

East Kent Mencap

East Kent Mencap Domiciliary Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: East Kent Mencap Domiciliary Service is registered to provide personal care to people living in their own homes. Each person had a tenancy agreement and rented their accommodation. The service supports people who live with learning disabilities, physical disabilities and mental health needs throughout East Kent. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided. At the time of the inspection 21 people were receiving a personal care service.

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 outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways [promotion of choice and control, independence, inclusion] e.g. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
People's experience of using this service: The service met the characteristics of Good in all areas.

People, staff and health care professionals told us or indicated that the quality of care and support was good and that the service was well managed. People said, "I like all the staff and they help me when I need it" and "The staff are good". A health professional told us that people's goals, aspirations and choices were discussed and agreed with people at their reviews.

- People told us they felt safe with staff from East Kent Mencap supporting them in their homes.
- People were kept safe from abuse, harm and discrimination and were supported by a regular staff team who knew them well.
- Risks to people were assessed, monitored and reviewed and staff followed the guidance provided to help people stay safe.
- People's physical, mental, emotional and social needs were assessed and monitored to help promote a good quality of life.
- People were encouraged and empowered to remain as independent as possible and to make day to day decisions about their care and support.
- People told us they liked the staff and that they were kind and caring.
- People had built strong, trusting relationships with the staff and said they would talk to them if they were

worried about anything.

- ☐ People's care and support was tailored to their individual needs and preferences. When people's needs changed the care records were updated to reflect this.
- ☐ Information was provided in different formats to make sure it was accessible to everyone.
- ☐ People told us they didn't have any complaints but that they would speak to the staff or management if they did.
- ☐ The management of the service was consistent and regular checks continued to be completed to make sure the quality of service was good.
- ☐ The management team and staff continued to explore different ways of improving the service and regularly asked people for their feedback and ideas. They worked collaboratively.

Rating at last inspection: Good when we inspected on 18 October 2016 (Published 15 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service maintained Good in all areas and Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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.

East Kent Mencap Domiciliary 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. 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 undertaken by one inspector.

Service and service type:

East Kent Mencap Domiciliary Service provides care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because the service is a domiciliary service we wanted to make sure we were able to speak with people and the staff who supported them.

Inspection site visit activity started on 16 April 2019 and ended on 18 April 2019. We visited the office location on both days to see the registered manager and office staff; and to review care records and policies and procedures. On 16 April we visited people in their homes and spoke with staff providing their support.

What we did:

- Before the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We

assessed the information we require providers to send us at least once annually to give key information about what the service does well and the improvements they plan to make. We used this information to plan our inspection.

- During the inspection we reviewed a range of records which included three people's care and support plans, recruitment, training and supervision records and records relating to the quality monitoring and management of the service.
- We met and spoke with five people, six staff and one of the registered managers.
- We observed staff spending time and engaging with people.
- We received feedback from a local authority learning disability team.

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

- People said they felt safe using the service. People told us, "I feel very safe" and "I know who is going to be here". They had a team of trusted care staff who regularly supported them.
- People worked together in the Speak Up Group, at the provider's day centre, to design and create an easy to read, pictorial guide to staying safe.
- Staff understood how to keep people safe and protect them from discrimination, harm and abuse. They knew how to report any concerns and said this would be taken seriously and acted on.
- The provider had effective safeguarding systems which included how and when to report incidents to the local authority. The registered managers had reported concerns to the local authority and worked with them to make sure people remained safe.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare were assessed, monitored and reviewed.
- Risk assessments were centred around the needs of each person and were consistently written.
- There was guidance, which staff followed, about how to reduce risks. For example, when people needed to use a hoist to be moved the guidance included which sling to use, how to use it and what reassurances should be provided during the transfer to help the person remain calm.
- When people lived with epilepsy, guidance for staff included how a person presented at the time of having a seizure, what action to take and what the person's recovery time usually was. Staff spent time with people and their loved ones to obtain as much detail as possible to help them provide the right support.
- All aspects of people's care and support were assessed including their environment. For example, staff had liaised with the local fire and rescue service to ensure people's homes had adequate fire safety alarms and detectors.

Staffing and recruitment

- Staff continued to be recruited safely. Checks were completed before they began working at the service. Disclosure and Barring Service (DBS) criminal record checks had been completed. The DBS helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People knew who would be providing their support each day and had trusted teams of staff on a regular basis. Emergency staff cover was arranged by the office staff to make sure people's calls were covered.

Using medicines safely; Learning lessons when things go wrong

- People were supported to have their medicines safely and on time.
- Staff completed training about the safe management of medicines and had their competency assessed to

make sure they followed best practice.

- Medicines records were checked to ensure they were accurate. When a medicine error occurred, these were investigated, and action taken to reduce the risk of it happening again.
- Accidents and incidents were recorded and monitored to identify any patterns or themes. When a trend was identified the registered managers made sure the right action was taken and that lessons were learnt.

Preventing and controlling infection

- People said the staff helped them with their laundry and to keep their homes clean and tidy.
- Staff told us they had access to personal protection equipment, such as gloves and aprons.
- Staff completed training about infection control.

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 and their representatives met with staff before they started using the service to discuss their care and support needs and to make sure the service could provide the right support.
- People's protected characteristics under the Equalities Act 2010 were identified during the initial assessment, this included people's needs in relation to disability, belief and sexual orientation.
- Staff worked with the community nurses to support people with their sexual health.

Staff support: induction, training, skills and experience

- New staff completed an induction which included shadowing experienced colleagues to get to know people and their preferred routines. They were supported to complete the Care Certificate – this is an identified set of standards that social care workers adhere to in their daily working life.
- Staff received training in subjects such as moving people safely, positive behavioural support, learning disability and autism and the mental capacity act. A health care professional told us, "The staff I have met have been experienced".
- All staff were supported to complete a vocational qualification in care.
- Additional training was provided to meet people's specific needs. For example, some staff had completed training about percutaneous endoscopic gastrostomy (PEG). A PEG tube is inserted into a person's stomach as a means of feeding.
- Staff told us they received regular supervision to discuss their personal development. One member of staff said, "We don't wait for a supervision meeting – if we need to discuss something we just ring the office. We can meet the manager at any time".
- Staff were motivated and took pride in their work. All the staff we spoke with were proud to work for East Kent Mencap and were passionate about their work.

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

- People told us staff helped them prepare and cook their meals. One person said, "I decide what I fancy and they [staff] help me with the shopping and cooking".
- People were supported to prepare a variety of healthy foods.
- Staff supported people to plan their meals and shop for the ingredients.
- When people were at risk of dehydration there was guidance for staff about how much a person should be encouraged to drink, and this was closely monitored. For example, one person needed to have 10 drinks a day and it was noted in their support plan how many drinks they should have and at what times. Daily records confirmed staff followed this to make sure the person stayed hydrated.

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

- People told us staff supported them to make and attend appointments, such as with their GP and dentist. One person said, "I don't like going to the dentist but the staff come with me so I am not so worried".
- Staff monitored people's physical and mental health. Referrals were made to the relevant health care professionals when needed.
- Staff worked closely with health care professionals, such as care managers and the local learning disability team.
- The registered manager shared an example of their joined-up working. '[Person] was supported to undergo investigations and treatment for [a health condition]. We went with them to all their appointments. [Person] was able to cope and overcome the stress because staff were able to be inclusive and supportive as they knew them so well. We accessed support from MacMillan Nurses who gave both practical and emotional support'.

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

- The Mental Capacity Act 2005 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. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection applications for the order of the Court of Protection had been submitted in line with guidance.
- Staff asked for people's consent before they supported them with their personal care. Staff told us they made sure people were empowered to do as much for themselves as they chose or could do.
- Staff understood when people needed additional support to make decisions about their care, such as whether they had the capacity to agree their support plans. Best interest meetings were held with people's family and health care professionals to make decisions in the person's best interest.
- People's confidential personal information was kept secure, in line with General Data Protection Regulations. When people shared a house, they were encouraged to keep their care and support files locked in their bedrooms.

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 told us the staff were kind and caring. They said, "They [staff] are my family" and "I like all the staff. They help me do the things I want".
- People had built positive and trusting relationships with an established staff team. Throughout the inspection staff encouraged people to have control of their life as much as possible.
- People's equality and diversity were recognised and respected. Staff spoke passionately about people's individual needs and how they supported them to feel empowered to make decisions and choices about their lives.
- Staff used different ways to communicate with people depending on their individual needs. For example, some people spoke with staff using Makaton – this uses signs and symbols to help people communicate.
- Staff told us how, because they had got to know people well, they knew that certain sounds a person made meant that they were expressing happy or sad feelings.
- All the staff we spoke with were passionate the people they supported should be treated equally and that they should not be discriminated against.
- The provider had received numerous 'thank you' cards from relatives. Messages included, 'A big thank you to all of you that helped [our loved one], mentally emotionally and physically' and 'Thank you so much for everything you have done to support [our loved one] over the last two years. You have been a great help to all our family and we cannot thank you enough for being there for us'.
- The registered manager told us, "We have a holistic approach to enabling people to live a full life and be part of their community".

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

- People said they were involved in their support. They knew the office staff and spoke with them about their care. People had a copy of their support plans in their homes. When there were changes in people's care and support needs this was reflected in people's records and noted in the staff communication book to make sure staff were up to date with any changes.
- People's care and support plans showed that people and their relatives had been involved in making decisions about how they preferred to be supported.
- People made day to day decisions about how their care and support were provided. Information was shared with people in a way they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of 'Accessible Information Standards' which aims to ensure people received the communication support they needed.
- For example, during people's initial assessment assistive technology was considered. The registered manager told us, "We check if assistive technology could enhance support enabling greater independence".

People's care and support plans were produced in an easy to read format with pictures.

Respecting and promoting people's privacy, dignity and independence

- People told us, "I can do a lot for myself, but staff help me with the things I can't manage" and "We all respect each other". A health care professional said that staff treated people with dignity and respect.
- People were supported to remain as independent as possible.
- Staff made sure people's privacy was respected and their dignity promoted. For example, staff ensured curtains were closed and people were kept covered as much as possible when they were supported with their personal care.

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

- People's care and support plans contained detailed information and guidance for staff about people's specific needs and individual preferences.
- Care and support plans were developed with people and their loved ones. They gave staff guidance about the level of support needed and how people liked this to be done.
- People's care and support was personalised, and their interests and hobbies were considered.
- People told us the staff supported them to attend day centres and other activities. People were supported to apply for paid and voluntary work.
- Each person had a keyworker who supported them with decisions about their care. Staff knew people well.
- When people received 24-hour support, guidance for staff was broken down into timelines to take into account what people wanted to do and when.
- People were supported to maintain and build relationships. People were supported by staff to keep in touch with their loved ones.
- People were supported to be active in the local community. For example, one person had been a 'mystery shopper' at a local shopping complex to check their facilities. They were supported to meet with them and provide feedback which included that the changing facilities were not meeting the needs of people living with disabilities. The shopping complex made changes to improve this as a result of the feedback.

Improving care quality in response to complaints or concerns

- People told us they felt confident talking with the staff or managers if they were worried about anything. One person said, "I would complain to any of the staff if I needed to – but there is nothing to complain about".
- People had been supported at the Speak Up Group to create an easy to read complaints leaflet with pictures which explained the complaints process and made sure that the information was accessible to everyone.
- People were regularly asked about the quality of the service they received. This included 'peer visits' when a person using the service visited others to ask them questions such as, 'are you happy with your support', 'do you get to say what happens in your home' and 'would you change anything'.
- The registered managers followed the provider's complaints process and made improvements as a result.

End of life care and support

- Staff were not supporting anyone at the end of their life at the time of the inspection.
- The registered managers had noted on the information sent to us before the inspection, 'We work with individuals and professionals through all the different stages of a person's life with the aim to provide the

best possible care and support while maintaining dignity and their choice over end of life support'.

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

- People told us the staff gave them the support they needed.
- Staff spoke proudly about working for East Kent Mencap. They spoke passionately about the people they supported and the work they did.
- Staff told us about the visions and values of the service. They all spoke about the priorities being involvement, respect, choice, enablement and empowerment.

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

- The service was well-led. There was a clear organisational structure. People, relatives and staff knew who to contact for advice and felt they would be responded to appropriately.
- The registered managers promoted an open, transparent and inclusive culture where people and staff were treated equally and with a mutual respect.
- The registered managers continued to have knowledge and understanding of their regulatory responsibilities and notified the Care Quality Commission and local authority of significant events in line with guidance.
- Staff had a clear understanding of their roles and responsibilities. They spoke highly of the management team and the organisation.
- Regular audits and checks continued to be consistently completed. Action was taken when shortfalls were identified, and this was shared with staff to drive improvements across the service.

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

- People felt their views were listened to and acted on and that they felt valued. Annual quality assurance surveys were used to obtain feedback as well as regular members meetings.
- People were encouraged and empowered to remain as independent as possible.
- Staff and the management team spoke with people regularly to seek feedback on the quality of the service provided. People were positive about the service.
- Regular staff meetings gave staff the opportunity to suggest ideas for improving the service. The registered manager told us, "Any staff can put proposals forward for a project. One of the teams put a proposal in for setting up a newsletter and this has been done. Another wanted to do a litter picking project in the community and this is in progress".

Continuous learning and improving care; Working in partnership with others

- The senior management team met regularly to review the quality of service being delivered. Action plans were updated with what needed to be completed, by whom and when by.
- The management team and staff worked closely with health care professionals, such as the local learning disability team and local authority to promote joined-up care.
- The registered managers attended the local registered managers forum to share ideas. They attended other forums, such as those run by Skills for Care, and learning disability conferences to keep up to date with best practice.
- The senior management team continued to meet regularly to look at areas where changes could be made to drive improvements across the service.
- The registered managers kept an 'improvement log' to monitor what improvements had been made to the service, why the changes had been made and what impact it had for people.