

Royal Mencap Society

Mencap - Malvern Gate

Inspection report

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Date of inspection visit: 1 July 2015
Date of publication: 18/09/2015

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 

Overall summary

This inspection took place on 1 July 2015 and was announced. Malvern Gate registered with the Care Quality Commission in October 2013 and this was the provider's first inspection. Malvern Gate offers personal care for people who live in their own homes who have a learning disability. There was one person who received personal care on the day of our inspection.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm as staff knew how to protect them from abuse. People told us that staff supported them when they required it and felt happy with the support they received.

People's independence with medicines was encouraged in a way that kept people safe.

Summary of findings

Care and support was provided to people with their consent. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and where concerns about a person's diet were raised, actions had been taken to support the person. We found that people had access to external healthcare professionals, and staff knew how to contact their doctor should they require them.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon.

People told us that staff treated them kindly, with dignity and their privacy was respected. People were able to determine who came into their home and when. We found that staff respected people's choice to do this.

We found that people knew how to complain and felt comfortable to do this should they felt needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people received care and support in-line with their needs and wishes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff who had the knowledge and understanding to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were supported with their diet in a way that encouraged independence. People received care that was in-line with what they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were followed and listened to. People were treated in a respectful way and their privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



Is the service well-led?

The service was well-led.

People were included and listened to. People received a good standard of care that met their needs and wishes because the provider focused on how the service delivered a positive experience to the people who lived there.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 July 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to one person and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with one person who used the service and one relative. On the day of our inspection the registered manager was not available, however we spoke with the service manager, the assistant service manager and a care staff member and an external professional who was a community learning disability nurse. We reviewed one person's care record. We also looked at provider audits for environment, medicines and finances. We also looked at the provider's complaints records and two staff files.

Is the service safe?

Our findings

People who received care told us they felt safe in the way support was provided in their home and said they were comfortable with the staff who supported them. Staff were able to share examples of how they kept people safe. For example, staff knew that a person required assistance with some tasks due to their mobility and ensured this was done in a way that reduced the risk of harm.

Staff had a good understanding of what constituted abuse and were clear about the arrangements for reporting any concerns both within the organisation and externally. We found that where concerns had been raised about the support offered these were communicated to the staff and processes had been put in place to protect people from further risk. The staff we spoke with said they received training in adult safeguarding as part of their induction and received annual refresher training.

We found that systems to protect people from risk of abuse had been put into place. For example, staff were able to demonstrate how they protected people from risk of financial abuse. Such as, setting an agreed level of support to the person to help them manage their money in a safe way.

We could see that recruitment process was in place and a formal check had been carried out to confirm each member of staff was suitable to work with people who received the service. Staff we spoke with confirmed this had happened.

Staffing levels were based on people's individual needs and these were flexible. People did not need staff support all of the time. Staffing levels were maintained at a safe level as assessments for the person's individual requirements for assistance from staff had been made. This demonstrated how many staff were required to ensure the person received the right care at the right time with the right number of staff. We found that where there was a shortfall in staffing levels agency staff members were brought in. The agency staff members were recruited by the provider based on their skills and knowledge to care for people with a learning disability. We were told that some concerns were raised to the manager about agency staffs knowledge about the person. We spoke with the manager who told us that this had been recognised and while they were reducing the use of agency staff, until a full complement of permanent staff were in place only a core group of agency staff were being used to ensure consistency of care for the person.

Is the service effective?

Our findings

We found that people were supported to receive good care by staff who were trained to do so. We saw examples where people's food intake had impacted on their health and external healthcare professionals had been contacted. We found that the staff had worked with a range of healthcare professionals in developing suitable methods to support the person with healthy eating. Staff we spoke with knew what was expected of them and explained that any concerns they would contact the relevant healthcare professionals for advice and support.

Staff told us they had received regular training that was appropriate to the people they cared for, such as behaviour that challenged, food hygiene and medicines. Staff told us that they were supported to develop their skills and knowledge further. They said that training was offered, or they were able to request further training. The manager showed us the training that each staff member had received and how their knowledge was tested and monitored. Staff received supervisions were further opportunities for training were discussed and organised.

Staff we spoke with understood their roles and responsibilities and what this meant or how it affected the way the person was to be cared for. Staff told us they would always seek the person's consent before they supported the person, for example with the personal care or going out into the community. We were told that when bigger decisions were needed such as management of money, an

assessment was undertaken to determine if the person had the capacity to make decisions about their finances. As a result of this assessment plans and agreements were put into place to ensure that all staff were aware of the correct way the person wished to manage their finances.

We found at our inspection that concerns had previously been raised about a person's weight and further action was required to support the person to ensure they reached a healthy weight. We found that external healthcare professionals were contacted and staff worked with them to achieve the best outcome for the person. We spoke to an external healthcare professional who told us that staff had the person's best interests as a priority. Staff we spoke with knew what support the person needed to maintain a healthy weight and told us that the person was very clear about what level of support they needed.

We saw from people's records they had access to health care professionals, such as the community learning disability nurse, dieticians and psychologists. We found healthcare professionals had linked together to support people with their care. For example, where support was required for a person to maintain a healthy weight, the manager ensured that people were not discharged from one professional's care until all those involved had assurances that the person had been supported fully. We saw that people were supported to routine appointments such as the dentist and optician by family members. Staff we spoke with told us they would know who to contact should the person become unwell.

Is the service caring?

Our findings

People told that staff were good and kind to them. We found that people were supported and encouraged to maintain relationships with their friends and family. People's views were respected. For example, it was found that people had expressed choices about whom they met with and who they spent time with. Staff followed these choices and put plans in place to support decisions made.

We found that people had a say as to who cared for them and offered support in their home. The manager told us that potential new staff are required to meet Mencap's recruitment criteria and are interviewed. They explained that once potential new staff have passed this stage of the recruitment process, they are then interviewed by the people who are to receive their care and support, with questions that were planned by them. The manager explained how people were then supported to make their choice. We saw different examples where people had agreed or not agreed to a person working with them and those in a management position had respected their decision.

People told us staff respected their privacy particularly if they needed support with personal care. We found that people's privacy was respected in regards to who visited them at their home and who they chose to let into their home. We found that if a person wanted to spend time in their room this was respected by staff.

People told us that staff spoke kindly to them and in a respectful way. They told us that staff listened to what they had to say and spent time to respond to any questions. Staff spoke about people in a respectfully and addressed people in a positive and courteous way. They understood people's needs by reducing any concerns. For example, staff introduced us to people first and asked them if they wanted to speak with us before assuming the person was happy with this.

While people had family members to support them with decisions. We found that people did not have access to an advocate. We had a discussion with the manager of the service about this. They explained that they would talk to the person to see if this would be something they would like to receive.

Is the service responsive?

Our findings

People were involved in ensuring they received the right care and support. Meetings were held with the person to update their health action plans so that people had clear goals going forward. This was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. People told us that staff were kind and let them choose what they wanted to do. We were told people could choose what to do during their individual time with a staff member; often this involved going out and seeing friends and family and eating out. People also had the option of spending time with other people who lived at the service and sharing meal times if they wanted. Staffing rotas were arranged in agreement with the people who use the service and there was flexibility in start times to meet the person's choice of activity. We found that discussions at the beginning of the week were held to plan activities and events. The person told us that they were able to choose what they wanted to do and when. We saw examples of when the person wanted to attend a certain activity, such as a theatre trip that staff arrived at a suitable time to support the person to the theatre.

Staff were knowledgeable about the people they supported, their needs and preferences and encourage their independence. Systems were put into place to support people when needed. For example, weekly meetings with people to discuss and plan their monetary budgeting. We also saw that people were supported to work on a voluntary basis and that staffing arrangements were planned around the times that the person worked. We found that the person enjoyed activities such as the theatre, concerts and shows and fates and fayres.

We found the provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to. People were able to identify someone they could speak with if they had any concerns. There were procedures in a format that was adapted for people to use so they could make a complaint. Since November 2014 there had been one complaint received. The complaint had been logged, investigated and responded to and a number of actions taken by the service, for example, meetings held and planned additional training provided.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. The registered manager was not available on the day of our inspection, instead with spoke with a service manager. Service managers are responsible for a dedicated group of supported living schemes. We heard from staff that service managers made regular visits, which were often unannounced. They said the service managers enquired about the welfare of the people living there during each visit and carried out checks to make sure that people were happy with the care and support they were receiving. As a result of these actions had been put in place, while people had the choice to eat alone, people were encouraged to eat together in a more social situation.

We found that people were provided with opportunities to voice their opinion about how the service was run. For example, by having a say about which staff supported them in their home. Staff told us they felt supported by the management team and their peers. They told us that they enjoyed their work and working with people in the home. They said they could contact a manager if they had any

concerns about the people they supported and that management was approachable. We were told managers visited regularly and this enabled them to discuss any matters arising. Staff meetings were held and we could see that a set agenda was established for the meetings, which took into account a variety of matters regarding the running of the service.

The service manager confirmed that routine quality checks were carried out daily. The checks involved meeting with people who used the service, monitoring documentation, including risk assessments and support plans. Other areas checked included safety of the environment for the staff, medicines and finances. Where concerns had been raised about the consistency of care by agency staff, the manager told us that more support, such as regular checks by the managers, into the home was provided to ensure consistency was maintained. The registered manager could monitor the status of these quality checks as they were recorded electronically on a central system. Service manager meetings were held each month to share information and provide updates.