

Ealing Mencap

Ealing Mencap Enterprise Lodge

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

Ealing Mencap Enterprise Lodge is a domiciliary care provider that provides personal care and support to people with a learning disability and/autism who live in their own homes or with their families. Some people also lived with physical disabilities. Four people were using the service at the time of this inspection and they engaged support staff as 'personal assistants.' 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.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

A relative told us, "I'm a firm supporter [of the service] and they have done a really good job." Staff were caring, treated people with respect and promoted their dignity, privacy and independence.

People's care and risk management plans were personalised and met their needs safe. Staff were aware of the people's individual needs and how they wanted to be supported. Relatives said they felt people were safe.

There were enough staff to meet people's needs. Some relatives said staff were not always on time when they visited people at their homes. Staff received induction, training and regular supervision.

The provider sought feedback from people, relatives and staff and used this to develop the service. Complaints were handled appropriately.

There was a management structure in place and staff felt the registered manager supported them in their roles. The provider had a clear vision for the service, based on a commitment to its organisational values. There were systems in place to monitor the quality of the service and identify when improvements were required.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 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.

Ealing Mencap Enterprise Lodge

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 11 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. 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 of this information to plan our inspection.

During the inspection

We visited the office where the service was managed. We spoke with both the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a variety of records related to the running of the service. These included the care and risk management plans of two people using the service, the staff files for four support workers and records the provider kept for monitoring the quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed one person who used the service and spoke with three relatives. We spoke with two health and adult social care professionals who have worked with the service. We also spoke with a team leader and two support staff.

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.

Staffing and recruitment

- People were supported by a small team of support staff, some of whom had supported some people for several years and knew them well. One relative told us their family member got on well with staff, "[had] made friends with the staff," and "likes to see them every morning." We saw one person's family had complained about changes of the staff supporting the person, which the registered manager had addressed.
- Several relatives told us support staff were not always on time when they visited people at their homes and sometimes did not ring them to say they were running late. Relatives told us they did not think this was a complaint issue but it was sometimes inconvenient. We brought this to the registered manager's attention and who said they would address this immediately.
- There were enough staff deployed to meet people's needs at the time of our inspection. However, one relative said more staff were needed because due to staff sickness on one occasion no one who was familiar with their family member's needs had been available to support them. The registered manager said they had acted to prevent this from happening again and this included improved staff sickness monitoring.
- The registered manager produced a weekly timetable so people knew which staff would be supporting them with what and on which days. People were able to change this if they wanted and the provider could accommodate it. The registered manager acknowledged that sometimes the staff some people wanted to support them were not available when people wanted.
- The registered manager explained the provider recruited new staff based on the needs and preferences of existing or prospective customers. This meant the provider could match a support worker's experience, abilities and interests with people using the service.
- Recruitment records showed the provider completed necessary pre-employment checks so they only offered positions to appropriate applicants. These included detailing applicant's previous work history, gathering references from their previous employers and obtaining criminal records checks with the Disclosure and Barring Service.
- We saw the provider had assessed applicants' understanding of safeguarding and supporting people with limited communication abilities to help determine if they were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe with the support workers.
- The provider had appropriate adult safeguarding procedures in place and staff were aware of these.
- Staff completed training on safeguarding adults and staff we spoke to knew how to recognise and respond to safeguarding concerns. One support worker told us, "[There is] a duty to protect the health and dignity and human rights of people."
- We saw the provider responded to safeguarding concerns effectively. This included working in partnership

with statutory agencies, investigating and addressing safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health, safety and well-being and put measures in place to reduce those risks.
- People had risk management plans in place to reduce risks to their safety and well-being. For example, a person's care and risk management plans identified they lived with cerebral palsy and low bone density, which meant their bones may be more likely to break. While staff did not provide any moving and handling care to this person, the risk management plan directed staff to be mindful of this when supporting the person out in the community.
- The registered manager reviewed people's risk management plans to make sure they were remained current and helped people to be safe. For example, we saw they had recently updated a person's risk management plan regarding how staff supported them on public transport as the person had changed how they liked to use buses.
- An adult social care professional told us the registered manager was, "Conscious about managing risks and keeping people safe."
- The provider had contingency plans in place to support the safe running of the service in the event of emergencies.

Using medicines safely

- Staff did not provide any medicines support to people and their relatives also confirmed this. One relative said staff will let them know how their family member has been acting to help them understand if the person may need some paracetamol.
- The registered manager had recently attended training on complying with the National Institute for Health and Care Excellence guidance for the effective management of medicines for people receiving social care in the community. They had done this with a view to the service providing safe medicines support to people in the future.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection. Staff received training on this and used personal protective equipment when required, such as gloves and hand sanitiser. The provider kept a supply of this equipment at the service's office and staff said they could access this any time they needed.

Learning lessons when things go wrong

- There were systems in place to monitor accidents and incidents.
- The registered manager recorded and reviewed incidents and accidents and the actions taken in response to these. Incidents were discussed with staff and at team meetings to identify and share any learning on how to reduce the risk of them happening again.

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 people's feedback confirmed this.

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

- The people using the service had done so for a number of years. However, the registered manager explained how they assessed prospective customers care and support needs before the service began supporting them. This involved gathering information about the person's strengths, hobbies, interests and dislikes and what goals they wanted to be supported to achieve. The provider also assessed a person's needs regarding communication and sensory issues, personal care, mobility and health conditions and risks to themselves and others.
- The registered manager said the provider was committed to providing a quality service and would not support people who required support sessions of less than three hours at a time. The registered manager said this was so staff, "[got] to know people very well and build up very positive relationships with them," and, "People get a really significant amount of time to do things."
- The service supported a person who had a tendency to behave in ways others may find challenging. The provider had devised a positive behaviour support plan that set out how to understand and support the person with these behaviours, in line with best practice. The plan was based on assessments and reviews of their behaviour, supported by local health and social care professionals. The person was reviewed and updated regularly. A relative told us the plan was "very relevant" to the person and staff followed it.
- There was clear guidance for staff on supporting the person with their behaviours. This emphasised proactive strategies to help the person avoid things they disliked and situations known to upset them so they were less likely to become agitated.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate training and support to deliver care and support to people. Staff we spoke with appeared competent and knowledgeable about people's needs and felt supported by the managers.
- Staff completed a range of required training set by the provider and specific training based on the needs of people who used the service. This included adult safeguarding, first aid, data protection, autism awareness, managing people's aggression, and supporting people whose behaviour may challenge others. An adult social care professional told us they had observed staff attending a training course as being "knowledgeable and engaged."
- New staff received an induction to the service which included training and then shadowing more experienced staff. This was so they could learn people's routines of care and how to support them.
- Staff received regular supervisions and an annual performance appraisal. Staff said they found supervisions supportive. These included time to consider the service being provided, people's well-being and staff members' personal development. Staff said they were supported to develop in their roles. One member of staff told us they had found a leadership and management training session very helpful.

- We saw evidence the provider had awarded the support staff with various certificates of merit for working in ways that promoted the organisation's values. For example, one support worker had recently been commended for promoting the 'Approachable' value, noting "The family were full of praise for [the worker's] support for their family member."

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

- When people were supported to eat and drink, daily records of care noted people ate different foods and that staff promoted people's choices about what they ate and drank. Staff completed nutrition and hydration training so they could safely support people with this.
- We saw evidence of the registered manager reminding staff to ensure people drink enough so they do not become dehydrated.
- People's care plans recorded what people's favourite foods were. One person's relative told us staff encouraged the person to make healthy food choices. This helped the person maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Adult social care professionals told us the provider was proactive in working with statutory agencies to help provide joined-up support to people. For example, requesting and facilitating training on providing positive behaviour support and how to work with people who may not use words to communicate
- The registered manager told us people lived with their families who all took the lead on helping people access healthcare services.. However, staff supported people to meet their day to day healthcare needs as and when required. For example, one relative explained support staff supported their family member to attend various health appointments with the relative.
- Where staff supported a person with personal care in the morning or evening, we saw their care plan included helping them to clean their teeth to maintain good dental health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- People were being supported in line with the principles of the MCA. Staff had completed training on the MCA and staff we spoke with could describe how they supported people's day to day choices about their care and support. One member of staff said, "We believe a person has capacity until it has been said otherwise. It is the customer's decision, not the staff. That's very clear. That is how we work and there is no other way."
- There was a clear commitment to supporting people in ways that would be least restrictive on a person's freedoms. For example, a person's positive behaviour support plan emphasised an approach of proactively supporting them to avoid situations that could upset them.
- People's care plans were informed by assessments of their capacity to consent to their care arrangements completed by the local commissioning authority. Where a person did not have the capacity to consent to their care arrangements, records showed their care plan was devised in partnership with the person's family and adult social care professionals to make sure it was in the person's best interests.

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.

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

- Relatives said staff were caring and were positive about the way they treated people. Their comments described staff as, "Considerate, gentle," and "The carers are good, chatting, communicating."
- We observed the registered manager speaking with one person with kindness and respect during our inspection visit.
- People's care records included information about their cultural background, religion and gender. The registered manager told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had received training in promoting equality and diversity in their work.

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

- We saw that people and their families were involved in planning and reviewing their care. This gave people an opportunity to make decisions about their care and support arrangements.
- Staff supported one person to go out and about in their local community. Each week the person decided where they wanted to go and what they wanted to do. If they wanted to change the day they wanted to be supported then the provider tried to accommodate this.
- Relatives told us they felt involved in people's care. One relative told us the provider had made sure only female staff supported their family member after they had told the provider the person was more comfortable with this. Another relative explained how they had advocated for a person to be supported to try a gardening activity, which staff then supported the person to do.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence.
- People's relatives told us staff treated people with dignity and respect. One relative said staff treated their family member in that manner, "All the time, they're very good at that, [it's] a very consistent feature."
- Staff described how they promoted people's dignity and privacy when providing personal care. Staff had received training on this. This had involved one of the provider's volunteers who lives with a disability giving staff their personal perspective of being a recipient of personal care support. The registered manager said this gave staff a useful understanding of how their own practice can affect others.
- Staff supported people to be independent in ways that were meaningful to them. The registered manager explained how the staff no longer arranged taxi travel for one person as they had learnt how to arrange this themselves. A support worker told us how they helped and prompted a person to wash themselves as much

as they could when they bathed. This was also included in the person's care plan.

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 ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised and responsive to their needs. Relatives told us people's care and support met their individual needs. For example, one relative told us people were able to express their preferences and say what they wanted to be supported with and when.
- People's care and risk management plans provided personalised information about them, such as their physical and social needs and their care and support preferences, likes and dislikes. For example, one person's care plan set out their preferences for their support and how they required staff working with them to "be fun and energetic."
- Another person's care plan set out how they liked to be supported to wash, what products they preferred to use when bathing and where they liked to sit when being supported to wash and dress. The person's plan was also clear on the routines important to the person and what staff should do to respect these.
- Records or daily care showed people received care and support to meet their needs as had been planned with them. The registered manager reviewed these regularly to make sure this was the case.

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 and recorded in their plans and supported by staff. For example, one person did not use words to communicate and their care plan included a 'communication profile'. This set out how the person used sounds and gestures to communicate, what they may be indicating and how staff should respond to them. The provider had worked with the local authority's speech and language therapist to develop this.
- The person used some Makaton signs to communicate as well. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. The person's care plan recorded what staff needed to sign and when. Staff had completed Makaton training so they could do this. Their relative told us staff did this, although they wanted staff to do so more frequently. One support worker described how they watched Makaton videos with the person to help them both learn and practice signing together.
- The registered manager explained they also viewed a person's behaviour as a way in which a person communicated, particularly when the person did not use words. They used observations of people's behaviour to inform the person's care and behaviour support plans and how staff should work with the person.
- The provider used emails with simple sentences to correspond with one person as well as meeting and

speaking with them. This meant the person could communicate with the provider when they wanted in a way that was accessible to them.

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

- Staff supported people to access a range of activities opportunities in the community and at the provider's resource centre. This helped people to not be socially isolated. An adult social care professional told us the provider had "a strong social ethic" and helped people with learning disabilities to meet with other people and experience less social isolation.
- Relatives told us staff supported people to do things that were meaningful to them. For example going to restaurants for meals, attending a music awards ceremony, Notting Hill Carnival and going to the cinema. A relative said that sometimes people wanted to go to the cinema in the evening, but this had not always been possible as staff were not available then. The registered manager was aware of this and said with enough notice they try to accommodate people's support requests.
- Staff supported people to maintain relationships that were important to them. For example, staff had supported a person to visit relatives living in another city.

Improving care quality in response to complaints or concerns

- There were appropriate complaints handling processes in place. Records showed people's complaints had been responded to appropriately and in a timely manner.
- People and relatives were given information on how to make a complaint, including an easy read version of a complaints form people could complete.
- Relatives felt they could raise complaints or concerns and were confident they would be listened and responded to.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager said this was not a support planning need for people using the service at that point in time and not part of their current care arrangements.
- The registered manager explained how they would support individual end of life care arrangements when required so a person may experience a comfortable and dignified death. This included working with people and their families, liaising with and seeking advice from healthcare professionals and adjusting people's care in line with their wishes and needs.

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

- Relatives spoke positively about the service and people's experiences. One relative said of support staff, "they do a really good job." Another relative described the service, "Five stars, totally recommend them."
- Staff told us the provider had treated them well. They said the registered manager had an "open door policy" and staff could always speak to them if they have any issues or concerns.
- The provider had a clear vision for the service, based on a commitment to its organisational values. Staff also spoke about the service with a sense of pride. One member of staff told us they were pleased about how the service had learnt to work as a team with one person and how staff had helped another person to develop in confidence to express themselves more.

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

- The provider carried out a range of checks and audits to monitor the safety, quality and make improvements when needed. This included observing and assessing staff performance, seeking regular feedback from people and their families about the service, and reviewing records of care.
- The registered manager reported on a range of performance indicators every three months to the provider's senior management team. These included updating people's care plans, safeguarding concerns, complaints and compliments, staff supervisions and team meetings. This enabled the provider to have a strategic view of how the service was performing.
- Adult social care professionals described the registered manager as "a really positive and involved manager" and "[providing] a strong presence and leadership." The registered manager told us they were supported by their head of service who was readily available to them and arranged regular supervision sessions.
- Relatives told us they found the registered manager approachable. One relative told us, "[The registered manager] has been the best manager we have worked with."
- The registered manager attended regular Skills for Care registered manager network forums to keep informed about adult social care practices.
- The ratings for the last inspection were clearly displayed at the provider's office and on their website.

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

- Relatives told us they felt involved in the service and how it developed. One relative said, "It's a good relationship indeed, we feel listened to."

- One adult social care professional described the registered manager as, "Keen to work and involve families." They said this had helped other agencies understand the perspective of people's family", which they appreciated.
- The registered manager held regular team meetings which enabled staff to comment and make suggestions about the service. We saw staff regularly discussed issues such as service provision, training and the well-being of people who use the service. One support worker told us they could make suggestions about service changes in their supervisions.
- The provider worked to be a valued presence in the local community and offered a range of services for adults and young people with learning disabilities. This included the personal assistant service we inspected. One of the in the provider's strategic aims was to enable local groups to use its resources to provide well-being initiatives for people with learning disabilities. An adult social care professional told us the provider had done this by helping agencies to hold a 'health and mindfulness' awareness event for people and enabling a local self-advocacy group to use the centre from which the service was managed. The professional said, "[the provider was] really supporting people with learning disabilities to have their voices heard."

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; Continuous learning and improving care

- The registered manager demonstrated a commitment to developing and improving the service. For example, one relative told us in response to feedback the registered manager had improved how the provider communicated to families important information about the service. An adult social care professional told us the registered manager "will reach out and ask for support" to improve the service.
- The provider conducted annual staff surveys to understand how staff thought the provider was performing. The most recent survey in 2019 reported staff were positive about the organisation and the provider had identified actions to make improvements. These included creating a procedure for better communication within the organisation, career progression and staff rewards and recognition.
- We saw the registered manager had apologised to relatives when something had gone wrong. For example, on an occasion when no staff had been available to support a person in line with their agreed care arrangements.

Working in partnership with others

- The service worked collaboratively with other agencies so people received joined up care and support. Adult social care professionals told us the provider was proactive in working in partnership with statutory agencies and the registered manager was responsive to and "very open to multi-disciplinary working."