Royal Mencap Society

Royal Mencap Society - Oxford Domiciliary Care

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

This inspection took place on 7 September and was announced.

Royal Mencap Society Domiciliary Care Agency (DCA) provides personal care services to people with learning disabilities in supported living arrangements. At the time of our inspection 30 people were receiving personal care from the service.

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.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. People told us and staffing rotas confirmed there were sufficient staff to meet people's needs.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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. People told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to meet people's needs.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Good

The service was well led

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Royal Mencap Society - Oxford Domiciliary Care

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 7 September 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by two inspectors.

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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with six people who used the service and four relatives. We also spoke to the registered manager, two managers and six care workers. We reviewed 10 people's care files, 10 staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I have had them for a long time, I feel really safe with them", "Of course I feel safe" and "Yes, very safe, they are so helpful".

Relatives we spoke with told us people were safe. Comments included; "Yes I think she's safe", "I am quite happy with the staff, he is safe" and "Yes, she is safe with them, they look after her very well".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their managers and the registered manager. Their comments included "I would speak to my manager if I had any concerns", "If [registered manager] was not available, then I would go to his boss" and "I would speak with my boss if he wasn't available then I would speak with his boss, if it was out of hours then I would use our on call service".

Staff were also aware they could report concerns externally if needed. Comments included; "I would use the (local authority) on call service", "I would report it to the safeguarding team or the CQC (Care Quality Commission)", "I would report it to the person's care manager", "If it was something immediate then I would call the police" and "I would contact the CQC".

People's care plans contained risk assessments which included risks associated with; moving and handling, nutrition, medication, choking, pressure damage, falls, personal care and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of not responding to evacuation alarms. The person's care record gave guidance for staff to carrying out frequent scenarios with the person that involved what action the person should take in they are faced with a situation in which their exit route from the property was blocked. A staff member we spoke with confirmed that this guidance was followed they told us "We carryout scenarios with [person] that involve pretending an exit is blocked".

One person was at risk of not eating healthily. The person's risk assessment included guidance for staff to 'use menu planners' with the person and encourage healthier options. Staff we spoke with were aware of this guidance and followed it.

People's care records contained a 'Grab and run sheet'. These documents contained important information about people that could be passed to other professionals in the event of an emergency or the person leaving the service. For example one person's 'grab and run sheet' contained details of the person's personal care needs, hobbies and medication regime. Another person's records gave guidance for professionals on 'What to do if I become anxious' and 'known risks'. The registered manager told us "We do this in case they need to leave the service in an emergency, then the information is with them".

Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained. People's individual medication administration records (MAR) documented when staff had assisted people with their prescribed medicines. These were fully completed which showed

people received their medicine as prescribed. One person told us "They visit every day, help me to take tablets. The tablets are locked up". A relative told us "They do all that (medication) for her, yes, we can be confident it's done as it should be".

Medicines administered 'as and when required' included protocols providing guidance for staff about when the medicine should be used. For example, one person's care records included a 'how to tell if I am in pain' section. This included guidance for staff on when to administer 'as and when required medication'. Staff we spoke with were aware of this guidance and followed it.

Staffing rotas confirmed, there were enough staff to meet people's needs. People we spoke with told us there were enough staff and they did not experience missed visits. People's comments included; "I have regular staff", "They're all right, never late", "I know all the staff" and "I get monthly rota so I know who is coming on shift". One person we spoke with told us "At the moment he has the same staff for some time" and "There is no problems with covering shifts as much as I am aware".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their care records Comments included: "They (staff) know my needs well", "They do know what they're doing", "They (staff) know me very well" and "The staff are well trained they know what they're doing". Relatives told us "Definitely well trained. They know what they're doing", "[Person] does not communicate very well but the staff know how to ask her questions and what the reply means" and "Staff are brilliant with her, they all know her".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included manual handling, emergency first aid, autism, epilepsy, food hygiene, Mental Capacity Act (MCA), fire awareness and safeguarding.

Staff spoke positively about the training they received. Staff comments included "I think the Mencap training is pretty good", "We have regular training updates", "The training is excellent" and "The training is brilliant", "I will always remember my induction because the training was so good" and "The induction training covered everything that I needed to do the job". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by their line managers. Comments included; "[Manager] is brilliant I can't fault her", "I can go to my manager anytime, they are really approachable" and "My manager has an open door policy, yeah we do the formal stuff but we speak most days anyway" and "I feel really supported".

The registered manager was clear about their responsibilities relating to the Mental Capacity Act 2005 (MCA). 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 were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included, "It's there to support people in their ability to make the right and safe decisions", "People have the right to make their own decisions until assessed otherwise. We must have people's best interests to heart", "As human beings we have good days and we have bad days, therefore it's important to remember that capacity can fluctuate" and "The principles are there to remind me of what I need to take into account with the people I support". Care records contained information relating to people's capacity to make specific decisions where there were indications the person may lack capacity. Information was visible throughout the office reminding staff of the principles

of the MCA.

Most people said they did not need any support to eat and drink. However people that did need support told us they received effective support. One person told us "Staff do the meals and support me, I just choose what I want". Relatives we spoke with told us "We all cook together, we do pick what we want to eat", "Yes, they help with meals and the staff assist, but she chooses the meals" and "Yes, they cooked some meals for [person[, she plans the menu". Care records highlighted people's dietary requirements and allergies.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, opticians and district nurses. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person had been identified as having swallowing difficulties a referral had been made to Speech and Language Therapy (SALT). Care records contained details of recommendations made by SALT and we saw staff were following the recommendations. One person told us "Staff help me with calling doctors if needed".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included "We have a laugh and chat", "I am getting on very well, the staff are really nice", "The staff are very helpful, they're very good", "They come across as they really do care, they're not false, they're really here to help you" and "The staff are kind, I really like them".

Relatives we spoke with told us "I am happy and glad there are people like this who are prepared to do this job and look after (person)", "They are genuinely caring from what I have seen", "You can tell they enjoy this and not just doing the job", "She's well looked after by staff that are caring" and "[Person] seems to be happy with the staff, I would know if he was unhappy".

Staff were enthusiastic about supporting people. One member of staff we spoke with told us "I am in a position to enrich people's lives and that's why I do this job, I also find it rewarding because the people we support are so lovely".

People told us staff were friendly, polite and respectful when providing support. One person told us "The staff are very helpful and polite, I have some really lovely people coming"". Another person told us "As soon as I open the door in the morning they come in with a smile, they make me feel better".

People told us they were treated with dignity and respect. Comments included, "They do respect me and my choices", "When they wash me, they give me extra towels to cover me up" and "They make sure I'm covered up". Relatives told us "They respect [persons] privacy" and "Staff do respect privacy of [person]".

We asked staff how they promoted people's dignity and respect. Staff comments included; "Just because someone has a disability it doesn't mean that you don't promote their dignity in the same way as you would yourselves", "It's not about parading people around, it's about being discreet and not making a big song and dance about things. It is about being tactful whilst being aware of other people around you" and "It's important to make sure curtains and doors are closed when they are getting changed or showering". We noted that the language used in care records and support documents was respectful and appropriate.

People told us they felt involved in their care. One person told us "I have a care plan and was involved in it". A relative told us "Oh definitely they do involve her and the family as well".

People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. One person told us "Oh yes they're very helpful, they always ask me and let me know what's happening before doing something for me"

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said "It's important to keep people informed because they may be having an off day and they may not want to be touched or showered". Another staff member told us "It's important because to protect the person dignity, but also to make sure they agree with what's going to happen".

People were supported to remain independent. Staff we spoke with told us how they supported people to do as much as they could for themselves. One staff member described how they had recently encouraged a person to maintain their independence in carrying out a personal care task. The staff member told us "It's important I encourage [person] to do this because they are capable, it's about giving people the space and time to do it themselves". A relative we spoke with told us "Staff respect [person's] privacy, and give her independence to choose". Staff we spoke with recognised the importance of promoting peoples' independence. Comments included "It's important to allow people to do as much as they can for themselves", "The way we see it is that we are only here to bridge the gap between what people can't do and can do for themselves" and "As a team we do not like the idea of deskilling people by taking away their independence".

People's advanced wishes were recorded. We looked at people's records and where there were instructions on 'Do Not Attempt Cardio Pulmonary Resuscitation'. The correct form was in place stating that they did not want to receive active treatment in the event of their health deteriorating. It was also evident within people's care records that discussions had taken place with peoples family's and significant others surrounding end of life care.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their changing needs. Comments included: "If I have any worries I'd ring [staff] in the office", "They ask me what support I need", "They listen to me, I couldn't wish for anyone better" and "One day I needed help to contact my G.P and one of the staff helped me and rang them for me". Relatives we spoke with told us the service was responsive. One relative told us "I had a meeting with them and they asked me if I was happy with them".

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us that their care was regularly reviewed by the service. One person had a history of epilepsy. The last recorded seizure for this person was 12 years ago. However this person had an 'epilepsy care plan' in place which was kept under constant review by the service. The care plan also contained guidance for staff to mitigate harm to this person should they experience a seizure.

Staff we spoke with knew the people they cared for, including their preferences and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their care. For example, one staff member explained the importance of staff not displaying certain characteristics whilst delivering personal care to one person. Another staff member highlighted a person's preferred routine and the importance of following this routine when supporting them.

People received personalised care. For example, one person who had difficulties communicating was supported by staff who used Makaton (Makaton is a communication method that uses signs and symbols) to communicate effectively. One staff member told us they followed this guidance. Care records included guidance on how to support people who had specific needs in relation to their communication. For example, one person's care record contained a list of words that they regularly used. The guidance included what the person was communicating by using these words. Staff we spoke with understood this guidance.

Care records highlighted people's faith and religious practices. People we spoke with told us they were supported to follow their faith in the way that they wished.

Care records included guidance on how to support people who may demonstrate behaviour that could be seen as challenging to themselves or others. For example, two people's care records highlighted signs and behaviours that indicated they were becoming agitated. This guidance also included de-escalation techniques that could be used. Staff we spoke with were aware of this guidance and followed it. This meant that staff were responsive to peoples changing needs.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and throughout the office there were easy read fact sheets on how people

could complain. Records showed there had been two complaints since our last inspection. These had been resolved to people's satisfaction and in line with the provider's complaints policy. One person we spoke with told us "I have made a complaint before, it was dealt with and I am happy now".

The service sought people's views and opinions through a yearly satisfaction survey and a quality assurance questionnaire. We observed that the responses to the survey were positive. One relative told us "We have quality surveys to do, quite a few of them".

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included "As a (registered manager) he is a star, I couldn't wish for better", "[Registered manager] is approachable and decent, his door is always open", "[Registered manager] is great you couldn't wish for a better manager", "He knows everyone in the service", "You can ring him anytime and he will offer different ways, ideas and solutions to dealing with things" and "He's always on the end of the phone, if he is in a meeting he will get straight back to you".

The registered manager told us their visions and values for the home were "We want to provide a good service that people like being in. We want people to be happy and we can achieve this by being creative with the support we offer". There was a positive and open culture in the office and the registered manager was available and approachable. People who visited the office knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us, "I would have no concerns using it and I would be listened to".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, risk assessments, recruitment practices and the day to day management of the service. Learning from these audits was used to make improvements. For example, a recent audit into recruitment practices identified that one staff member had a reference missing from their personal file. The registered manager identified this and took appropriate steps to ensure that a second reference was obtained. The registered manager then took action to prevent the likelihood of this happening again.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident that involved a person consuming raw meat. The service held a meeting with the person to highlight the risks associated with this. The service then produced an easy read guidance sheet that was then displayed in the person's kitchen area. This meant that the person had access to information that would mitigate future occurrences.

The service was continually looking to improve. For example, following a recent meeting staff requested if more time could be allocated to them for record keeping. As a result the registered manager allocated more time for staff to complete care records. On the day of our inspection we noted that the care records we looked at were accurate and up to date. One member of staff we spoke with told us "After the meeting things improved, there has been more time allocated to us to crack on and get stuff done. I feel well supported; if you need support he will find you the resources".

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.