

Royal Mencap Society







Royal Mencap Society - Lincolnshire Domiciliary Care Agency

Inspection report

Unit 3 Holt House Business Park
Cherry Holt Road
Bourne
Lincolnshire
PE10 9LH
Tel: 01778 423726
Website: www.mencap.org.uk

Date of inspection visit: 11 January 2016
Date of publication: 18/02/2016

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	

Overall summary

Royal Mencap Society – Lincolnshire Domiciliary Care Agency provides personal care and support for people in their own homes who have a learning disability or autistic spectrum disorder. The service can provide care for

adults of all ages. At the time of our inspection the service was providing support for 60 people most of whom were younger adults. About one half of these people lived in properties that they shared with other people who also

Summary of findings

received assistance from the service. In this report we refer to the shared properties as being, 'shared homes'. Most of the remaining people lived in properties for which they were the sole tenants. We refer to these sole tenancies as being, 'private homes'. The service covered north Lincolnshire including Boston, Skegness, Market Rasen, Lincoln and Gainsborough.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been supported to promote their wellbeing, to reduce the risk of accidents and to safely manage medicines. There were enough staff to support people who lived in the shared homes and to visit people in their private homes. Background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way. This included being able to assist people to eat and drink enough in order to stay well. In addition, people had been supported to receive all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the support they needed including people who had special communication needs or who could become distressed. People had been consulted about the support they wanted to receive and they had been given all of the assistance they needed. Staff had supported people to express their individuality including pursuing their interests and hobbies. There was a system for resolving complaints.

Regular quality checks had been completed to ensure that people received all of the support they needed and people had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and relaxed way. People had benefited from staff receiving and acting upon good practice guidance.

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?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from abuse.

People had been helped to stay safe by avoiding accidents and by managing medicines safely.

There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been employed.

Good



Is the service effective?

The service was effective.

Staff knew how to care for people in the right way and they had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, promoted their dignity and ensured that confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the support they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements to quickly and fairly resolve complaints.

Good



Is the service well-led?

The service was well-led.

Regular quality checks had been completed so that any problems could be quickly identified and resolved.

People had been invited to contribute to the development of the service.

Good



Summary of findings

The registered manager had promoted good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff receiving and acting upon good practice guidance.

Royal Mencap Society - Lincolnshire Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered person was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs.

We visited the administrative office of the service on 11 January 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection visit we spoke with the area operations manager who was also the

registered manager. We also spoke with two service managers who were each responsible for managing a small team of care workers. In addition, we examined records relating to how the service was run including staffing in both the shared homes and private homes, training, health and safety and quality assurance.

In the three days following our visit to the administrative office we telephoned four of the people who lived in private homes and the staff who assisted them. We also spoke by telephone with 10 people who lived in shared homes and with 10 members of staff who helped them. In addition, we visited two of the shared homes where we spoke with seven people who were supported by the service and four more staff. While in the shared homes we looked at records relating to the management of medicines and the provision of support for four people. After these visits, we spoke by telephone with three relatives of people who lived in these shared homes.

In addition, we examined the Provider Information Return that we asked the registered persons to complete. This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People said that they felt safe with the staff. In the shared homes we saw that people were happy to be in the company of staff and were relaxed when staff were present. A person in a shared home said, “The staff are good. I like them.” A person living in a private home said, “I like the staff calling to see me and I look forward to it.” A relative said, “I have always found the staff to be gentle, kind and trustworthy. I’m completely confident that my family member is safe in the care of Mencap.”

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that there was a robust system to protect people from the risk of financial abuse. This involved staff supporting people to keep a clear record of how they had spent their money. In addition, staff supported people to budget so that they always had enough money to buy the things they wanted to have.

Staff had assisted people to promote their wellbeing by identifying and resolving possible risks to their safety. For example, we saw that staff had consulted with a healthcare professional when they had noted a person living in a shared home was at risk of developing sore skin. This had resulted in the person being provided with a special gel cushion that enabled them to sit comfortably while reducing the pressure on their skin. Staff had also taken practical steps to assist people to reduce the risk of having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people who lived with reduced mobility benefiting from using frames that helped them move and change position safely. In addition, staff in the shared homes had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

Records showed that there had been four accidents involving people who used the service during the six months preceding our inspection. All of these events had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. For example, we noted that staff had recognised the need to provide closer assistance for a person living in a shared home when they were using the garden. This was because they had tripped over a soft ball they had been attempting to kick. Records also showed that staff had responded appropriately to near misses. For example, they had noticed that the tyres fitted to a person’s wheelchair had become worn. This had reduced the tyres’ grip and increased the risk of the wheels sliding off course when in motion. We noted that staff had promptly referred the matter to a contractor who was due to make the necessary repairs.

We noted that staff were reliably supporting people to order, store, administer and dispose of medicines. We saw that in the shared homes there was a sufficient supply of medicines and they were stored securely. Records showed that all staff who assisted people to use medicines had received training and in the shared homes we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. A person living in a private home said, “The staff help me sort out my tablets so I don’t get them mixed up which I would do on my own.” Records showed that in the 12 months preceding our inspection there had been three occasions when medicines had not been correctly dispensed. We noted that on each occasion the registered manager had analysed the reasons for the mistake and had taken practical action to reduce the risk of the same thing happening again.

Records showed that the registered manager had reviewed each person’s support needs and calculated how many staff were needed to meet them, both in the shared homes and in the private homes. We noted that there were enough staff on duty in the shared homes because people received all of the support they needed. For example, we saw that when a person wanted to make a drink a member of staff promptly helped them to safely use the kitchen. Another example involved a person being assisted to deal with a letter they had just received. We saw that on request a member of staff opened the letter and quietly explained to

Is the service safe?

the person what it said and what action needed to be taken in response to it. Records showed that in both of the shared homes we visited the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. In relation to the private homes, people told us that they received all of the support they needed and that staff reliably visited them at the right times. A person living in a private home said, "I see the staff every day and they help me with all my jobs and remind me what I have to do. It's how I like it, I see them and they help me."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed by the service.

Is the service effective?

Our findings

We found that staff had the knowledge and skills they needed to consistently provide people with the support they needed. For example, staff knew how to help people to keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of them acquiring infections. A person who lived in a shared home said, “The staff know me and my ways and know what help I need. They’re great.”

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. We also noted that established staff had been provided with the refresher training in key subjects such as fire safety and first aid.

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

The registered manager and staff were following the MCA. We found that staff had supported people to make decisions for themselves. They had consulted with people who used the service, explained information to them and sought their informed consent. For example, in one of the shared homes we visited we saw a member of staff explaining to a person why they needed to see the dentist in order to keep their teeth and gums healthy. Another example involved a person living in a private home. They described how staff had gently encouraged them to make the right decisions to enable them to keep warm. This involved dressing appropriately for the winter weather, having hot drinks and heating their home adequately. A person living in a private home said, “The staff aren’t bossy but they help me make my mind up about stuff. If I didn’t have them I might get things wrong.”

Records showed that on a number of occasions when people lacked mental capacity the registered manager had consulted with health and social care professionals and relatives to help ensure that decisions were taken in people’s best interests. For example, these decisions had involved considering whether it was appropriate for a person to have a special mat under their mattress that sounded an alarm if there was sudden or unusual movement. We were told that the mat had only been fitted after everyone had agreed that it would better enable staff to be alerted if the person was unwell and needed assistance. A relative said, “I like the way staff consult with me about my family member’s care. If it’s something big they’ve got to make a decision about they ask me my opinion because they want to know they’ve got whatever it is right for my family member. I think that’s the right way of going about things.”

Records showed that staff supported people to enjoy their meals and to eat and drink appropriately. People in both the shared homes and the private homes told us that staff consulted with them about the meals they wanted to have each week and then helped to prepare them. A person living in a private home said, “The staff remind me about eating my meal that I have delivered to me by (the community meals service). They remind me to eat it straight away so it doesn’t get cold. In the past I’ve left meals when they’ve got cold.” We noted that some people were being given gentle encouragement to eat a healthy and balanced diet as part of a weight management plan. In addition, records showed that other people were being supported to follow special diets that were necessary for health care reasons.

People said that they received all of the help they needed to see their doctor and other healthcare professionals. A person living in a shared home said, “I don’t like seeing the doctor but when I have to go the staff help me and so I go.” Records showed that in relation to both the shared homes and private homes staff had noted when someone was unwell, had consulted with relatives and had supported people to obtain healthcare support. This usually involved accompanying people to healthcare appointments and then ensuring that there was a plan to ensure that people were supported to follow any treatment advice they were given.

Is the service caring?

Our findings

People who used the service were positive about the support they received. A person living in a shared home said, "I've lived here for a long time and I'm good here." A person living in a private home said, "I see the same staff every day and they're good to me."

People said that they were treated with respect and kindness. A person living in group home said, "The staff helped me at Christmas with buying presents and sending cards out to people. We had decorations up and Christmas was nice. The staff did it all." We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. For example, records showed that staff in a shared home had routinely contacted a person's relatives so that arrangements could be made each week for the person to be supported to see their local football team. On some weeks the person had been accompanied by their relative to watch the match and when they were not available a member of staff had gone with the person instead.

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. We noted that in consultation

with the local authority an advocacy group had been appointed to support people with managing their finances. This had helped to ensure that people received all of the income to which they were entitled.

Staff recognised the importance of not intruding into people's private space. We noted that when people who lived in private homes had been first introduced to the service they had been asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. For example, staff knew how to obtain the keys to some people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff who supported people in private homes were aware of the need to only use secure communication routes when discussing confidential matters with each other. For example, staff said that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff.

Is the service responsive?

Our findings

Each person had a written person centred support plan a copy of which was kept in their home. People said that they had been invited to meet with staff to review the support they received to make sure that it continued to meet their needs and wishes. A person living in a shared home said, “I talk with the staff a lot and every now and then I have a chat with them when (my relative) is here about how I’m doing.”

People who lived in shared homes and private homes said that staff provided all of the assistance that they needed and had agreed to receive in their person centred support plans. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom, managing their laundry and going out safely into the community. We noted that the person centred support plans were based on the principle that people should be assisted to do as many things as possible for themselves. A person living in a private home reflected this emphasis when they said, “I don’t want staff taking over and they don’t. They call to help me do things for myself which is what I want.”

We examined records of the support four people living in shared homes had received during the week preceding our inspection visit. We found that the people concerned had been given all the support they needed and had agreed to receive. Records relating to the support provided for people living in private homes also showed that they had received all of the assistance they needed. A person living in a private home said, “When the staff come first thing in the morning we have a cup of tea and they help me get myself sorted out. They help me with my breakfast and do stuff like helping me with my laundry.”

We noted that staff knew how to relate to people with special communication needs. We saw that various arrangements had been made to enable people to express themselves including the use of ‘communication passports’ that had pictures of everyday objects and situations in them. This enabled people with special communication needs to point to images of things they wanted to discuss with staff. We observed a communication passport being used in a shared home. A person pointed to a picture of a

destination in the community and this then provided a member of staff with a prompt to remind the person of the social activities they had planned to undertake in the next few days.

In addition, staff knew how to effectively support people who could become distressed. For example, we saw a member of staff in a shared home quietly speaking with a person who was becoming upset. The member of staff recognised that the person was worried because they could not find an item of clothing they wanted to get ready for the next day. They then accompanied the person to their bedroom where the missing item was found and soon after we saw the person back in the lounge relaxing and smiling.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people may wish to meet their spiritual needs by attending religious services. In addition, we noted that the registered manager and staff knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. For example, people had been supported to undertake occupational activities such as working in local supermarkets and contributing to community ventures such as horticultural projects. Other examples involved staff supporting people to enjoy activities such as bowling, swimming and yoga. In addition, people had been supported to go away on holiday including to overseas destinations. A person said, “I do lots of things during the week. I go to work and I do fun things like going out to the café for a meal.”

People who used the service had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. A person living in a private home said, “There’s nothing wrong but if there was something I’d say and it would get sorted for me.” A relative said, “I’ve not even come close to needing to complain about anything because I’m sure that Mencap want the best for my family member as much as I do.” We noted that the registered persons had an internal management procedure that was

Is the service responsive?

intended to ensure that complaints could be resolved quickly and effectively. Records showed that in the 12 months preceding our inspection the registered persons had not received any complaints.

Is the service well-led?

Our findings

Records showed that the registered manager and the service managers had regularly completed quality checks to make sure that people were reliably receiving all of the support they needed. These checks included making sure that support was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed. In the shared homes, checks had also been completed to make sure that enough staff were present and for people living in private homes quality checks had confirmed that visits had been completed on time.

We noted that in the shared homes checks had also been made of the accommodation. These included making sure that the fire safety equipment remained in good working order. In addition, the registered manager had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people were supported to reliably have all of the facilities they needed.

People who used the service said that they were asked for their views about the support they received as part of everyday life. For example, in a shared home we saw a member of staff discussing with people possible changes they might like to make to the menu. Another example involved a person living in a private home telling us that the times of some of their visits had been altered. They said that this change had been made after a service manager had visited them to discuss if their visit times remained convenient for them. In addition, we noted that all of the people who used the service and their relatives had been invited to attend an annual celebration party. This was an event at which people and their relatives could speak with the registered manager, service managers and staff about how well the service was meeting their expectations. A person who lived in a shared home said, "I can say what I want about my home here because the staff say it's my home and what I think counts."

People said that they knew who the registered manager and the local service manager were and that they were helpful. We noted that the registered manager knew about important parts of the support people were receiving. They

also knew about points of detail such as how many staff needed to be on duty in each shared home. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a service lead in charge of the support provided for all of the people who lived in a particular area whether they lived in a shared home or a private home. We noted that during the evenings, nights and weekends there was always a senior manager on call if staff needed advice.

Staff in the shared homes said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In relation to people living in private homes, staff told us that they always read the records kept for each person that described the support which had been provided so far and what changes may be needed. They said that this arrangement helped to ensure that they provided flexible support that responded to people's current needs. In addition, we noted that all staff were invited to attend regular staff meetings. Records showed that these meetings were used as an opportunity for staff to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and service managers. They were confident that they could speak to these senior colleagues if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. For example, the registered manager contributed to a national scheme that is designed to enable people to decide what personal goals they wish to achieve and to plan the support they will need to realise their ambitions. We noted

Is the service well-led?

that the guidance was strongly reflected in the way staff encouraged people to be as independent as possible and to try doing new things to create additional fulfilment in their lives.