Care Quality Commission

Royal Mencap Society

Royal Mencap Society - Domiciliary Care Services - North London

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

Overall summary

This inspection took place on 30 December 2015 and 4 January 2016 and was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. At our last inspection on 7 August 2014 the service met the regulations that were inspected.

Summary of findings

The service provides personal care for people living in eight supported living schemes in and around North London. At the time of our inspection the service was providing care to 44 people with a learning disability.

At the time of our inspection there was a registered manager in post who was registered with the Care Quality Commission. 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.

The inspection was carried out over two days. On the first day of the inspection we visited the service's main office and one supported living scheme. On the second day of the inspection we visited a further two more supported living schemes. We saw that two of the schemes that we visited were relaxed and had a homely feel about the home. The third scheme we visited supported people with a very high level of need in relation to their learning disability especially for those who were on the high end of the autistic spectrum. The service had encountered difficulties in ensuring that the service was able to meet their needs especially as some of the people required one to one support.

People that we spoke with were positive about the service that they received and about the staff who supported them. Staff were aware of people's individual needs and how they were to meet those needs. People were encouraged to build and retain their independent living skills.

Policies and procedures were in place to help ensure people were protected from abuse or the risk of abuse. These included robust staff recruitment, staff training and risk assessments that considered the individual potential risk for each person using the service.

We saw suitable arrangements were in place in relation to the recording and administration of medicines.

People received personalised care that was responsive to their needs. Care plans were person centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also reflected.

Staff had the appropriate knowledge and skills to carry out their role effectively. All staff received regular supervision where they could discuss their work with people using the service, personal problems and any training or development needs. Care staff spoke positively about their experiences of working at the service and felt well supported by their colleagues and the registered manager.

People were able to make their own choices and decisions. The manager and staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). All staff were able to demonstrate a good understanding on how to obtain consent from people and were able to provide examples. They understood the need to respect a person's choice and decisions where they had the capacity to do so.

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. People were being treated with respect and dignity. Staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

People using the service and their relatives knew the registered manager and scheme managers and felt able to raise and issues or concerns they may have had. We found the service had a clear management structure in a place with the registered manager, scheme managers and the care staff team. The service had an open and transparent culture where people were encouraged to have their say and staff were supported to develop and improve their practice. The agency also had systems in place to monitor and improve the quality of the service.

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?

Good

The service was safe. Staff were aware of the different types of abuse and what steps they should take to protect people. Relatives and other care professionals that we spoke with told us that they felt people who were supported by the service at the supported living schemes were safe.

People's personal safety and any risks associated with their care was identified and reviewed.

There were enough staff with the right experience to meet the needs of people living in supported living schemes. Robust recruitment processes were in place to ensure the safe recruitment of staff.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Is the service effective?

Good

The service was effective. All staff had completed relevant training to enable them to carry out their role effectively. Supervisions were carried out on a regular basis and staff felt supported by their colleagues and senior management.

People were provided with a healthy and balanced diet where staff provided assistance which took account of their individual preferences and allowed for choice.

People were able to make their own choices and decisions. The registered manager, scheme managers and support staff were aware of the requirements of the Mental Capacity Act 2005.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. The feedback received from people using the service, relatives and stakeholders showed that people's view of the service was that the staff team were caring and considerate.

We saw that people were treated with kindness, compassion and mutual respect when we observed staff interacting with people using the service. The atmosphere within the service was relaxed.

Staff showed they had a good knowledge of people's characters and personalities. Conversations did not always revolve around care orientated tasks but included much more in relation to the individual, their emotional needs, likes and dislikes.

Is the service responsive?

Good

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. We found that people were actively engaged in making decisions about their care and this included the involvement relatives where people needed this to happen.

Complaints and concerns were listened to and acted upon. People were encouraged to provide feedback about the quality of the service they received. We saw evidence that reviews were being held between people and staff and that a satisfaction survey had been carried out.

Summary of findings

The service worked positively in partnership with other health and social care professionals. This helped to ensure that people were in receipt of a holistic care support package which met their needs.

Is the service well-led?

Good

The service was well-led. There was confidence in how the service was managed.

We saw that the provider had a quality assurance system to monitor and improve the quality of the service. The provider carried out regular audits.

Staff were supported by the manager and felt able to have open and transparent discussions with senior management through staff meetings and de-briefing sessions.

There was a clear management structure in place and staff felt supported in their role by scheme managers and the registered manager. Staff were aware of the values and aims of the service.

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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 the 30 December 2015 and 4 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team comprised of two inspectors.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted Healthwatch Enfield, and the local authority commissioning team for their views about the service.

During the visit we spoke with five relatives, six staff members, two scheme managers and the registered manager. At the time of our inspection people who used the service were either engaged with their own activities or were unable to communicate with us and share their views. Where people were unable to comment about what they thought of the service, we observed people being supported within communal areas and interactions between them and care staff. We looked at the care records of eight people and 15 staff files. Other documents we looked at were related to people's care including risk assessments, medicine records, health and safety documents, training records and a number of policies and procedures.

Good

Is the service safe?

Our findings

Relatives we spoke with, when asked if they believed the person using the service was safe, told us "I hope so! They are safe" and "Yes, he is safe."

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff we spoke with showed an understanding of safeguarding and told us they had been on safeguarding training. They were aware of preventing and recognising the different types of abuse and neglect and told us they would feel happy reporting concerns to managers. One staff member told us that safeguarding was about "keeping our guys safe." The training that staff told us that they had attended was confirmed when we looked at staff training records.

Staff understood the term whistleblowing and to whom this must be reported to. Staff were aware that they could report their concerns to the local safeguarding authority and the Care Quality Commission (CQC). A whistleblowing poster was on display at one of the supported living schemes, which provided staff guidance and instructions on what processes to follow if they had any concerns about any poor practices that they may have witnessed.

Risk assessments had been completed and they were individualised according to people's personal, behavioural and specific medical needs. They included information about what could go wrong or be considered dangerous and preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as going out on public transport, swimming, personal safety, behaviour that challenged, epileptic seizures, managing medicines. The risk assessments also included those related to each person's unique needs and requirements.

Staff showed us they were aware of the need to assess and manage risks whilst allowing people freedom to make choices about their lives. They told us the organisational approach of 'Positive Behaviour Management' was a caring and effective one and helped them manage difficult situations in a compassionate and safe way.

People had positive behaviour support plans which formed part of that persons care plan. These were very detailed and provided information about the person's diagnosis, communication, social interaction, sensory input I do not like, sensory input I like and their routine. As part of the behaviour support plan the service had also identified three phases in which a person may present themselves. Under each phase the service had provided general guidelines for staff about how to support a person if in any of the phases and primary preventative strategies and proactive support guidelines were listed especially if someone's behaviour presented challenges.

Accident and incident records from the last three months contained details regarding incident, a body map where injuries may have been sustained and a long term action plan. An incident log was also kept which included the date and time of the incident, the setting of where the incident took place, challenging behaviour displayed, possible triggers and actions taken to resolve or prevent re-occurrence. Where patterns were noted these were then taken to staff meetings and formed part of the agenda so that a wider discussion could take place in order to prevent any future re-occurrence. We confirmed this by looking at staff meeting minutes where this had been discussed. Staff also told us they were offered 'debriefing' sessions following incidents and all had found this process very useful in making sense of what happened and learning from the experience.

We looked at the staff duty rotas and the manager explained how staff were allocated on each shift. The manager told us that staffing levels were assessed depending on people's level of need. On both days of the inspection we saw that in one supported living scheme there were six members of staff allocated to nine people who were using the service. At another scheme we saw three members of staff were on duty to support four people living at the scheme. This was in line with what was on the rota.

We observed that staff were not rushed or unable to complete their tasks. Through our discussions with the scheme managers and staff members we found that there were enough staff with the right experience to meet the needs of the people living at the service. However, some staff members did tell us that there were issues in relation to the high turnover of staff especially at one scheme in particular. Staff told us the high turnover of staff was in part due to the amount of aggressive and challenging behaviour demonstrated by people and new staff were not always prepared for the emotional demands this presented

Good

Is the service safe?

them. We told the provider this as part of our feedback. They acknowledged that this was a concern but also told us that of late the turnover rate had reduced and that they were supporting staff to ensure they felt able to carry out their role.

The provider occasionally made use of external agency staff. Where this was the case the provider had made arrangements with agency to ensure that they were provided with the same member of staff to ensure continuity of care for the people using the service. The provider also had a list of bank staff that they employed which they are able to use across any one of the supported living schemes.

Staff files we examined showed interview procedures were thorough. We saw that appropriate criminal record checks were carried out, references obtained and an induction and probationary period provided. Induction was comprehensive and covered all aspects of the role and working for the provider.

There were arrangements for ensuring the safe administration and recording of medicines by care staff. The service had a policy and procedure for the management of medicines to provide guidance for staff. We looked at a sample of Medication Administration Records (MAR) and found that there was no unexplained gaps. Two staff were required to sign for all administration of medicines. People's medicines were kept securely in their own rooms. Each person had a medicine file which included information about any known allergies, 'as and when' required medicine protocol, over the counter medicine protocol and their own MAR.

The deputy manager and senior support staff completed daily and monthly medicine audits which included medicine fridge temperature checks, stock checks and controlled drugs checks. Staff we spoke with showed us they understood the need for safe administration of medicines and we saw they had undertaken appropriate training. The service maintained and on-call system whereby the manager and service was available for support and guidance in the event of an emergency occurring outside of office hours. Staff we spoke with showed a good awareness of procedures for coping with medical emergencies, fire, aggression and violence.

We looked at maintenance records that the provider held for each of its schemes which included six monthly, monthly and weekly fire checks and monthly, annual emergency lighting checks. Other checks also included Portable Appliance Testing (PAT) and weekly, monthly hot water temperature checks.

The schemes we visited were clean and well maintained. However, one scheme required further maintenance work. This was due to the nature of people's behaviour where walls and doors had been damaged and required attention. The provider was discussing this with the landlord so that these issues could be addressed. Support staff ensured the homes were clean and well-presented and where appropriate people were encouraged and supported to maintain the cleanliness of their own rooms and living areas.

We saw window restrictors were in place for those people who had been assessed as being of high risk. Some people who had been risk assessed and were deemed low risk had requested for their window restrictors to be removed which the service had acknowledged and had taken appropriate action.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles. One relative told us "our relative has a lovely key worker, they really get on well together." One staff member told us "training is always good to have. We receive yearly updates and most recently we received training on positive behaviour therapy."

We saw all staff had received core training in dealing with emergencies. Food safety, health and safety, personal care, policies and procedures, pressure sore care, record-keeping, fire safety and moving and handling training was updated regularly.

Staff told us they felt they had enough training to help them meet the needs of people and gave us several examples of highlighting with managers the need for extra training in areas such as autism care and sensory activities.

We saw from records and from talking with staff that all staff had received an induction and probationary period, three-monthly supervision with a senior member of staff, an annual appraisal and appropriate training. We saw that induction workbooks for new staff were detailed and thorough and staff told us they had been a useful introduction to the service. The induction offered an introduction to areas such as safeguarding, whistleblowing, medication management, risk assessment and risk management and equality and diversity.Staff had received annual appraisals, which contained clear, detailed assessments or targets and plans for the future and were clearly connected to organisational values, induction/ probation processes and supervision.Staff we spoke with told us they received supervision on a three-monthly basis and this was a space in which they could discuss their work with people using the service, any professional or personal problems and any training or development needs. We saw examples of staff receiving training as a result of identifying issues in supervision. One member of staff told us bereavement training and a positive new approach to someone's care had resulted from discussions at one of these meetings.

We saw care plans contained information about people's mental state and cognition. Where possible, people were enabled to make their own choices and decisions about their own care. They were encouraged to do this through key worker sessions and with the use of pictoral aids.

People and their relatives were encouraged to sign their own care plan and consent to their care, however, this was not always possible. Where some people were unable to sign their relatives were not always proactive in doing so as the person's representative. This was seen in particular at one supported living scheme we visited. The scheme manager told us that they were looking into this and encouraging relatives where possible to sign the person's care plan where the person was unable to sign for themselves.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). Senior managers as well as staff members demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent. One staff member told us "MCA is about assessing someone's capacity every day and giving them choice." The same staff member also told us "always presume capacity." Another staff member told us "DoLS is about assessing where people are and if it is in their best interest." The provider had submitted DoLS applications to the local authority as well as to the Court of Protection and was waiting for decisions to be made.

People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified as being of risk when going out in the community had risk assessments in place.

People were supported to get involved in decisions about what they wanted to eat and drink. Staff supported people to obtain food and drinks which reflected what the person wanted and needs. In some cases pictoral aids were used to enable the person to make decisions about their own menu. Care plans contained information about people's

Good

Is the service effective?

likes and dislikes in relation to food and their dietary requirements. The scheme manager explained that people were encouraged to cook their own meals and that they were supported with carrying out their own shopping. The manager also told us that each person had "very individual tastes." In some cases relatives of the people supported at the scheme were very involved and provided home cooked meals.

People had specific cultural and religious requirements in relation to the food that they prepared and ate. One person who was Jewish was supported to cook a meal on a Friday for the whole of their family so that they could observe the Jewish culture and eat the meal together.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Each person, as part of their care plan, had a health passport which contained detailed information about the person and in some cases were pictoral. These were reviewed regularly. Care plans also detailed records of appointments with health and social care professionals. For one person the service held monthly 'circle' meetings which involved the person, relatives and healthcare professionals. These meetings discussed specific issues that the person or their relative may have.

People's flats were personalised with pictures, personal items, photographs, televisions, radios and musical equipment. People were supported by staff members to decorate their own flats. One person was a football fan and wanted to decorate their flat in the colours that represented the team they supported. The service enlisted the help of volunteers from the community to support the person to achieve their goal.

Good

Is the service caring?

Our findings

Relatives told us that the person living at the scheme was, “happy and loves living there.” The same relative also told us “I know my relative is very happy.” Another relative told us, “Our relative has learnt to stand on their own two feet, they (the staff) have been brilliant in that way and I admire what they do, which is a very difficult job.”

We observed interaction between staff and people who used the service during our visit and saw that people were relaxed with staff and confident to approach them. Staff spoke with people and supported them in a caring, respectful and knowledgeable way. Staff all talked about people with consideration and kindness and emphasised the need to be gentle and compassionate in their dealings with people.

People’s needs in respect of their age, disability and religion were clearly understood by staff and met in a caring way. Staff showed us they knew the people they were caring for well and included their preferences and personal histories in planning care. Staff we spoke with showed a very detailed understanding of people’s history, preferences and problems.

There was a relaxed atmosphere and staff we spoke with told us that they enjoyed supporting people living in each of the supported living schemes. People had free movement around the premises and could choose where to sit and spend their recreational time.

Staff we spoke with showed concern for people’s wellbeing in a caring and meaningful way. They gave us examples of ensuring people were offered support when upset or anxious and of responding promptly to people’s needs and offering them choices. We observed that staff encouraged people to be as independent as possible. One staff member told us, “Some of the people whom we support didn’t do a lot for themselves when they were at home. Now we are enabling them to be as independent as possible and we have worked really hard as a team enabling these guys to live their life to the full potential that they can.”

Each person had a key worker. Every month the key worker would have a session with the person living at the service and compile a monthly key worker report about the activities and key events of the last month. These were available within the care plan for people to reflect on and for support staff to use as a topic of conversation with the person. We also saw that some of these reports were signed by the person themselves.

Although, people were involved in areas of care planning some relatives felt that recently they had not been involved in the care planning for the person living at the scheme compared to before. One relative told us that they had not been invited to any review and had not received any recent updates. The relative did tell us that although they did not have any serious concerns they would address this issue with the scheme manager.

Staff showed us they understood the need to ensure people’s privacy and dignity. We observed that at one scheme, the scheme manager asked the permission to enter their bedroom as we were looking around the supported living scheme. For another person their disability meant that they did not like anyone entering their room and touching any of their things. Even If something was slightly different they would know which would cause them to become agitated. For this reason the person had a push button entry system which only they and staff members knew how to operate. This ensured that their room was kept locked and no-one else living at the scheme could have access.

Good

Is the service responsive?

Our findings

Relatives told us that they were happy with the care that they received and felt comfortable in raising any concerns or issues that they may have with the staff and management of the service. One relative told us "they have always communicated with me and are very good like that."

People received personalised care that was responsive to their needs. We looked at the care plans for eight people, which contained information about their life, emotional needs and health background. Care plans provided information about how people should be supported to promote their independence. Each care plan was individualised and reflected people's needs, preferences, likes and dislikes. Care plans also provided detail on the signs to look for on how to support people who may become distressed and agitated. Pictoral aids were used to support people to enable them to make choices and decisions. One person had a key ring with key pictures and phrases that the person could relate to. Another person had a pictionary communication chart which indicated that "if the person says or does this, this is what it actually means and so we should do this."

Staff showed us they understood the importance of flexible and responsive care. They told us managers tried to ensure consistency of staff for people and many staff had cared for people for a long time. However, all staff felt high turnover of staff made offering excellent care difficult at times. Staff felt the mix of people with very different care needs meant those who were most 'challenging' could receive good care but those who were less challenging did not always receive the attention they deserved and had become 'deskilled' and more dependent as a result. One member of staff told us, "We could do so much more. We need to be proactive rather than reactive. Managers need to understand the dynamics between people and the variety of care needs better." We highlighted this to the provider who understood the concerns some staff had at a particular supported living scheme and assured us that they would be looking into this to ensure people and staff are supported appropriately.

People were encouraged to take part in individual activities based on their preferences and this was documented in their care plans. This included attending day centres and a variety of activities outside of their home. Key workers produced monthly personal logs which contained information about the activities the person took part in, photos of them taking part and details of activities that they particularly enjoyed. This formed part of the care plan and was used as a reflection tool when talking to the person. For one person there was a visual/pictoral activity daily planner which staff used when planning activities with the person.

At one supported living scheme the provider, in conjunction with the landlord, had set up various activity areas in the back garden space. There was a sensory area for one person who never would leave their room. This area was outside their flat and the person, since moving to the scheme, has begun to come outside of his flat to make use of the sensory area. For one person who enjoyed gardening, the provider has set up a small herb and vegetable patch which the person uses to grow various items. There is also a sand pit and trampoline available which people have access to.

Some people supported by the service had complex communication needs. Where a person was not able to communicate verbally, staff had the skills and experience to use non-verbal communication methods such as Makaton, pictoral and visual aids and body language.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. When speaking with staff they showed the awareness of the policies and said they were confident to approach the manager. Staff told us they passed on people's views to managers and gave us examples of managers responding to a need for more input from care staff for some people. We looked at the complaints records held at the schemes and noted that complaints had been responded to. At one scheme a compliments folder was also available with a record of all compliments received.

Good

Is the service well-led?

Our findings

People told us that they knew the scheme managers and registered manager and found them to be approachable. Staff we spoke with told us they felt supported by current managers, although a high turnover of managers in the past had made working in the home very difficult. Staff told us they felt there was an emphasis on support, fairness, transparency and an open culture and gave us examples of raising concerns and these being dealt quickly with by managers. One member of staff told us, "I've never worked in a team that's gelled together as well as this one." Another staff member told us, "We are a nice team here." Staff told us the provider had a clear vision and a set of values that includes involvement, compassion, dignity, independence, respect, equality and safety. Staff told us they were fully engaged with these values.

Staff told us that staff meetings were held on a monthly basis and we saw records confirming this. Areas discussed included rolling rota, service user concerns, staff support, daily logs, daily recording and incidents and accidents. Scheme managers also ensured that there was a daily handover which was recorded between night staff and day staff at the start of the day shift. This was also completed at the end of the shift between day staff and night staff.

Each scheme held regular tenants and relatives meetings so that people were able to discuss any issues regarding the management of the service with staff. We saw minutes of these meetings which confirmed they took place. Items discussed included people's mail, family barbeque, individual issues, heat levels in the building and a variety of other topics.

During the inspection we looked at a number of policies and procedures. We noted that these were up to date and comprehensive. Staff and people who used the service had access to information and guidance in respect of the organisation and procedures to follow.

The service had quality assurance systems in place to monitor and review the performance of the service and identify areas where improvement was required. This included health and safety and environment checks, reviewing support plans, communication plans and risk assessments. The system required the scheme manager to review this on a monthly basis. The registered manager would then review on a quarterly basis to ensure any outstanding items on the continuous improvement plan had been addressed. In addition to this one scheme manager had developed their own method of spot checks which they completed each month. These included looking at staffing activities, medicine management. The provider would be looking at rolling out these tools across all the schemes they supported.

The service had carried out a satisfaction survey in 2015. The results of the survey were yet to be analysed, although completed forms that we looked at were overall positive. Comments made included, "The support that is given is good, we particularly appreciate the support given by staff in taking the residents out at the weekend." Some relatives had also written to the schemes and had made positive statements which included "Thank you to each and every one of you for your commitment and understanding. To be involved in meeting staff has been invaluable in ensuring that I as a parent have a part to play and I feel valued. There have been inevitably setbacks but with our effective communication and the fact that we all have the same objective to keep our gang safe and happy, we have overcome in big style!!"

The provider had also developed a system for staff to complete an annual staff survey. This was last completed in 2014 where staff would answer questions in relation to their manager and the support they received, scheme managers would answer questions in relation to the directors and the support they received. The human resources department then would collate the information and look at how services could be improved to better support staff. However, due to lack of capacity within the company, this process was not completed in 2015.

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