed as part of other courses, such as sexuality awareness. Staff explained the importance of assessing whether a person could make a decision and the process to follow if the person lacked capacity. Staff told us about best interest decisions that were in place and how they had been agreed. They explained how they made sure the decisions they made in people's best interests were as limited as possible so the person retained as much independence as they could.

People said staff did not stop them doing anything they wanted to do. Some people were unable to make decisions about where they lived and the support they received. Staff were working to identify whether an application to deprive these people of their liberty through the Court of Protection was needed as there were restrictions in place. Staff said they did not use physical interventions to restrict people's freedom but they were trained to remove themselves from harm. The company's safeguarding policy included guidance on physical interventions and the very limited circumstances when they could be used to protect the person from immediate and significant harm.

Staff aimed to keep people safe without applying unnecessary limitations on their freedom. This helped people maintain their independence without being exposed to undue risk. Staff described this as a "complex balancing act" as things were always changing and each situation was different. Risk assessments were used to help people and staff decide if the risks associated with an activity were acceptable or not. If possible, the person made this decision. Where they did not understand the decision to be made, this was done by staff in their best interests. One person regularly made a journey to another town and was able to do this independently. On one occasion, another person wanted to go with them. Staff believed this might be risky for both people so arranged to take the second person with staff support at a later date. The person was able to make the trip without putting themselves or others at risk and was happy with this compromise.

There were recruitment procedures in place to ensure people were supported by staff with the appropriate experience and character. Recruitment records contained the necessary information and evidence. However, recruiting staff told us the company did not specifically require them to find out about an applicant's conduct in past roles working with children and vulnerable adults or their reasons for leaving that employment. They only sought references for the last two roles which could result in checks not being made on past employment with children and vulnerable adults prior to the previous two roles. They told us they would review this policy to ensure they checked the reason the person left these roles and their conduct whilst employed.

According to senior staff the number of staff required to keep people safe was always provided. The number of staff needed was identified using the hours commissioned by the local authority. Where staff worked alone, they called to confirm they had arrived to track the hours of support being provided. Staff told us there were generally enough staff on duty at any one time with the right skills and experience to care for people safely. They did, however, tell us that a lack of staff continuity was having a negative impact on the activities people could take part in. For example, one person liked to swim but staff said they were not managing to arrange this. This was often due to staff not knowing in advance that this was something they would need to do that day. A manager was available by telephone at all times if staff needed immediate support. A member of staff said when they had called "you couldn't wish for a better person on the end of the phone".

The provider was using more agency staff than normal when we visited. Staff told us this was because some staff had recently left and had not yet been replaced. The company tried to use a small pool of known agency staff but people were still being supported by less familiar staff. Recruitment was taking place and they hoped to reduce the use of agency staff following this recruitment period. Staff told us agency staff did not always read the support plans or the diary. On one occasion permanent staff had to

Requires Improvement

# Is the service safe?

be called in as none of the agency staff on shift could administer medicines. The registered manager was aware of this omission and had put checks in place to prevent this happening again. One person missed a health appointment as agency staff had not checked the diary. This could impact on their well-being if access to healthcare professionals was inadvertently delayed.

Good

# Is the service effective?

## Our findings

Staff met with their line manager every three months to receive support and guidance about their work and to discuss training and development needs. Staff who worked for the company when needed but did not have a permanent contract did not currently have any formal meetings to review their performance. This could delay performance issues being acted on. We discussed this with the registered manager who said they would review this approach. Records of meetings showed other staff had an opportunity to communicate any issues they wished to discuss. The same form was used over a twelve month period to ensure actions from previous meetings were reviewed at the next meeting. The senior staff undertaking these meetings had received training to help them effectively manage others. Most staff were happy with the frequency of these meetings. However, a few staff said they would like to meet with their manager more often and we shared this with the registered manager. One member of staff said "I feel I have always had the right support and reassurance if I need anything. I was seen every month during my probation period and have just had a [supervision meeting] which I should get every three months. There was also a staff meeting in May."

People said staff had enough training and experience to support them. Records showed staff training was up to date and staff received training specific to the needs of the people they supported. Some examples of this specific training included end of life care, mental health, insulin administration and sexuality awareness. Staff told us they felt competent and could ask for additional training when they needed it. One member of staff told us "I am currently taking an NVQ 2 and there have been so many other opportunities to learn new things. I have done induction training and various other courses like mental health awareness and support planning in the last few months. I really enjoy working here." Another member of staff said "I love training. I'm one of those people that can't get enough. This year I've done positive behaviour management, autism, downs syndrome and am just waiting for Mental Capacity Act training". One member of staff had been trained and assessed as competent in medicines administration. They did not feel confident to administer medicines independently yet and their manager had agreed to them being supervised until they felt ready.

Each year, staff were observed by senior staff administering medicines and supporting someone with their finances. This was to ensure staff were still following the policies outlined in their training. Senior staff also tried to meet each person using the service monthly and visit two to three homes per week. This helped them to remain aware of the issues affecting people and staff. Senior staff took action where there was evidence of poor practice. Where necessary, disciplinary action was taken in order to protect people from the poor practice continuing. When disciplinary action was taken, the company policies were followed.

Senior staff sought to match people with the staff that supported them. This included the gender of the member of staff where it was important to the person. In people's support plans there was a description of the kind of staff the person liked to be supported by. This was followed where possible with the aim of creating a positive relationship between the person and the staff supporting them. This was not always happening, particularly when agency staff were being used to cover shifts where no permanent staff were available. In the future, they planned to record the interests of staff to see if they could match people and staff with similar interests. So far, people had chosen not to help with recruitment by interviewing staff, but they did often meet them as part of the recruitment process.

Staff monitored people's physical and psychological wellbeing and addressed their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support. People told us staff helped them when they needed it. For example, one person said "I like [staff]. They know what to do if anything happens, if I slip on the floor they help me (referring to when they had a seizure)." Staff told us appointments were recorded in a daily diary and people were then reminded to attend the appointment or accompanied by staff. One person told us "I'm going to the surgery this morning. [Staff name] is taking me."

Each person had a health action plan and hospital passport to identify their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health and social care professionals. The health action plans we looked at contained most of the relevant information available in other support planning documents but a few

Good

# Is the service effective?

points were missing. For example, two people were on the dementia pathway but this was not recorded under mental health needs or elsewhere in the document. One person was on medicine to reduce night-time incontinence but there was no information about this under the section on bladder control. Another person had eating guidelines in place from a speech and language therapist that were not recorded in the health action plan. The hospital passports did contain this information and these would be the main documents used by health professionals in an emergency.

The risk posed by the missing information in people's health action plans was low and we did not see evidence this had impacted on people's care to date. Senior staff told us they would review the health actions plans.

The level of support each person needed to eat and drink was identified in their support plan. Most people were able to eat independently but many needed support with food shopping and cooking. Some people had guidelines about eating from a speech and language therapist. Staff were following these guidelines to keep people well.

Good

# Is the service caring?

## Our findings

People gave us positive feedback about the support they received. They told us staff were kind, caring and compassionate. One person said "I am very happy here. I like all the staff. I go for coffee and shopping." Staff knew the people they supported well and knew more about them than just their immediate care needs. They told us about their needs, likes and dislikes and what made them happy. This helped staff to see them as individuals. Where possible, people were supported by a small team of permanent staff which enabled relationships to form. This was not happening for everyone at the time we visited as agency staff were being routinely used.

People told us they had formed positive relationships with staff. One person said "I like them all (staff). I can talk to staff if I am worried. When I am sad, staff sit and talk with me." Staff told us they tried to engage people in conversations about matters of interest, form friendships with them and develop a good rapport. We saw people sharing jokes with staff about past events and chatting about things important to them. Staff knew people well enough to understand what they were trying to communicate even when they had limited speech. Staff also showed respect to people by keeping them informed. For example, one member of staff said, "Sometimes due to travelling times I might be a little late but I try and make that up at the end. I will always ring to tell them."

We asked senior staff how they ensured other staff acted in a caring way. They said they had "to set the bar high themselves", observe others to monitor their approach, provide training and keep talking about how to be caring. Staff told us they would challenge other staff if they did not act in a caring way. One member of staff said they had informed their manager that a member of staff had raised their voice to a person using the service and this had been taken seriously and acted on.

Staff involved people as much as possible in making choices and decisions about their daily lives and future plans. Some people were not interested in talking about their care plan so staff consulted them in less formal ways about the support they wanted. We heard staff patiently explaining options to people and taking time to answer their questions. People told us they were as involved as they wanted to be in planning their care. Advocates were offered when significant decisions needed to be made and for support planning meetings if people had no family or did not want their family to attend. This helped to ensure people made decisions that were appropriate for them.

Staff told us they involved family and friends in decision making with the person's agreement and asked them for guidance about the person where needed. People and staff told us about ongoing contact with friends and family; "dad takes me shopping for my clothes" and "[name] often plays skittles with his sister and his brother-in-law will take him out for a drink." Staff said it was important to help people maintain these relationships as it increased the person's quality of life and independence.

Staff respected people's privacy and dignity and acted in a professional manner. Some people needed support with personal care and staff told us how they maintained people's dignity during this. One member of staff said; "We try to ensure a female to female for personal care on any shift. I make sure the doors are closed, don't announce what we are doing, and ask if it is okay for new staff to 'shadow' me." Another member of staff explained how they followed an agreed plan and only performed the tasks the person could not do for themselves. This minimised any embarrassment for the person and helped them to remain as independent as possible. Staff understood the importance of confidentiality. For example, some people had told staff they did not want other people knowing specific information about them. Staff had worked with these people to make sure they were comfortable about what was recorded in their support plan. However, some people needed staff to support them with recording financial transactions. This was not being done using the appropriate forms and people looking at their own records would be able to see confidential information about other people's transactions.

Requires Improvement

# Is the service responsive?

## Our findings

Each person using the service had outcome plans to record what they wanted to achieve in the future. Senior staff had received training on how to agree personalised outcomes with people. They told us there should be a dual focus; to benefit the person and help them achieve their personal aims. Some of the outcomes, however, did not focus on what was important to the person. For example, one person had an outcome about staff removing food from their room if it became stale. Staff needed to do this to keep the person safe but it was not important from the person's point of view. Staff agreed the individual's priorities were not the focus of this outcome. This person had other outcomes they had achieved on record that were more focused on their priorities such as trying new types of food for breakfast and going to see a wrestling match.

The steps a person would need to take to achieve their planned outcomes were not explained in some people's records. Without this information, staff and the person concerned did not have a plan to work to and this could reduce the likelihood of the outcome being achieved. This was particularly important as some people were being supported by staff who did not know them well. Other outcome plans were broken down into small achievable steps. For some people, the outcomes on record were over 18 months old with no sign of review and no record of progress. For example, one person had started learning sign language in January 2013. Staff told us the person had found the process distressing so it had been stopped soon after starting. This had not been recorded and the outcome had not been reviewed when it became clear it was not achievable for the person at that time.

Some outcomes were no longer possible due to a reduction in the support commissioned for people by the local authority. Staff had not revisited the outcomes to set a new goal that could be achieved. Other outcomes were not being achieved because there was not a consistent staff team in place to follow them through. One person wanted to complete a sponsored swim but according to staff this had not been possible as there had not been a consistent staff team to help the person work towards the outcome. They hoped this would change once permanent staff with the right skills had been recruited.

Some staff spoke positively about helping people to achieve their chosen outcomes. One member of staff said "What's nice is letting tenants achieve their goals and seeing them happen" and another member of staff said "I love to see people as independent as possible." Some people were keen to tell us about their interests and how staff supported them. They said they had support from staff when they needed it and one person said "I go out a lot. I don't get bored."

People were encouraged to do as much of their cooking, cleaning and laundry as they could. This helped them maintain and develop skills to live an independent life. One person said "I help with laundry and cleaning, we all do. I'm meant to help with cooking too but I let them do it." Another person told us "I like crumbles; you just grate the apples up, put them in a glass bowl and put them in the microwave. I don't use the oven". Other people had received support regarding finding employment. This had been successful for some people but not everyone. One person said "I am going to do a cleaning job for a school in September for a three month trial. I've been around to see it." People were proud of their achievements.

The service was responsive to people's needs and wishes as staff knew about the person and acted on this knowledge. Staff used information available to them and we saw there were changes made to the support plans over time. Each person had a support plan which was personal to them. They included practical information on maintaining the person's health, their daily routines and communication needs. The plans also identified how staff should support the person emotionally, particularly if they became anxious. Staff were sensitive to people's cultural, religious and sexual needs and worked with them. For example, two people wanted to start a relationship. Staff supported them to understand issues of safety and well-being and guided them around practical issues such as accommodation. According to staff, most people were not interested in contributing to their support plan. They were, however, happy to discuss their support at meetings every two months. Staff told us how they responded to changes in a person's needs. They explained they would talk with the person concerned, talk with other staff and involve health and social care professionals as needed.

One member of staff had recently become a community inclusion mentor. They had received training and were now able to support people and train colleagues. The aim of the role was to help people to take part in more activities and develop friendships with people who did not necessarily

Requires Improvement

# Is the service responsive?

have a learning disability. They worked with a small number of people at a time. The activities people had started included music lessons, swimming, attending a slimming group, a volunteer job and martial arts.

The service had a complaints policy to ensure staff had a process to follow if needed. We looked at the way recent complaints had been managed. The company policy had been followed and we found each person making a complaint had been dealt with in an appropriate and sensitive way. Staff had worked with people in an open and supportive way to come to a satisfactory solution. Relatives felt able to complain if needed. People told us they could talk to staff about any problems but no one had any specific concerns at the time. The focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint. Every two months each person had a meeting with staff during which staff asked if they had any issues they wanted to discuss and checked their understanding of how to make a complaint.

Requires Improvement

# Is the service well-led?

## Our findings

Senior staff carried out regular audits to monitor the quality of the service and to help inform and plan improvements. The service used an electronic system to record the outcomes of quality audits and ensure the resulting actions were completed. This system was monitored by the registered manager and senior staff from the provider organisation which gave them oversight of the progress and challenges within the service. A quality team from the provider also completed themed audits to provide another source of feedback.

The effectiveness of the quality audits was questionable as the registered manager had not been made aware that some people were not being supported to achieve their desired outcomes and problems with the storage and recording of medicines had not been identified. These issues were not identified during quality audits and staff observations. The delay in addressing these problems prolonged the risk to people of the poor storage and recording of medicines and delayed action being taken to help them achieve appropriate goals.

Staff demonstrated a good understanding of what this service was trying to achieve for people and the aims of the service. Senior staff told us they wanted to "give people the best quality of life possible" and "treat people as they wished to be treated". Other staff gave similar answers which showed the whole team was working towards the Mencap vision of "everyone having the opportunity to achieve the things they want out of life". Most people told us they were supported to achieve what they wanted. However, the recording of progress against people's chosen outcomes showed this was not the case for everyone. As a result, some people were not being supported to reach their full potential.

Most staff were positive about the management of Royal Mencap Society - Suite 6 Canterbury Business Centre and the support they received to do their jobs. Comments from staff included; "My manager is really good. She will call back as soon as possible and I've never had a problem with her" and "They will listen and I know they will take action if it's needed". The service had a registered manager in post who was supported by three senior staff. Everyone said they found the registered manager and senior staff approachable and said they could contact them if they needed to. A small proportion of staff told us their manager did not have the time they needed to run the service smoothly. They said they did not have time to address all the issues raised and so some "basic things didn't get done". This could delay action being taken to improve the service being provided for people but we did not find evidence of this happening during our inspection.

The working culture of the service was fair and open. Staff told us they could raise a concern without fear of recrimination. They said they could share concerns and discuss problems with other staff on a daily basis or at staff meetings. This included issues relating to the staff team and people using the service. Staff told us they spent time observing people and listened to what they had to say. They also asked people how happy they were with the service as part of their review meeting every two months. Senior staff visited people at home to ensure their views were heard.

Feedback was sought from people, their family and health and social care professionals using an annual satisfaction survey. The most recent responses from people were all positive and there were no responses from professionals. The responses from families were generally positive. A concern was raised about health monitoring but the registered manager explained this was historical and described the action that had already been taken to address the concerns. Another relative raised concerns about the number of different staff people were supported by. This was a known and ongoing problem due to the use of agency staff. The senior staff we spoke with had looked at the responses received but had not yet had time to record the issues requiring action and how this would be done. They told us they would do this to ensure improvements continued and are recruiting to address the issue.

Following a complaint or an incident, staff worked together to identify what they could learn and change for the future. These discussions involved people, their relatives and health and social care professionals where appropriate. For example, one person had been physically abusive towards staff. Staff worked with the person to understand the reasons behind their behaviour and additional staff training was provided. Staff also sought guidance from healthcare professionals. A form was used to record straightforward incidents but more complex or serious incidents required staff to complete an additional critical incident form. This was shared with senior staff and the

Requires Improvement

# Is the service well-led?

provider who were then responsible for ensuring all relevant actions were taken before the incident was closed. This additional level of monitoring for significant incidents helped to make sure all actions were completed to keep people safe.

The management team led by example to model the values and behaviours they expected from others. We asked senior staff how they knew they and other staff were implementing best practice. They told us the parent organisation, Mencap, shared good practice with the registered manager via briefings. These messages were then shared with staff. They also attended training arranged by the local authority so they could learn from other local organisations. A member of staff told us how staff challenged each other; “What’s nice is that the staff are a mix of young and old. The youngsters come in with new ideas as we can tend to get set in our ways.”

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safe keeping, safe administration and safe disposal of medicines for the purposes of the regulated activity. |