

Royal Mencap Society

# Mencap - Yeovil Support Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Mencap Yeovil Support Service is a domiciliary care agency and supported living service. It provides personal care to people with learning disabilities and/or autistic people living in their own homes in the community. It also provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. At the time of the inspection, the service was supporting 7 people with their personal care needs in Somerset and Dorset.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** The service had support plans and guidance in place but some important information was not always included. Recruitment processes were safe, and the provider was taking active steps to recruit and retain staff. The service supported people to have choice, control and independence. Staff communicated with people in ways that met their needs. Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes. People were happy with the support they received.

**Right Care:** Staff were aware of the signs of abuse and they were aware of how to report any concerns through the appropriate channels. Staff promoted equality and diversity in their support for people.

**Right Culture:** The systems to monitor the quality of the service were not always fully effective in ensuring shortfalls were identified. The provider was working hard to improve their oversight and governance of the service. The values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Staff understood people well and were responsive to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was requires improvement (published 14 September 2019). At this inspection we found the service had improved and was now good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mencap Yeovil Support Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Mencap - Yeovil Support Service

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The Inspection was carried out by 2 Inspectors and 1 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.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, 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.

#### Registered Manager□.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was announced.

Inspection activity started on 4 July 2023 and ended on 6 July 2023. We visited the location's office on 4 July 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

#### During the inspection

We visited 5 supported living services (where 7 people who received support with personal care lived). We spoke with 2 people who received support with personal care. We spoke with the Operations Manager and 4 staff. The Expert by Experience spoke with 6 relatives on the phone. We looked at a range of care and support plans and management documents relating to the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good.

### Assessing risk, safety monitoring and management

- Not all people had an individual risk assessment in place for their individual care and support. For example, 1 person had no risk assessment in place for staff to follow relating to their epilepsy and diabetes. This is important because staff including agency staff need to have clear guidance on how to support the person with their individual needs. We raised this with the provider who put in place a diabetes care plan and risk assessment however they did not agree that the person needed a risk assessment in relation to their epilepsy as they did not have seizures. This placed the person at risk as they received medication to manage their epilepsy and staff told us the person experienced vacant episodes.
- One person's support plan recorded they had a SALT assessment in place and staff should follow eating and drinking guidelines to support this person safely. Although there was a risk assessment in place for eating and drinking there was no reference to a SALT plan. We did not see evidence of a SALT assessment and plan for this person during the inspection. Therefore, it was not clear if the risks to the person and guidance in the support plan had been identified through a SALT assessment.
- During the inspection we reviewed profiles for agency staff currently working at the service. This showed agency staff did not have the necessary training to support the people using the service. Following the draft report being issued, the provider submitted updated profiles demonstrating agency staff had the necessary training. The provider had failed to keep up to date information for agency staff at the time of the inspection. However, people using the service had not come to any harm as a result of this.
- People and their relatives told us they felt safe. One person told us they were, "Happy with the support (they received) and felt safe." One relative told us, "Yes absolutely safe. All risks are managed well, absolutely."
- Environmental risk assessments were in place.

### Lessons learnt

- There had been some under reporting of accident and incidents at the service. Positive action had been taken by the interim manager following incidents to ensure staff had received training to understand better how to support people. The whole team had attended Positive Behaviour Training to help them better support people.

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

- The provider understood their responsibility to protect people from the risk of harm.
- The service had a safeguarding and whistleblowing policy in place. Staff were made aware of the policies during their induction.
- Staff received training and knew how to recognise and report abuse. Where safeguarding concerns had been raised the service investigated and action was taken to safeguard people. The service worked with the

appropriate agencies where people had been identified at risk.

- Staff we spoke with during the inspection told us they knew people well and would be able to identify if something was not right with a person. One staff member told us, "If (person) was unhappy or upset he would be able to tell us or show us, so we would know."

#### Staffing and recruitment

- The service had safe recruitment processes in place. This included obtaining references from previous employers and checks with the Disclosure and Barring Service. The DBS checks people's criminal history and their suitability to work with vulnerable people.
- The provider had important information that ensured agency staff had appropriate checks in place such as a current DBS.
- People were supported by enough staff. At the time of the inspection the provider was actively recruiting staff so they could reduce the reliance on agency staff.

#### Using medicines safely

- People were supported to take their medicines safely. Staff received relevant training and spot checks ensured staff had the skills and competency to administer medicines to people.
- Medicine audits were taking place in line with the providers policy.
- Feedback from relatives about medicine management was positive. One relative told us their family members medicines was managed well.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures, and training for staff.
- Staff wore personal protective equipment (PPE) such as gloves and masks when necessary and staff had good hygiene practices, such as hand washing.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

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

- The provider carried out audits of the service. These audits were carried out in line with the provider's policy. The service used a manager's assurance tool to audit care plans and risk assessment review dates. However, audits had not always identified missing information within care plans despite being reviewed recently. The provider acknowledged there were some inconsistencies in their information about people and took action to change this during the inspection.
- During the inspection we reviewed profiles for agency staff. The profiles did not demonstrate agency staff had the necessary training to support people safely. Following the draft report being issued, the provider submitted updated profiles for agency staff. These showed agency staff working in the service at the time of inspection had received the necessary training to support people. However, at the time of the inspection the provider had failed to keep up to date records at the service. This meant the provider could not be assured they had all of the necessary information about the agency staff it used.
- The provider used an electronic care planning system, although this was a useful tool in providing detailed comprehensive information for staff to follow in supporting people, agency staff did not have access to this information. Agency staff only had access to people's paper care plans however the quality of the information available for agency staff varied. We raised the quality of the written information with the provider during the inspection who took action to remedy this. The provider told us that in the near future agency staff will have the same access to the provider systems as staff.
- The provider carried out spot checks on the service. This included identifying areas needing improving and any follow up.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the service. Comments included, "nothing could be improved he is happy and they understand him. Staff work really well together, very organised." And "They (staff) are brilliant. They would contact me if anything went wrong." One person told us how they enjoyed going out with their support workers and other people.
- Staff felt supported. Comments included, "Things have got a lot better since the new interim manager started, they have been out and met with us staff." And "there is an open door policy we can always talk to manager's or arrange a one to one if we need to discuss anything."

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

- The service held regular meetings with people to ask them their views on their support. However, these were not always recorded formally. This had been identified prior to our inspection and improvements to the recording of these conversations were going to be made going forward.
- Relatives, people and staff told us the provider was accessible and we received positive feedback about the culture of the service.
- Staff were kept up to date with things affecting the service, either electronically or in conversation with the provider.

#### Continuous learning and improving care

- The provider was open about the service needing areas of improvement. They had appointed a new regional manager and a new operations manager to support the management of the service. The operations manager who was due to start in September would be taking on the responsibility of becoming the registered manager.
- Following a recent safeguarding concern, the service had worked hard to ensure staff knew how and when to report abuse to keep people safe. Staff carried out regular welfare checks with people. Posters provided visual prompts to staff on how to report abuse and raise concerns through the providers whistle-blowing policy.
- The provider was in the process of introducing a new electronic system that would automatically highlight missed incidents we needed to be legally informed about, health and safety concerns and identify what was working or not working.

#### Working in partnership with others

- The service worked closely with professionals involved in people's care. This was through multi-disciplinary team meetings and referrals to the local authority requesting people had a review of their care needs. Staff made referrals to GP's when the need arose, so people had their medical needs reviewed.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour legislation. This is the services duty to be open and honest when something had gone wrong