Royal Mencap Society

Mencap - West Sussex Domiciliary Care

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

Mencap West Sussex Domiciliary Care is a service that provides support to people who require assistance with personal care. The service specialises in supporting younger adults with a learning disability and associated conditions, such as epilepsy, who live in their own homes.

Not everyone using the service received the regulated activity. CQC only inspects the service being received by people provided with 'personal care. This includes tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service also provides support to people living in shared accommodation, referred to as supported living services. At the time of the inspection, the service was providing support to 23 people.

We inspected the service on the 13 September 2018 and the inspection was announced. We gave the provided 48 hours' notice of the inspection visit because the location provides a domiciliary care service. This was to make sure there would be someone available in the office to facilitate our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence, or information, from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems remained in place to protect people from abuse and staff received training in their responsibilities to safeguard people. Risks relating to people's care were reduced as the provider assessed and managed risks effectively.

People's medicines were managed safely by staff. People were supported by staff who had been assessed as suitable to work with them. Staff had been trained effectively to have the right skills and knowledge to be able to meet people's assessed needs. Staff were supported through observations, supervisions and appraisals to help them understand their role and ensure continuous personal development. The provider had ensured that there were enough staff to care for people.

People continued to receive care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it. Staff considered people's capacity using the MCA and people's capacity to make decisions had been carefully assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff remained kind and caring and had developed good relationships with people. Relatives told us their family members were cared for by staff and that they were comfortable in staff's presence. One relative told us, "They all do their best for him. They know him. They've brought his character out and he's always

smiling." Another relative told us about staff, "I would give them a platinum star." Relatives confirmed staff were caring and looked after people well. People were provided with the care, support and equipment they needed to stay independent
in their homes.

People's needs continued to be assessed and person-centred care plans were developed, to identify what care and support was required. One relative told us, "She's happy and the family and I am happy with the staff. She's having a nice time because the staff are making her life good."

People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs.

People were informed of how to complain and the provider responded to complaints appropriately. The provider communicated openly with people and staff. Staff worked closely with professionals such as speech and language therapists, behavioural specialists and GP's.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. Relatives all told us that they were happy with the service provided and the way it was managed. One relative told us, "Well run? I should say so, definitely yes."

Further information is in the detailed findings below.

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 remains safe	**Good**
Is the service effective? The service remains effective	**Good**
Is the service caring? The service remains caring	**Good**
Is the service responsive? The service remains responsive	**Good**
Is the service well-led? The service remains well-led	**Good**

Mencap - West Sussex Domiciliary Care

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 provider is 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.

A comprehensive inspection was carried out on 13 September 2018 and was announced. We gave the provided 48 hours' notice of the inspection visit because the location provides a domiciliary care service. This was to make sure there would be someone available in the office to facilitate our inspection.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR) to complete the inspection report. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spoke with three people who used the service and to five relatives over the telephone. During the inspection we spoke with three care staff, three service managers and the registered manager. We observed the staff working in the office dealing with issues and speaking with people over the telephone.

After the inspection we received feedback from four health and social care professionals in areas such as speech and language therapy, physiotherapy and behavioural support.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for five people, medicine management, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 14 December 2015 and was awarded the rating of Good. At this inspection the service remained Good.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. Relatives also told us that staff ensured the safety of their family members. One person told us, "Yes, I feel very safe." One relative told us, "They work with (the person) 100% and they are as safe as she could ever have been." Another relative told us, "I feel he's safe now. It's put my mind at ease. It's a lovely feeling, we know he's happy all the time."

Staff continued to have a good understanding of safeguarding people. They had undertaken training in this area and attended annual refresher training, that updated them on any changes to safeguarding legislation and practices. Staff could confidently identify various types of abuse and knew what to do, if they witnessed any concerns or incidents. There were detailed safeguarding adult's policies and procedures, which were easily accessible to staff. Staff were aware of how to raise concerns, regarding people's safety and well-being. One staff member told us, "As soon as we see anything untoward, we alert the appropriate manager who passes this on." Another staff member told us, "We keep it as transparent as possible to keep people safe. We have a duty of care to check up on people in all the services we visit and concerns are taken seriously."

Detailed risk assessments had been completed which had identified hazards and how to reduce, or eliminate, the risk and keep people and staff safe. Risk assessments specified, what the positive benefits were, for the person undertaking that particular activity. This demonstrated the promotion of people's independence, while keeping them safe. For example, a risk assessment associated with completing a person's shower, gave specific details on what the person could do to mobilise themselves and what staff were required to do, to support them. The risk assessment also ensured that other environmental checks were completed around clearing surface water, temperature checks and using appropriate infection control equipment. We saw comprehensive risk assessments had been undertaken for people who the provider had very recently started to support. The impact of this was that people's safety was ensured from the moment they started receiving support from the provider. Care staff had also received risk assessment training that showed them their individual responsibilities to keep people safe, what the purpose of risk assessments were and how to complete one.

The provider continued to have a robust recruitment and selection process in place, and new staff had been subject to the appropriate criminal record checks prior to starting work. These checks are carried out by the Disclosure and Barring Service (DBS) and helps providers to make safer recruitment decisions and prevent unsuitable staff being employed.

There continued to be sufficient skilled and experienced staff to ensure people were safe and cared for, on home visits and at the supported living settings. Feedback from relatives and staff supported this. One relative told us, "They're very reliable. Now it's the same people on the same day." Another relative said, "There's not a lot of changing of staff – it's quite stable." The registered manager used a rota planning tool, which calculated the staff required to meet people's needs safely and effectively. One staff member confirmed, "They don't have trouble getting people to recruit. We have had a low turnover of staff for the past couple of years."

People continued to be supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Medicine care plans detailed what support people needed in terms of ordering, managing and storage of medicines. Staff were given specific instructions on how people liked to receive their medicines. One care plan stated, 'I need staff to verbally inform me that it is time for medication.' Medicine risk assessments detailed the individual risks associated with these care plans and put robust actions in place to mitigate these.

People continued to be protected through effective infection control practices. The provider had detailed policies and procedures in infection control and staff received information around these on their induction.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety. We reviewed these records and saw specific details including follow up action plans aimed at preventing a reoccurrence.

Good

Is the service effective?

Our findings

Relatives we spoke to remained confident in the skills of the staff to effectively provide support to their family members. One relative told us, "Staff come in trained and they work towards the best for them in their care."

Staff continued to assess people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a comprehensive care plan for each person which detailed the person's needs, and included clear guidance to help staff understand how people preferred, and needed, their care to be provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had carried out detailed, task specific, capacity assessments, that covered the areas of support which were more prominent in their care and support plans. People's capacity was carefully considered in care assessments, so staff knew the level of support they required, while supporting them in making decisions for themselves wherever possible. Staff had a very good knowledge and an understanding of the MCA and had received training in this area.

Staff continued to undertake a programme of essential training, which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in areas, including moving and handling and medicines when they first started working. They also shadowed established care staff to understand the role and care they would need to provide. One staff member confirmed they has received two weeks of shadowing shifts prior to work independently and stated that they benefitted greatly from this. Staff also received specialist training in areas such as positive behavioural support and creative communication. Knowledge on how to appropriately support people in this area allowed staff to undertake their regulatory role effectively. One staff member told us, "Training is very specific to the client." Staff completed their training on induction and updates were organised as required. One relative told us, "I think they're training is good. They all seem to know what they're doing." One health professional told us that the provider, "seems fully committed to ensure staff receive good training and support."

Staff received continued support to understand their roles and responsibilities, through supervision, where they could discuss any concerns. Staff also received ongoing professional development meetings called 'Shape my Future' where they could discuss training and ongoing development. One staff member told us, "I want to get as much as I can out of this job and they are the perfect settings to discuss this."

The provider continued to ensure that people's nutrition and hydration needs were being met effectively, by supporting them to shop and prepare food. People's dietary needs were met and specific diets were adhered to through support by staff. Nutritional care plans provided details of how people, with different

communication needs, would indicate to staff what they wanted to eat and when. For example, one care plan indicated that the person would use Makaton to inform staff when they were hungry. Makaton is a language programme using signs and symbols to help people to communicate, and is often used by people who have a learning disability. Staff were encouraged to promote positive risk taking with people to complete tasks such as cooking and food preparation. One care plan stated, "I need staff to be vigilant and occasionally support me hand over hand if I start to struggle or present signs of injuring myself." The impact of this is that independence is continually promoted and developed. Professional involvement was sought when people required it. One nutritional care plan had been developed in conjunction with speech and language therapy guidelines. Staff were given details of how best to support another person with a digestive condition. This detailed possible symptoms, and gave instructions on portion size, taste strength and how medicines should be administered in conjunction with the food, to reduce the effects of the condition.

People continued to be supported to access healthcare services and to attend appointments with their GP, or specialist health-care professionals. Staff monitored people's health effectively and supported them to make ongoing referrals to other services when their health needs required it. One health professional told us that Mencap staff, "Will follow guidelines we give them well and provide good aftercare support." Another professional told us that the collaborative process they'd experienced with staff was effective, "A lot of work was done together and we reduced issues (for the person that was receiving health support)."

Good

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in the support they gave. One person told us, "They are very caring. They help me a lot." One family member told us, "They all do their best for him. They know him. They've bought his character out. He's always smiling." Another relative told us that, "Staff are very good, kind people."

Staff and management spoke with care and affection about the people they supported. Staff built trust with people and worked with them to achieve long term goals and be as independent as possible. Examples were given of how staff worked to overcome obstacles and anxieties, to achieve outcomes and allow them to deliver effective care. One person had a fear of water when the provider began to support her and was unable to take showers or baths. Over the course of a year, staff worked in planned and structured phases to reintroduce the person to the sensation of water. The impact of this patient and caring approach was that the person's anxieties had been significantly reduced and they had the confidence to be supported regularly to maintain their personal care. This caring approach has also allowed the person to experiment with hydro baths, to further enhance their physical and mental wellbeing.

Staff remained clear on their responsibility to ensure that people's privacy and dignity was preserved and had received appropriate training to do so. When asked about staff ensuring their family members dignity during personal care support, one relative told us, "They really, really do, yes. When he's showered he's always got a towel round him and they dry him. If he wants to be left alone, he's left alone."

Staff supported people who had communication difficulties and this was reflected within their care plans. Records showed that the provider and staff were focused on improving the communication skills of the people they supported, to ensure that they could communicate their wishes and preferences more effectively. For example, care plans showed how staff worked together, and with people, to ensure that there was continuity in communication methods, such as using the same Makaton signs and wording when supporting one individual. Staff made detailed notes of their interactions with the person to inform other staff members and ensured new photos were added when routines changed. Information was provided when required, including in accessible formats, to help people understand the care available to them.

People and relatives told us they could express their views and were involved in making decisions about people's care and treatment. They confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us, "Everything I ask is answered. If there's anything I need to know they phone me. I can't fault them."

People's diversity and differences continued to be respected and promoted, according their wishes, and staff adapted their approach, to meet people's needs and preferences. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Diversity was respected with regard to people's religion and care plans detailed this. A service manager provided an example of how staff delivered support to one person that respected their specific cultural and religious requirements, in terms of

social support and dietary wishes. People remained supported to live their lives in the way they wanted.

People's personal information was kept securely and staff demonstrated an understanding of their responsibilities regarding protecting people's confidentiality. People carried individual 'personal books' that they carried with them at all times to share with new friends or carers. The provider ensured these contained informal and non-confidential information, to protect the individual's privacy, while still providing information on what was important to that person, their strengths and the tasks that they could undertake independently.

Good

Is the service responsive?

Our findings

People's care records continued to include information about what was important to them. The provider had developed 'What matters most' plans that focussed on areas of people's life that they had identified as being most important to their well-being. Staff remained knowledgeable about the people they supported. Staff were aware of people's preferences and interests, as well as their health and support needs. One relative told us,"I can talk to all the staff and they give you the information."

Assessments were undertaken to identify people's diverse and complex needs, together with their interests and preferences. Care plans were reviewed regularly with the person and their relatives. Records confirmed that reviews happened regularly and when people's needs changed.

The provider had developed care plans that reflected people's needs and wishes. These allowed staff to deliver support in a personalised way. For example, one care plan detailed how staff supported a person to use photos to complete their weekly meal plan and shopping list. The plan also included a 'now and next' board which identified how to make the photos more specific to the food that person ate.

The provider used these communication and planning methods when planning activities. One relative told us, "What they do is, they have a board. It has a car and the place that he's going in picture form so he knows what is happening next, and the next day." Another relative told us, "They come up with some brilliant ideas to cater for every individual. They've all got different needs and they cover their needs really well." The impact of this was that people received consistent and personalised support from staff.

Some people were at risk of social isolation and care plans included details of how staff supported them to access the community and to maintain contact with people who were important to them. The provider undertook friendship and social inclusion audits to monitor the quality of activities and social interaction that people were receiving. The registered manager was then able to review people's activities if it had been shown that activities had not been reviewed. Relatives told us that they valued the personalised approach of staff to support their family members. One relative told us, "She needs input. She needs stimulation. Her carers have moved heaven and earth to get her well and they have generated her to move and be interested. This time last year she couldn't walk across the room and now they've got her walking and taking her out."

Individual communication needs were assessed and met, and the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. Staff gave us examples of communication aids that were used to assist people, such as easy read documents and picture cards. Records we reviewed confirmed these were used appropriately. One relative told us, ""Her keyworker has got her recognising pictures, which is good. It helps communication." The provider had implemented a 'better, faster, digital' system that had been used to support people and staff. Utilising hand held and secure smartphones, staff could track and respond to people's immediate needs more effectively. The technology allowed staff to view people's day to day progress and to prepare effectively for upcoming support sessions. Staff told us that the new technology

was effective in providing more responsive care and in reducing their workload.

Relatives we spoke with were aware of how to make a complaint and all felt they would have no problems raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the providers policy. One relative told us, "I get on really well with all the staff. I can't think that I would ever need to complain. If I did complain I think they would listen." Complaints records demonstrated that the registered manager had a consistent and thorough approach to dealing with complaints, and using them to improve the quality of care, such as instigating reviews of policies and procedures when necessary.

The provider had continued to ensure that people's end of life requirements and wishes had been discussed with people, their relatives and professionals, when it was appropriate. The registered manager told us occasions where they have had to support people with end of life care, and that they had previously cared for terminally ill people compassionately and sensitively, while ensuring that they were supported with attending vital health appointments and treatment.

Good

Is the service well-led?

Our findings

People, their relatives and care staff told us that they continued to be happy with the way the service was managed and led. Staff told us that they felt well supported by the service managers and registered manager and that the leadership was approachable and supportive with any issues or practice needs that they had. The registered manager and leadership team had created an open and inclusive culture at the service. One staff member told us, "If we have any personal or work issues they will listen. That is unanimous amongst staff I think."

The service had a registered manager, who had been in post since June 2014. 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.

The registered manager and service managers continued to demonstrate a good knowledge of the people who used the service and were knowledgeable about their individual needs. They had good working relationships with family members. The registered manager had good oversight of the different supported living locations where many people were supported with their personal care, as well as with individuals who lived at home, and told us that she visited each care setting monthly. One staff member told us, "There is a very caring approach amongst leadership. (The service manager and registered manager) make such an effort to engage with the people we are supporting."

The registered manager and service managers had maintained systems to monitor the quality of the service. Regular audits were completed in relation to each aspect of the service such as people's medicine administration records, care plans, staff supervision and training. The information obtained from audits, quality monitoring and feedback was used to drive improvement in the service. The management team accessed an online quality assurance and monitoring system that allowed them to track all areas of the service ensuring quality performance and compliance. The system alerted managers when specific training courses were due and allowed them to make requests for more specialist training if needed. The system monitored critical incidents, safeguarding and accidents which the provider's quality team then used to analyse trends and identify areas for improvement. The quality team then provided direct support to staff to drive improvement. For example, following an incident involving a person with difficulty eating, the quality team provided staff with specialist advice, reviewed documentation and signposted staff to access further health and safety guidance.

Staff and relatives told us of the provider's commitment to ensure continuous improvement. One staff member told us, "They are very well organised. We are listened to. Management will listen to us and take it on board to make changes." One family member told us, "If I phone up the manager they speak to me and say I can ask any question. And they will phone me. They always say they like feedback. If I'm not happy all I have to do is let them know and they will change it."

The leadership ensured that people who used the service, relatives and staff were engaged and involved. The registered manager has implemented annual 'reflection events' for people and their relatives to meet and reflect on people's successes and to look at what improvements could be made. The event was held at a location that people had been to before and knew well so that they felt comfortable. People celebrated their achievements with staff and relatives, while also looking at how the provider could further develop people's care and support, such as widening social access, consistent communication methods and using sensory technology to improve people's needs. Records we looked at evidenced that the provider had been proactive in exploring these areas.

The management team were committed to ensuring that the service was up-to-date with best practice and new guidelines within health and social care. Staff had made links with the local community and worked in partnership with other agencies. Staff spoke of close partnership working with health professionals such as GP's, speech and language therapists, epilepsy nurse specialists and the behavioural support team, when required. One professional told us, "I can honestly say that I have had an extremely positive experience of working with Mencap to date." The provider had also established links with local community groups, such as arts and drama groups and been engaged with projects within local schools to ensure that more holistic support was available to people. For example, staff supported a person from the LGBT community to access a local LGBT youth group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.