

Royal Mencap Society

# Mencap - Mansfield Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mencap-Mansfield Domiciliary Care Agency is a supported living service providing personal care to adults with learning disabilities, autism and other complex needs. At the time of the inspection 47 people were being supported.

People lived in their own accommodation either in a flat within a complex, a house with shared communal areas or a flat or bungalow in the community.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. The risk management plans mitigated any risks identified. They had developed positive and trusting relationships with staff which kept them safe from harm or abuse.

There were enough staff to support people in the way they wished, and the provider had undertaken recruitment checks which assured people were cared for by suitable staff. People were protected against the risk of infection and received their medicines on time.

People were supported to maintain good health and nutrition. Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People were supported to have maximum choice and controls of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

People were well cared for and supported to live as full a life as possible within their local community. They were enabled to pursue their interests and be involved with activities within the community.

Staff encouraged and supported people to fulfil their aspirations and desires. They had the knowledge and skills to support people in the way they wished, respecting their individuality and encouraging them to remain as independent as possible.

People knew how to raise a concern or make a complaint and the provider had implemented effective

systems to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff and relatives. There were systems in place to monitor the quality of the service and drive improvements.

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

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 Good (published 14 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mencap - Mansfield Domiciliary Care Agency

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

The service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of our inspection, so they could provide people who used the service with the opportunity to meet with us and to ensure we could gain access to the documentation that was maintained by the service.

#### What we did before the inspection

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 the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with 10 staff including support staff, senior support staff, assistant service managers, service managers and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff recruitment files and a variety of records relating to the management of the service.

#### After the inspection

We spoke with a professional who had regular contact with the service. The provider sent us information about the impact and outcomes for people using 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They had developed trusting relationships with staff and felt comfortable being supported by them. One person said, "I feel safe because there are always people around to help me."
- Staff supported people to keep themselves safe. People had 'Safe' cards which they kept with them when they went out, this provided them with information about the police and emergency services they could contact.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. They were confident that if they reported any concerns to the managers they would take the appropriate action.
- The registered manager fully understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs had been risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, a care plan for someone who needed assistance to move detailed the level of risk, the equipment that was needed and how staff needed to support the person.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support they needed in the event of an emergency.
- Fire and health and safety checks were in place. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
- There was enough staff to meet people's needs and the registered manager endeavoured to ensure people were supported by the staff they knew. People were involved in selecting the staff who supported them.

Using medicines safely

- Medicines systems were well organised, and people received their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.

- Staff had received training to administer medicines and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

#### Preventing and controlling infection

- People were protected from the risk of infection, care planning included supporting people with cleaning their home. The supported living houses we visited were clean and tidy.
- Staff were trained in infection control and had access to personal protective equipment for supporting people with personal care.

#### Learning lessons when things go wrong

- Staff understood the accident and incident procedure and had recorded and reported incidents appropriately. The provider maintained good oversight of incidents and analysed records for trends and patterns.
- Learning from incidents were shared across the organisation via regular staff meetings and regional memorandums. We saw from the provider information return a programme of training for staff around positive behaviour and Autism was put in place to support staff and enhance their knowledge and skills to deal with incidents more effectively.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were fully assessed before any care was agreed and delivered. Health professionals such as speech and language therapists and occupational therapists were involved. This ensured there was sufficiently trained staff to provide the care and support required.
- People and their families were involved in developing and reviewing their care plan. One relative said, "I am always involved in the care planning and reviews. I am always kept well informed."
- The care plans detailed people's health conditions, preferences, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience.

- People were supported by staff who were well trained; training was refreshed regularly which ensured they continued to deliver care following best practice guidance. Relatives confirmed this..
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One staff member said, "The induction training was for about 12 weeks, I have never done so much training. It was good and before we were left alone our competencies were tested. We have regular training to keep us all up to date."
- Staff were given opportunities to review their individual work and development opportunities. All staff had 'shape your future' reviews every three months which ensured they had an opportunity to discuss their performance, aspirations and training.

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

- People were involved in planning what they ate and encouraged to follow a healthy balanced diet.
- Staff drew upon their knowledge of people to ensure their diets reflected their personal choices, cultural and health needs.
- There was information in care plans instructing staff how to support people who had been identified as being at risk of not eating or drinking enough. Food and fluid intake were monitored, and advice sought from other health professionals such as dietitians.

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

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

- People were supported to live healthier lives and were supported to maintain good health.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- Relatives confirmed people had access to healthcare and healthcare professionals when required. One

relative said, "The staff know [person] and are responsive to their needs, they have called an ambulance when needed and support them to attend hospital appointments. They keep me well informed."

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

The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw they were.

- People's consent to support was sought and where people had been assessed as lacking the capacity to make decisions for themselves, best interest decisions had been made involving family and other health professionals when appropriate.
- Staff had received training in MCA and had a good understanding of the principles. One member of staff described a situation where they had been asked to sign a consent form on a person's behalf, they challenged this and ensured a best interest decision was made with the relevant people.
- People who displayed behaviours that may put themselves or others at risk or harm had care plans in place which guided staff to support them in a way to minimise risks and maintain their choice and control.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were listened to and encouraged to make choices for themselves. One person said, "I choose what I want to eat and if I want to go out or not." Some people had been involved in recruiting staff.
- Care plans included information about 'What Matters Most' to people which ensured staff knew how to involve people, specifically those people who could not verbalise their views. There was information as to how people communicated.
- The registered manager was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were well cared for. They had developed good relationships with staff. We saw staff laughing and chatting with people, supporting them with their daily routines. One person commented, "The staff are lovely."
- Staff understood people's individual needs. Several staff had supported people for many years and informed new staff how they liked to be treated and supported. For example, staff described to us about one person with sensory impairment liked to spend their time in a quiet area overlooking the garden.
- Staff undertook training in relation to equality and diversity and were pro-active in ensuring people's human rights were respected.
- Staff attended a 'Mencap conversation – Let's talk about it' which enabled them to better support people in relation to their sexuality.
- Care plans included how people preferred to be supported and what level of interaction they needed to support their behaviour.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to do things for themselves and their independence was promoted. For example, one person had been supported to collect a newspaper from a local shop independently. This had given them a real sense of achievement and control over when they wanted to go out.
- People's privacy was respected, and their dignity maintained. We saw staff talking discreetly to people when they needed assistance and knock on doors before they went to assist someone. They were also mindful that as they worked within people's own homes they asked people before they did anything.
- Staff described how they maintained people's dignity, such as keeping doors shut and curtains closed. One staff member said, "I always check with the person if they are happy for me to support them and what they need help with."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People played a central role in developing their care and support plans. Staff spent time with people to gain an understanding of what they liked and how they expressed themselves if they could not verbally communicate. They used objects of reference, pictures and people's reactions to experiences to gather the information needed and develop a comprehensive care plan. This ensured staff had the information they needed to provide consistent person-centred support for people.
- People expressed their preferences and could choose how and who they wished to support them. For example, four people who lived together had been involved in selecting the staff to support them. This led to better relationships with each other as the staff team had the skills they needed to provide a consistent approach to support them with any of their anxieties.
- One person had expressed a wish to do voluntary work to manage their mental health. We spoke with the person who was very proud they now worked voluntarily in a local Café. They enjoyed the friendships they had made and felt they belonged in the wider community.
- We saw new technology in place which enabled people to turn the lights on and off in their rooms. This was new at the time of the inspection and was being developed to give people more control.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to pursue their interests and experience new activities. For example, staff noticed one person always bought pet food to donate when they went shopping; they understood how much the person liked animals and arranged for them to visit a local animal sanctuary to take donations of food.
- Staff took time with people to enable them to fulfil their goals. For example, a person was supported to walk independently, to the local shop to get a newspaper each day. This gave the person a sense of achievement and belonging within the community, giving them more control over what they wanted to do and when.
- We saw people were supported to attend various social events in the local community such as mixed ability football matches, discos and picnics in the park.

End of life care and support.

- People were supported at the end of their life. There was a commitment to ensuring people's wishes were respected. For one person, this meant being able to be discharged from hospital and spend their last days at home with the people they knew. The staff had ensured they fulfilled a wish and arranged for the person to release a racing pigeon before they died.
- There was an end of life planning document 'When I die' available for people. This provided guidance for

staff to support them and the key people in their lives to capture their wishes and wants if they chose.

- The service sought support from local specialist services to provide the guidance and support staff needed and training in end of life care was provided.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. Communication passports had been developed which meant for some people, pictorial information was used to explain things. For another person being able to touch objects and feel textures helped them.
- The registered manager was aware of their responsibilities under the AIS and was pro-active in looking at new creative ways of meeting people's communication needs.

#### Improving care quality in response to complaints or concerns.

- People were encouraged to raise any concerns or complaints at regular meetings and staff were intuitive to people's behaviour which may signal a person was unhappy.
- There was a complaints procedure and information was made available to people in a format that they could understand.
- We saw from information the provider gave us, outcomes to complaints were shared to make improvements to the service. For example, following a complaint about communication, regular meetings were set up with families to ensure open communication and any issues were resolved quickly.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of everything the service did; the registered manager ensured people were involved with their care and staff knew to treat people as individuals and respect their wishes.
- The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives.
- Staff spoke positively about the people they supported and were proud of the achievements people had made.
- We received feedback which confirmed people were empowered to live fulfilled lives.

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

- Staff were supported and felt listened to. They had regular supervisions and observations of their work were undertaken which ensured they provided the care and support at the standards required.
- There were effective systems in place to monitor the quality and standard of the service which drove improvements. The provider had clear oversight of the service. There were monthly audits in place relating to the care provided. These included support plans, health and safety audits, staff training and accidents and incidents.
- The registered manager had notified CQC about events they were required to by law. We saw the provider had displayed the last inspection rating on their website as required.

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

- Person-centred reviews were undertaken regularly with people and included key people in their lives. These ensured people were able to express their views of the service.
- The provider pro-actively sought staff views and ideas through annual surveys and all staff had access to a social media application where they could post comments, suggestions and ideas at any time. This also ensured staff remained up to date with developments across the organisation and share best practice.
- Staff were supported to access the training they needed in a way which suited their communication and learning needs.

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 registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners to ensure the service developed and met the needs of a changing population.
- The registered manager led a communication group to support staff and managers across Newark and Mansfield to develop means of communication for people with complex communication needs.
- Staff worked closely with other health professionals such as speech and language therapists, learning disability nurses and palliative care professionals which enhanced the health and well-being of people.
- New training opportunities were looked for to enhance the training and experience for staff.
- The feedback we received indicated the registered manager was receptive to ideas and strived to build positive working relationships with professionals.