

Royal Mencap Society

Northamptonshire

Domiciliary Care Agency

### 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

At the last comprehensive inspection on 22 and 26 January 2016, the service was rated Good.

At this announced inspection on 21 and 23 May 2018, we found the service remained 'Good'.

This service provides care and support to people living in eight supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Northamptonshire Domiciliary Care Agency provides personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. They provide support with personal care, food preparation, managing finances and enabling people to undertake activities in the local community.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

Staff had a good understanding of what abuse was and the safeguarding procedures that should be followed to report it. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager. Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Staff were trained in infection control, had the appropriate personal protective equipment to perform their roles safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best

practice. They received care from staff that had received training and support to carry out their roles. Staff were well supported by the registered manager and had one to one supervisions and observations of their practice.

People were encouraged to shop for, prepare and cook their own meals. Staff supported them to make healthy choices to maintain their health and well-being. Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and preferences. People were happy with the way that staff provided their care and support. People were encouraged to make decisions about how their care was provided.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people were involved in the assessment process and the on-going reviews of their care. There was a complaints procedure in place to enable people to raise complaints about the service.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

The service had an open culture that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Staff were motivated to perform their roles and worked to empower people to be as independent as possible. The provider had quality assurance systems to review the quality of the service to help drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Northamptonshire Domiciliary Care Agency

## **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 was an announced inspection that took place on 21 and 23 May 2018 and was completed by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

On the first day of our inspection we visited the office and examined records. We also visited four people in their own homes. On the second day we spoke with relatives over the telephone.

During the inspection visit we visited people in their own homes. Some people were not able to tell us about their experiences of the service so we also spoke with four relatives. In addition, we received feedback from a health care professional. We had discussions with the registered manager, the service manager and three care and support staff.

We looked at the care records of five people who used the service. We also looked at other information

relation to the management of the service. This included four staff recruitment records, training records, information about the service such as policies, procedures and arrangements for managing complaints care and how the quality of service was monitored.

## Is the service safe?

### Our findings

People using this service felt they received a safe service because staff understood how to support them. One person told us, "Yes I feel safe. The staff look after me." A relative told us, "I know [name of relative] is safe. They wouldn't be living there otherwise. I'm confident that staff go out of their way to make sure they are safe."

The provider had a clear safeguarding procedure. Staff had received training; they knew how to recognise the signs of abuse and what action to take should they suspect abuse. One staff member informed us, "We have had training in safeguarding and I would be happy to report anything I was worried about." All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area. We saw that incidents had been reported to the relevant authorities as required.

There were detailed risk management plans to identify all the risks present within a person's life. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These included accessing the community, environmental risks and behavioural plans. Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances. One staff member told us, "[Name of person] has a risk assessment in place for their diabetes. It gives staff guidance on what to do if the person has any problems in relation to their diabetes." Each person's support plan was personalised to them and detailed the behaviours they might need support to manage. They described what may trigger their anxiety and the best and least restrictive way to make sure people were kept safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

There were enough staff to support people safely. One person told us, "Yes there are enough staff." A relative said, "I think the staffing is very good. [Name of relative] always has staff to take them out." Staff said they felt there were sufficient staff to meet people's needs. One told us, "We have enough staffing. I know it's difficult to recruit staff but we all work together as a team, help each other out and pick up any shifts that have not been covered."

The provider's recruitment process was robust. Records demonstrated that the service carried out safe and thorough employment checks to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "Yes I do," when we asked them if they received their medicines on time. Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I had the medication training which was very good. I feel safe and competent to give people their medicines."

Records confirmed that staff had been provided with training on the safe handling, recording and

administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents; however, the registered manager told us there had not been any accidents or incidents so far. They also told us that any issues would be communicated with the staff team to ensure lessons were learnt and improvements made.

## Is the service effective?

### Our findings

People's care was thoroughly assessed to ensure their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered. They added that they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People continued to receive care from staff that had the knowledge and skills to carry out their roles and responsibilities. One relative told us, "The staff look after [name of relative] and they know what is needed to make sure they get the help and support they need." Another relative informed us, "The staff are very very good. They have helped [name of relative] to learn new things and gain some independence."

Staff told us they were well supported when they first started working at the service and had completed an induction to the organisation. One staff member said, "I had an induction which was really good and gave me confidence to do the job." Staff training records showed that training was relevant to their role, for example, some people using the service suffered with a specific condition and staff had received training in this area so they could support them correctly and in line with best practice. Staff told us they received regular supervision from their line manager and one told us, "I get my supervision regularly. If I feel I need any more supervisions I only have to ask." Records showed that staff received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person said, "I like the food." A relative told us that staff supported their family members to prepare and cook their meals and staff confirmed this happened. We saw that each person was involved in preparing a menu and these were in line with people's likes and preferences. Within the support plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with shopping and purchasing food items. Details of people's dietary likes and dislikes were also recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in food and hygiene.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, occupational therapists, Speech and Language Therapists (SALT) and physiotherapists. Regular reviews were held with a multidisciplinary team including people's GP, psychologist and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. A relative commented, "I know that if there are any problems with [name of relative] health they [meaning staff] will contact me." Records showed that each person had a health care plan that set out their medical history and current health needs. These were available in pictorial format and included instructions for staff on what to do to support people to stay as healthy as possible.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Applications had been made for all the people using the service but the local authority deemed these to be low risk so they had not been approved. The provider completed these every year for each person. The registered manager had a good understanding of the principles of the MCA and when to make an application.

## Is the service caring?

### Our findings

People had developed positive relationships with staff. A person told us that staff showed kindness and respect towards them. They said, "I like the staff. They are my friends." A relative commented, "[Staff name] is a very caring person and [my relative] loves them. They are like family."

People were involved in decisions made about their care and their care plans, which meant the care and support they received met their expectations. A relative told us their family member was supported by a small team of staff, who they had developed positive relationships with. They said, "[Name of relative] has made friends with the carers. They have a good relationship."

We found that people using this service had varying degrees of ability and we saw that some could challenge the service. The staff approach and ethos of the service was focused on people's strengths, gifts, and talents. People were treated as individuals and had outcome focused care plans which they were involved in completing and reviewing on a monthly basis. They included information about people's areas of strength, special interests and how they made choices. For example, we saw that one person's goal was to book their own holiday and they had been supported to do this. We saw that people's goals had been agreed with them and their choices respected.

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The registered manager and staff we spoke with showed care towards the people they looked after and could describe people's preferences and daily routines. The examples described were consistent with the information documented in the care records as to how people wished to be cared for.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People told us that staff respected and promoted their privacy and dignity. Staff knew how to maintain people's privacy while providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "I always talk to people with respect and respect their choices."

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

## Is the service responsive?

### Our findings

People continued to receive care that met their individual needs. A relative said, "[Name of relative] gets very good care that meets all their needs. I am very impressed with the care they get."

As part of the pre-admission process, people and their relatives if required were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care and support could be developed, ensuring the person was at the centre of their care. As part of the recruitment process the provider sent out either a service profile that gave an overview of the people living in the service or a personal profile if it was one person living on their own. The registered manager told us this helped to attract potential staff with the same interests and skills to work with people they supported.

People had detailed care plans in place that documented their care in a person centred way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history, and a log of all the recent activities people had joined in with and enjoyed. Staff told us these were a good guide to supporting people in the right way.

During our inspection, we visited people in their own homes. We saw that staff knew people's likes and dislikes and were able to personalise their interactions with people. Staff clearly knew what things people liked to talk about, their preferred names, and things that they liked. They also knew when people wanted to be left alone. For example, we saw one person who wanted to go to their room to watch a film on their own and staff respected their choice.

People and their relatives told us that staff always treated them with respect and as an individual. Staff knew how people liked to be supported, listened to and they acted on their requests. A service manager told us about one person who said they would like to attend a theme park and the service manager told us they were organising this for the person with their full involvement. The registered manager explained that the provider took account of people's cultural needs and preference so that they identified staff members with those qualities and skills. For example, one person was new to the service and had an initial staff team in place when they first started to receive care and support. However, after a while it became apparent that the person was very active and loved to go out every day and some staff were not suited to this. Some members of the staff team were moved around so staff more suited to support the person could become part of their staff team.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were provided with a Mencap booklet that was called, 'We care about what you think- talk to us.'

This had been developed with people who used the service. It used pictures and photographs to help people understand how they could make a complaint and what to expect. A relative told us, "I would complain, I would always say something if I thought [name of relative] wasn't happy."

The complaints policy and procedure was clear and detailed the timescales involved and included contact details for external organisations such as the local authority. Records showed the service had not received any complaints since the last inspection.

## Is the service well-led?

### Our findings

There was a registered manager in post who was also the area operations manager. They were responsible for fifteen services within MENCAP with the support of seven service managers. The registered manager maintained an excellent oversight of all services. The supported living services that we inspected were managed by a service manager. Both were available to assist with the inspection.

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. One staff member told us, "There is a lot of loyalty and respect between the management and the staff team." Staff told us that the management team were approachable and always available to talk to. One member of staff said, "It's a really good place to work. You do feel listened to and you feel that you are valued for your contribution."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

People's views about the quality of care were sought formally through surveys and individually through reviews. The provider had just improved their satisfaction surveys to make them easier for people to use. The registered manager told us these were ready to be sent out. We looked at the results of the previous surveys and saw these were positive about the quality of care people received. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. We saw the provider had completed a recent health check of the service that looked at all areas of people's care and support under each of the CQC domains, safe, effective, caring, responsive and well-led. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The registered manager attended regular meetings with their peers, training and social care events to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.