

Barnet Mencap

Barnet Mencap - 35 Hendon Lane

Inspection report

35 Hendon Lane
London
N3 1RT

Tel: 02083493842
Website: www.barnetmencap.org.uk

Date of inspection visit:
13 March 2019

Date of publication:
25 April 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: Barnet Mencap – 35 Hendon Lane (also known as Take a Break) is a short break respite service run by Barnet Mencap. The service provides support for children and young adults on a short break or respite basis in their homes. The service mainly provides a service to families at weekends or on school holidays. The service works with a portfolio of 10 families on a regular basis.

On the day of the inspection, nobody was receiving personal care. Therefore, we reviewed documentation based on people who received a service within one week of the inspection date.

People's experience of using this service:

Relatives were positive around the service received, particularly commenting on staff knowledge and trust built between the person receiving care and the staff member.

People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs.

Risks to people were managed in a way that kept them as safe as possible whilst promoting independence and learning. Risk management guidelines were in place to help care workers when supporting people.

Care plans were individualised and met the needs of people using the service. People were supported to lead socially active lives.

There was a clear management structure and staff told us they felt supported and valued.

Staff received regular training and had one to ones with the service manager.

Rating at last inspection: Good. (Report published August 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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

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.

Barnet Mencap - 35 Hendon Lane

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to children and young adults living in their own houses and flats in the community.

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. A service manager had commenced employment approximately six weeks prior to the inspection and had applied to register with CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 13 March 2019. We visited the office location on 13 March 2019 to see the registered manager and to review care records and policies and procedures. We called additional staff and relatives on 21 March 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke to the registered manager, service manager and two staff members.

We looked at the care records for two people, four staff employment related records and records relating to the quality and management of the service. We spoke with one relative on the telephone following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We received positive feedback regarding the safety of the service. A relative told us, "He is safe. I know because he is smiling."
- Policies and procedures were in place to guide staff in how to safeguard people from the risk of abuse and harm. Staff had received training and were knowledgeable around safeguarding adults and children and knew where to report concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care were assessed. Risk assessments were comprehensive, person centred and updated regularly. Assessed risks included health conditions such as epilepsy, mobility, personal care and certain behaviours which may place a person or the staff member at risk of harm.
- Staff were knowledgeable around how to keep people safe, whilst being mindful of encouraging people to remain and increase their independence. Staff were pro-active in raising concerns around people's safety to families and appropriate health professionals.

Staffing and recruitment

- The recruitment processes in place ensured only suitable staff were employed.
- Staffing levels were appropriate to ensure people's care needs were met. The service was looking to increase capacity and was recruiting at the time of the inspection. Feedback from relatives was that this was positive as it meant they would benefit from increased availability of service provision.

Using medicines safely

- At the time of the inspection, people were not supported with medicines. However, staff had received training and had their competency assessed. Staff had also received training around how to administer emergency medicines such as in the event of a person having an epileptic seizure.

Preventing and controlling infection

- Staff had received training on infection prevention and control and were knowledgeable around how to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Where actions were required to reduce risks or repeat incidents, action had been taken, which included referrals to health and social care professionals.

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

Good: 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 prior to receiving a service. Where people were receiving a service on a periodic basis, staff contacted their relatives before to receive any updates which may affect the level of care they received.

Staff support: induction, training, skills and experience

- Feedback from a relative was that staff were well trained and were knowledgeable around their loved one's support needs.
- Training was provided to ensure staff were up to date with current best practice guidance; specialist training had also been provided. A staff member told us, "Yes I do feel we do [enough training]. We are doing medicine soon; workbook and online. All had epilepsy training."
- Staff felt supported within their role and had completed a thorough induction when they joined the service.
- The service manager was carrying out supervision with individual staff to discuss updates on people's care needs and training opportunities.

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

- Care plans detailed whether people required support with eating and drinking. Guidance was available to ensure people were supported in a safe way.
- Where people followed a cultural or religious diet, staff had been made aware so they could support people appropriately.

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

- People who used the service were supported to maintain good health. Families primarily took responsibility for ensuring people's healthcare needs were met, however staff were proactive in ensuring the care records were updated on changes or recommendations from health professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.
- Staff were proactive in establishing contact with involved professionals. For example, we saw that staff had established a relationship with schools so staff could be updated on people's communication plans, which assisted staff when communicating with people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected. We checked whether the service was working within the principles of the MCA.

- Care plans documented where people could make their own decisions and how staff should support people to be as involved as possible in making decisions about their care daily. Staff were knowledgeable in how to ensure people were consulted about their care preferences.
- Care records seen were signed by the person or their legally appointed representative to indicate that they had consented to their care.

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

Good: 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 were supported by a small consistent team of staff who had established positive and caring relationships. A relative told us, "He knows [staff]. He asks when they are coming."
- Staff spoke positively of the people they worked with and how they had enjoyed caring for them. A staff member told us, "I have a passion to work with children. Working here is brilliant. I put 100% into working with the children."
- Staff were positive around embracing people's individuality and respected people's cultural and religious backgrounds.

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

- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- Staff were enabled and trained to communicate with people in a variety of ways which included Makaton, British Sign Language and use of PECS. These are systems of signs and symbols used to help people communicate. This enabled staff to better communicate with people to offer more choice in how they wanted to be supported.
- Relatives told us they were involved in all care reviews and regularly asked for updates.

Respecting and promoting people's privacy, dignity and independence

- Care plans identified what people could do for themselves and where they required support from staff. Empowering people to learn and increase learning opportunities and life skills was central to the service.
- One person's care record detailed that staff were not to physically assist the person crossing the road but to supervise and aid only if needed. Another person's care plan was updated to reflect an increase in their abilities as regards to tending to their own personal care.
- People were encouraged to maintain relationships and increase their social activities.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- We received positive feedback on the responsive nature of staff and how adaptable the service was to people's changing care needs. A relative told us, "To be honest they are very good. [Staff] knows [person]. She even reminds me of things."
- People's care plans included information on what the person could do for themselves, and guidance for staff on how to support the person to be able to do things themselves in areas such as personal care, eating and drinking and keeping safe in the community.
- Where people required assistance to maintain good physical, mental and emotional health, care plans provided staff clear guidance.
- People were supported by staff to access a variety of activities, events and learning to improve their life. A relative told us that staff regularly suggested activities or outings that people may like. A staff member told us, "Lots of holidays and opportunities to go away. People are not restricted. [Person] couldn't ride a bike. We took him away and I was so happy to see how happy he was. He came away from holiday able to ride a bike. He made a massive achievement."
- Staff were particularly proactive in reaching out to families to assist with signposting to other services in the area and arranging training for families in communication. For example, staff were in the process of arranging a coffee morning to provide basic Makaton training for families.

Improving care quality in response to complaints or concerns

- A relative told us they could raise concerns to staff and the management team and were confident that any concerns would be listened to and investigated. Relatives had been sent a copy of the complaints procedure.
- Concerns and complaints were investigated and responded to and monitored by the registered management. Actions were taken if areas for improvement were identified, for example, a staff supervision regarding conduct.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and relatives spoke positively about the service and the current management team in place. A relative told us, "Yes, they are well managed." A staff member told us, "From day one [service manager] has been brilliant. I'm happy. Little changes made already. This is a turning point for us."
- At the time of the inspection, the service manager has been managing the service for six weeks and had applied with CQC to register. We saw that they had been proactive in introducing themselves to people and families who use the service, had meetings and supervisions with staff and developed a service improvement plan. They spoke positively of the support they received from the CEO of the organisation to implement changes.
- Systems were in place to ensure quality of care. At the time of the inspection, the service manager was in the process of improving the quality assurance process.
- We saw that established quality monitoring measures such as care plan reviews, feedback surveys, staff supervisions and regular meetings resulted in a person-centred service delivered by knowledgeable and dedicated staff.

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

- Staff were empowered to be partners in delivering care and contribute to the success of the service. A staff member told us of how they were encouraged to train to facilitate a family carer programme (E-PAtS) to assist families in reducing instances of behaviour that challenged through effective communication. This was part of a national pilot programme. The staff member told us, "I facilitate E-PAtS programme. I did it twice last year. [CEO] introduced me to that. I got training and really enjoyed it, done by professor."
- Regular staff meetings were held. These were used to review previous minutes, update staff on work practices and upcoming plans for the service.
- There was evidence that the provider worked with external professionals and education providers to ensure they were up to date with people's care needs.

Continuous learning and improving care

- The service manager had developed a work plan for the forthcoming year focusing on areas they wanted to develop and improve for the service which included developing new formats of care plans and supporting staff to achieve accredited training.
- Staff were actively encouraged to develop their knowledge and skill-set with a variety of mandatory and

bespoke training.