

Royal Mencap Society

# Mencap - West Hampshire Domiciliary Care Agency

## Inspection report

Admiral House  
43 High Street  
Fareham  
Hampshire  
PO16 7BQ

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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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 - West Hampshire is a domiciliary care agency providing personal care to 33 people in their own homes at the time of the inspection. It provides a service to adults who have a learning disability or autistic spectrum disorder and younger adults. 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.

### Services for people with learning disabilities and or autism are supported

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

Staff were trained to a good standard and could request additional training. Peoples care, and support plans were person centred and detailed.

We received mixed feedback about staffing levels from people's relatives, however from our review of staffing arrangements we found overall there was enough staff to meet people's needs.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy being supported by Mencap and told us they felt safe. They were positive about the support they received to access health care professionals to maintain their health and wellbeing.

The provider and the registered manager had effective governance systems in place to identify concerns in the service and drive improvement.

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.

Most employment checks were in place and staff were recruited safely.. The registered manager was responsive to our feedback and took immediate action to make improvements where required.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and

achieve the best possible outcomes that include control, choice and independence.

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 7 February 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 - West Hampshire 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

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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. This service provides care and support to people living in a number of '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

This inspection was announced. We gave the service 24 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.

#### What we did before the inspection

We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

This inspection included speaking with two people, six relatives, two members of staff, two service managers and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We asked for further information following the inspection including the bed rail risk assessments and personal emergency evacuation forms for two people and these were received. We spoke with one professional who regularly visits the service. We continued to seek clarification from the provider to validate evidence found.

# 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 and their relatives told us they felt safe. One person told us, "It is the staff that look after me" and relative's comments included, "They are very well looked after, they are very, very caring, they are wonderful staff" and, "They are happy and safe."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. The registered manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated that this occurred.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "I would report to [registered manager], if people were in immediate danger, remove staff member and inform local authority and CQC." Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.

Assessing risk, safety monitoring and management

- People's risks were identified, and the necessary risk assessment reviews were carried out to reduce the risks for people. For example, risk assessments for safe moving and handling, bed rails management and medicines management.
- The registered manager, service managers and the provider had quality assurance procedures in place to check the safety and effectiveness of the service. Audits were undertaken such as health and safety, fire safety and environment. These enabled the registered manager to monitor and identify any risks.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. People's records were checked to ensure the information was up to date.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked. One person had an unexplained gap in their employment record. We discussed this with the registered manager who took immediate steps to resolve it.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- Relatives views on staffing levels were mixed, some felt staff levels were short at times. We reviewed the

rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.

- Regular agency staff were used on a regular basis. The registered manager told us, "We induct our regular agency, this allows us to put in consistent staff."

#### Using medicines safely

- People's medicines were managed safely. One person told us, "The staff give me my medication, they never forget." Staff told us, and documents demonstrated they received medicines training and had their competency checked to ensure their practice was safe. During the inspection we observed good practice and staff demonstrated they had good knowledge of people needs.
- Procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely. There was a medicines champion for the service and they were committed to ensuring best practice guidance was followed and medication administration records were accurate.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place for most medicines which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately. We did find some creams did not have a PRN protocol in place. The service manager rectified this immediately following the inspection.

#### Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The registered manager had effective systems for prevention and control of infection in place.
- Staff told us they were provided with personal protective equipment including gloves and aprons. We observed staff using gloves and aprons when required throughout the inspection.

#### Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed.
- The registered manager told us, "We have quality team who are very good, if something comes up and it will be shared nationally. One service had a tumble dryer and small fire started, that got shared nationally." They also told us, and documents demonstrated they had monthly meetings where information was shared.

# 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

- People's needs were assessed before they moved into the supported living service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- Staff received four supervisions a year in line with their policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time. One staff member told us, "We have regular supervision every three months and speak to [manager] on a regular basis she will always get back to you."
- Staff received a variety of training including, medicines management, whistleblowing and safeguarding. The staff induction book had competency assessments for finance, epilepsy and medication. The registered manager told us, "The service managers do practice checks whenever they are in the building, all induction training has an assessment. On line training has an assessment at the end. The induction has a knowledge assessment day, all workbooks are assessed and checked and there is a 45-minute test under exam conditions. If they fail, we refresh the areas they had a problem with before they lone work."
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. One staff member told us, "We can request additional training, it can take a bit of time. I never been refused training."

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

- People were supported at meal times to access food and drink of their choice. A relative told us, "Staff take them for meals in the pub. It is one of the best houses in [the area]."
- The support people received varied depending on their individual needs. A relative told us, "[Staff] do all the cooking, [person] just mixes cakes, when they feel like it. [Staff] encourage them to eat healthily and do weight watchers things for them."
- People planned meal choices with each other and staff to guide them and created a weekly menu plan. One staff member told us, "We use pictures, and photographs, use Makaton and objects of reference. We support them to be part of the whole mealtime experience." One person told us, "The staff help me and watch me cook, I cook pasta, macaroni cheese, I am making jacket potatoes with cheese and sweetcorn and salad."

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

- People were supported to access services to maintain and improve their health. During the inspection process, we observed that joint work between the service and an external healthcare team provided positive results for people.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary. We saw clear documentation of all contact with healthcare professionals. For example, GP's, opticians, epilepsy teams, falls teams and dentists.
- Staff told us they worked well as a team. We observed staff working with each other and with people. Staff took part in daily documented handovers and communicated well with each other to ensure good outcomes for people. The registered manager told us they had good relationships with other professionals.

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 when this is in their best interests and legally authorised under 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.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- DoLS authorisation applications had been made by the local authority for people who required them.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. A relative told us, "They explain what they are doing and if she indicates she doesn't want to they don't coerce her, but they note it as there may be a reason."

# 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

- People and their relatives spoke positively about the support people received from the staff. One person told us, "They [staff] are very nice; one is so cheeky and winds me up and it makes me laugh" and a relative told us, "The carers are good... I am happy with the staff."
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. However, we saw that this information did not include the opportunity for people to discuss their gender specific needs. The manager told us they would address this and would discuss adding a section to the pre-assessment documentation. However, despite this, we saw that people's diverse needs were detailed in their care plans and met in practice. The registered manager told us about a person who required support with their sexuality and what they did to support them and include this person's family.

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

- The registered manager told us, and records confirmed that people were involved in the creation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One relative told us, "We have meetings to discuss any issues" and other relatives told us they were always involved with their relative in decision making.
- People told us they had choice and control over their care and daily lives. We observed people being given choices throughout the inspection. A person told us, "I find them easy to talk to" and another person told us, "They listen to my choices, they [staff] are taking me to see Take That."
- The registered manager told us, "[Person] teaches staff their communication methods themselves, using their photos of signs. He always starts with the ones that are the most important things for him. The staff learn far quicker than any training course could accomplish."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One relative told us, "They all live in a house and they are very private there and they maintain my relatives' private things" and another relative said, "They allow them private time and dignity."
- Staff respected and promoted people's independence. For example, we observed a staff member offering verbal support and encouragement to a person that needed it. Relatives consistently told us people were treated with dignity and respect.

- Staff had a good understanding and were enthusiastic about promoting people to maintain their dignity and independence.

# 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.

Improving care quality in response to complaints or concerns

- People and most of their relatives told us they did not have cause to complain. However, during the inspection a family member did raise a concern in relation to their relative not being supported to have a funeral plan. We spoke to the registered manager about this and she arranged for the service manager to contact the relative to discuss this further.
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The registered manager and service managers could detail the process and there was a robust complaints policy in place.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with most people and their relatives and their wishes were clearly recorded. Where people had capacity to decide they did not want to discuss their end of life plans this was not documented. The registered manager told us they would ensure this was recorded in future.
- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was a current end of life policy in place.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were reviewed six monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Care plans were detailed and contained person centred information.
- Staff were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. One staff member told us, "We are person-centred all the time, we treat people according to their needs, one person likes their personal care to be done in their bathroom and not their bedroom."
- A relative told us, "Mencap make the place a home and my [relative] calls it home, they come to visit every Saturday and when they are tired, [person] says they want to go home and make a hot chocolate. They need a big thank you. I think [registered manager and service manager] choose the right staff and they need a pat on the back."

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.

- The registered manager had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, some information was available in bigger print and photographs were used a lot in the service.
- The registered manager told us, "Information is in easier read format, we are increasing this nationally as an organisation, we have lots of individual things for people, in formats they can understand, letters can also be explained."
- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.

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 provided with a range of activities, both within their home and externally. Activities available to people included cinema, theatre, cafes, iPad, singing and use of the sensory room. One relative told us, "They can go out if they want to, they can wear what they want." Another relative told us, "[Person] loves cricket, they go to the farm twice a week and has guinea pigs which they adore, [person] chooses their own clothes."
- Relatives and friends were welcomed at any time. Relatives told us about various activities their family members were involved in and were consistently positive about what was on offer.

# 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 and their relatives told us they received personalised care and were happy with the service. One relative told us, "[Person] was taken to hospital with an infection and the manager came down the next day and sat with him, it was wonderful." Another relative told us, "[Person] gets a certain quality of being able to make decisions for themselves with the right support [person] gets more independence than they do at home."
- Staff said they enjoyed working at Mencap and felt supported by the service manager and the registered manager. One staff member told us, "[Registered manager] is very knowledgeable in her role, she passes information to us, is approachable and generally has a good attitude and she is very good at knowing staff strengths and weaknesses."

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 previous inspection ratings were displayed in a prominent position in the office and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. A service improvement plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and was monitored for completion.
- Documents demonstrated that CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive.
- People and their relatives attended meetings, and this helped to keep them informed about the service. A

relative told us, "Yes, they make notes and you get minutes afterwards." They told us that most of the time actions were followed up.

- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported. We observed that people and staff were treated fairly and individually respected. People, relatives and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.

#### Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by keeping up to date with the CQC website and reading internal bulletins.
- The registered manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.
- There was a clear action plan is put in place to address concerns found in audits and from feedback and this evidenced continuous improvement. The registered manager told us, "My big thing that I am doing now is I want to make sure that we are evidencing learning better, we are using a four plus one tool in every staff meeting." This tool looks at what has been tried, what has been learnt, what people are pleased about and what people are concerned about. The registered manager also told us they would be, "Running a raft of positive behaviour support information workshops and supporting people positively."