

Royal Mencap Society

# Plymouth Support Service

## Inspection report

38 City Business Park  
Somerset Place  
Plymouth  
PL3 4BB

Tel: 07967671125  
Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit:  
25 July 2019  
26 July 2019  
30 July 2019  
31 July 2019  
21 August 2019

Date of publication:  
09 September 2019

## 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

Plymouth Support Service is registered to provide personal care. The service provides personal care support to adults with learning disabilities and other social care needs who live in their own homes. The service consists of two supported / shared living schemes (Halcyon House and Trelawney) and an outreach service. Plymouth Support Service is owned and operated by the Royal Mencap Society.

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. At the time of the inspection the agency supported 16 people.

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.

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 some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

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.

People's health and social care needs were robustly assessed, with their care and support being delivered in a person-centred way; keeping the person at the heart of their own care. Involvement by external professionals ensured people's needs were managed in a holistic and multi-disciplinary way. People's medicines were managed safely.

People's individual communication needs were known, and people were supported as they needed to be. People were part of the wider community and participated in social engagements which supported ongoing mental wellbeing.

People told us they felt safe. People were supported by kind and caring staff, who promoted their independence. Staff had been recruited safely, received suitable training and effective support. There were now enough staff to meet people's needs.

People's views and opinions were respected. Complaints were listened to, and fully investigated to effect positive change. The provider now had an effective governance system in place which helped to identify when improvements were needed.

Whilst we were fully assured people were receiving the regulated activity of a supported living service. We have recommended the provider reviews the environment of Halycon House in line with NHS England and/or the Commissions Registering the Right Support guidance. So that the environment does not reflect that of a residential care home.

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 (and update)

The last rating for this service was requires improvement (published 27 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. Since this rating was awarded the registered provider has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### 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.

# Plymouth Support Service

## 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 team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who has a learning disability and/or autism.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 who was in the process of registering 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 unannounced.

#### What we did before the inspection

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 also looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We also contacted Plymouth City Council adult social care commissioning team and Healthwatch Plymouth. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with, 11 people and/or their relatives, five members of staff, two service managers, the area manager and a local authority positive behavioural clinician.

We looked at three care plans for people who used the service, complaints, compliments, policies and procedures, incident records, and auditing and monitoring checks.

After the inspection

We contacted a mental health and learning disability community nurse, two speech and language therapists, a social worker and Portsmouth County Council commissioning team for their views about the service. We got feedback from three of them.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- In April 2018 we found people's needs were not always being met by enough staff. People's care and support needs were now being met by sufficient numbers of staff. Comments from relatives included, "Things are much improved now, as previously there wasn't the continuity of care, but now there is, and he is much happier". "[person's name] is a lot happier now that there is continuity of care. Those carers that are supporting [person's name] during the day are now supporting [person's name] at night too, which is important".
- People were supported by enough numbers of staff, of which were decided by the person's own commissioning authority. An external professional told us, "I know how hard they fought for staff funding for [person's name]. They are advocates".
- The provider had a recruitment policy, and staff working at the service were recruited safely to ensure they were suitable to work. Staff were recruited according to the providers values of "Inclusive, trustworthy, caring, challenging and positive".
- The provider told us in their provider information return (PIR), "Our recruitment process is inclusive where the people we support will help in the interview process".

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "I feel safe and protected", and "I think there are a lot of people that keep an eye out for [person's name]".
- People were protected by the providers safeguarding policies, and staff and management were confident about what action to take if they suspected someone was being abused, mistreated or neglected.
- Staff supported people to be aware of answering the door to strangers and encouraged them to always ask for identification.
- The provider had recently arranged training for staff about keeping people safe from financial abuse. Following this training, one person had been protected from a possible incident.

### Assessing risk, safety monitoring and management

- People were supported to keep safe without imposing unnecessary restrictions on them. When someone had an individual risk, risk assessments were created in collaboration with external professionals such as speech and language therapists, positive behavioural specialists, or learning disability community nurses. A member of staff told us, "It is about enabling people to be independent but to keep safe".
- The provider told us in their provider information return (PIR), "We support people to be safe in the community and have had the local community police officer come into one of the services to talk to people about being safe on social media and on the internet as well as being in the house alone and answering the

telephone and the doorbell. This has helped the people understand some of the dangers out in the community and what to do in the event of them feeling unsafe".

- People who experienced behaviour that could challenge, had positive behavioural support care plans and risk assessments to ensure they were supported in line with best practice. A member of staff told us, "We have bespoke positive behaviour plans". The service had been working closely with the learning disability team, who told us they had seen great improvement in the person's behaviours.
- An external professional who was supporting one person who was at risk of choking told us, "All my recommendations have been followed and recommended equipment has been purchased". Another told us, "I have no concerns with the safety or the care provided".

#### Using medicines safely

- People received their medicines safely and had care plans which described how they wanted and needed their medicines to be administered.
- Staff had received training and had their ongoing competency assessed.
- People received medicine reviews, and external advice was sought from people's GP's, or the mental health or learning disability team, when needed.

#### Preventing and controlling infection

- Staff had received infection control training and followed policies to ensure the unnecessary spread of infection.
- People in supported/ shared living schemes, were encouraged to keep the premises clean and tidy.

#### Learning lessons when things go wrong

- The provider's governance system was effective in helping to highlight when action was required for improvement so learning could take place.
- Data analysis was effectively carried out to help identify useful themes and trends to minimise reoccurrences. The provider told us in their provider information return PIR, "If an incident takes place we discuss this at our monthly team meetings and reflect on this and put any learning actions into place, to make sure that these incidents don't happen 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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when people's needs changed.
- External guidance from the National Institute for Health and Care Excellence (NICE) was used to create and plan people's care. NHS England's requirement for annual health checks were also taken account of to ensure people's care needs were met in line with up to date best practice.

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff were competent to carry out their role. One commented, "I think they are very well trained and use their initiative as things can change so quickly. [Person's name] can be very demanding at times and they deal with those times well".
- People were supported by staff who had received training to meet their individual needs. Such as learning disability, autism, and mental health. Staff were complimentary of the training; and training took account of staff's own individual learning styles.
- There was a comprehensive induction programme for new employees which was in line with the care certificate and embedded the providers own values of "Inclusive, trustworthy, caring, challenging and positive". The care certificate is a national health and social care induction.
- Staff told us they were well supported and received supervision of their practice. The provider's "shape your future" supervision scheme, enabled staff to reflect on their own practice and of thoughts about career progression. With the option to become part of the provider's 'talent grid'. Which was an opportunity to be involved in further training and development.

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

- People were encouraged to eat a balanced diet and were supported to make healthy choices.
- People were helped to prepare and cook their own meals. One relative told us, "[Person's name] has just got a new kitchen. [Person's name] enjoys cooking and has a particular interest in cooking and watches all of the cookery programmes".
- People had care plans in place which helped to describe how people needed to be supported, and what their likes and dislikes were. One external professional told us how the staff had successfully supported one person to make more informed choices regarding their nutrition telling us, "An easy read document was made to take out into the community when shopping and eating out to help them to make safe choices".

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

- The management team and staff worked closely with external professionals to ensure people's care was joined up. For example, multi-disciplinary team meetings frequently took place to discuss people's ongoing health and social care needs.
- External professionals told us they were contacted for help and guidance and told us, "Advice is always carried out".

Adapting service, design, decoration to meet people's needs

- The providers office had disability access.
- Whilst we were assured people were receiving the regulated activity of a supported living service. One of the supported / shared living schemes, Halcyon House had an environment which was based on a residential care model. For example, it had a sleeping / office area, and people did not always have a front door key to their bedroom/flat.
- Technology had been considered for people's environment to help keep them safe. For example, a wireless bell had been implemented for one person, so they could alert staff if they were in difficulties.

We recommend the provider reviews the environment of Halcyon House in line with NHS England and/or the Commissions Registering the Right Support guidance.

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

- People were supported to live healthy lives. Staff encouraged healthy eating and helped people to make sensible alcohol and smoking choices. One person who lived with autism needed to buy a certain amount, of a high calorie food and would become anxious if they did not buy, cook and eat all of them. But staff had noted the person was putting on weight. Because of this, they helped the person find low calorie alternatives, from different shops which contained the same number in the pack. This was helping to maintain the person's weight.
- Staff were helping one person to research a gym to attend.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People were fully protected by the legislative framework. The provider told us in their provider information return (PIR), "Mental capacity training is given to all staff and ensures that the people we support have the right to choose and make both good and bad decisions".
- Staff and the management team had a comprehensive understanding of what the MCA and DoLS meant for people and were strong advocates.
- People's care plans detailed their mental capacity.
- Best interest meetings were held, and the outcome recorded when it was deemed a person did not have the mental capacity to make specific decisions.
- Staff told us they always asked people's consent before supporting them.

# 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; equality and diversity

- People and their relatives told us they thought the staff were kind and caring. Comments included, "The lot of them [staff] are nice", "Definitely kind and caring" and "They do listen to [Person's name] and treat her with kindness".
- The providers value of 'caring' was evident in the conversations we had with people and/or their relatives and was imbedded within staff's practice. One member of staff told us, "You go in with the values in mind before you support them. By using the values, you try to make it a more positive outlook for their life".
- People looked at ease in staffs' company, and staff spoke with great fondness about the people they supported. Staff spoke with and treated people as adults.
- Staff were aware of people's religious and spiritual beliefs telling us how they supported some people to attend their local church.
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010.
- Staff had recognised people were spending a lot of their money on taxis, so people had been asked if they wanted help to apply for a Motability car. For many, this had resulted in people's finances being managed better, offered people more opportunities to travel further distances, attend events of their choice and improved people's own mental health and wellbeing.

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

- People and/or their relatives told us they were involved in the creation and review of their care plan.
- An external professional told us, "The provider engages well with my client's family and addresses any issues".
- People's care plans were person specific and based on what people wanted to achieve.
- Independent mental capacity advocate's (IMCA's) were sourced to support people when they did not have the mental capacity to be able to express their views or be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The provider told us in their provider information return (PIR), "The people we support are encouraged and reminded by staff to be respectful of each other and their possessions, to treat each other fairly, that each person has a right to privacy".
- Staff were respectful of people's privacy and did not speak about people's care and support in front of others.

- People's care records were kept securely.
- People's independence was promoted. A new hot water dispenser had been researched and purchased for a couple of people, so they could make their own hot drinks. People were encouraged and supported to undertake daily living skills such as washing, ironing, food shopping, and planning their own holidays.

# 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.

### 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 who had individual communication needs had these documented within their own 'communication passport' so staff knew how to effectively communicate with people. Some people used their own bespoke language and words to communicate. A member of staff told us, "We incorporated their words into their support plan, so anyone [new staff] would know what their words mean".
- Staff told us how they adapted their own communication to be able to meet people's needs, such as by speaking slower and/or by using shorted sentences. As well as using tools such as Makaton, or objects of reference.
- Staff had created a pictorial staffing board, so one person would know who was coming to support them. This had helped to reduce their anxiety.
- External professionals were complimentary about how people had been individually supported with their communication needs.

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 supported to follow their own interests and be part of the wider community. People explained how they attended local social clubs of their choice and attended football matches. Those living in a supported / shared living scheme had decided to have some group activities together such as exercise classes, BBQs, parties and visiting singers. People had been independent in organising their own holidays. The provider told us in their provider information return (PIR), "All the people we support are supported and encouraged to access the community. Some have local jobs in voluntary shops and others form relationships with the local shop keepers by regularly visiting them to do their shopping".
- One person who had rarely been clothes shopping had recently been supported to do so, and the person told us how pleased they had been with their purchases.
- One person had shared with staff that they wanted to find female companionship. So, the person was being supported to access dating sites, and attend clubs whereby they may meet someone.
- People were encouraged to develop and maintain relationships with friends and families, as far as they wanted. For some people, scrap books were used to capture what a person was doing, so the person could use it to talk to their loved ones about what they had been doing and achieving.
- The providers social network page enabled family members to keep up to date with what their loved one

was up to, by viewing photographs of social events attended.

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

- The provider had a complaints policy that was available in a variety of different formats, such as large print or pictorial.
- People and relatives told us they would feel confident to speak to staff if they had any concerns or worries. One relative commented, "Yes, I have in the past made a complaint and it was dealt with adequately. I was happy with the outcome". The provider told us in their provider information return (PIR), "The people we support understand that any concerns or issues that they have with their support or staff can be discussed with the manager, other members of staff or the registered manager".
- The provider analysed themes and trends relating to complaints, so action could be taken to reduce reoccurrences.

#### End of life care and support

- There was no one at the service who was receiving palliative care.
- The management team told us they were currently developing end of life care planning provision, to ensure information was recorded about how people wanted to be supported at the end of their life.
- We were told staff would as required, undertake training in end of life care.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- At our last inspection in April 2018, some staff expressed the culture within one of the supported / shared living schemes was not always positive. In response to this, the provider, together with staff had created a 'staff charter'. Staff had been asked to 'sign up' to the 'charter' to help improve the culture at the service. Staff told us this had had a positive effect, and that more staff meetings were also being held so staff could raise their views openly.
- The providers values of, "Inclusive, trustworthy, caring, challenging and positive" were embedded throughout the service. The provider told us in their provider information return (PIR), "Staff are introduced to our five values from the very beginning which includes the human rights principles. They are embedded into our induction process and monitored throughout the time staff are employed through supervisions, team meetings and staff observations of their working practices". Staff knew what the values were, told us the values were important to them and felt proud to work for the organisation.
- Staff felt confident to whistle blow, if their colleagues and/or others were not displaying the providers values.
- People and staff were empowered to be part of the ongoing development of the service.
- The culture was welcoming and inclusive. Staff were happy to speak to the inspection team and were honest and open with their views.

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 provider and manager recognised when mistakes had been made. They listened to people, respected their views, and apologised when they had experienced care, which they believed was not appropriate or had not met their needs.
- The manager was aware of their responsibility to inform the Commission of significant events in line with statutory duties.
- The management team spoke openly and honestly throughout the inspection process.
- One relative told us, "They will ring me when the CQC report is available on their website and will send me the link to then be able to view it".

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

- In April 2018 we asked the provider to act to improve their quality monitoring systems to help promptly



highlight where improvements were required. Since then, there was now a robust governance framework which helped to identify where improvements were required. The providers monitoring systems were in place at a local level, as well as at a regional and national level, helping to have a full strategic overview of the service. People were also involved in some monitoring checks, such as health and safety.

- There was a management structure in place which people and staff were aware of.
- The management team had a comprehensive understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.
- The providers quality team carried out practice inspections at the service, which were based on the Commissions Key Lines of Enquiry (KLOEs).

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

- The provider told us in their provider information return (PIR) how one person's feedback had resulted in a member of staff not continuing to work for the provider, because they did not display the values of the service.
- There were strong links with the local community. The provider told us in their provider information return (PIR), "By building up relationships within the community it enables the people we are supporting to have a safe place to go if they are out and need support, and the community get to know them and will watch out for them. We have had members of the public contact us if they see or hear things that concern them which helps to keep them safe when they are learning to be independent in the community".

Continuous learning and improving care

- Local, regional and national meetings took place within the organisation to help share good practice, and to reflect where things could be improved.
- The management team engaged with other providers to share in best practice. For example, by attending the care managers network and local authority conferences. A recent conference about healthy eating and reducing obesity had prompted the staff to empower and support one person who wanted to lose weight.

Working in partnership with others

- The provider worked in positive collaboration with other professionals.
- Professionals were complimentary of the service, management and leadership. One comment included, "I believe that the service is well managed and...it is evident that the [management staff] care for the residents".