

Royal Mencap Society

Mencap - Malvern Gate

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 15 February 2017 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults. There was one person using the service when we inspected. There was a registered manager who 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 and associated Regulations about how the service is run.

As one person used the service we have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

People were safe when staff were in their home providing care and received care from staff that protected them from the risk of potential abuse. People's individual risks had been recorded and reviewed. Staff told us they looked at the plans in place to understand how to keep each person safe when at home or outside. There was a small staffing team who provided care at the agreed days and time. People's medicines were managed by staff who had been trained and supported by observations from management to administer these.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff understood the need to gain people consent to care and treatment before providing any care or assistance.

People knew the staff well and people got to know them well. Care plans were in place that provided the level of personal information that people had wanted to share. The plans provided staff with guidance about people's preferred support and people were involved in making decisions about their care. People were supported by staff that promoted and maintained their dignity, whilst respecting their levels of independence.

People received care from the service manager so they were always able to talk with them about any concerns if needed. Staff were able to speak with the registered manager and provide feedback on the service. The registered manager told us they kept their knowledge current and provide staff with input and direction about the levels of care they expected. Regular checks were completed to monitor the quality of the care that people received, that included reviewing records and observing staff practices.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet their care needs and support people with their medicines.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that had up to date information about people's needs. People had been able to make their own decisions.

Staff had contacted other health professionals when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences, whilst maintaining dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that showed people's care and support needs. Staff also knew about people's interests, personal histories and preferences.

People were able to approach the registered manager and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the management team. There was open communication within the staff team and staff felt comfortable discussing any concerns.

Regular checks were completed to monitor the quality of the service provided.

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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 15 February 2017 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. One inspector carried out this inspection.

Before the inspection, we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. We spoke with one person, one care staff and the service manager. As one person used the service we have not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. We looked at one record about people's care and completed daily notes, charts about medicines, staff training records and quality audits that the registered manager had completed.

Is the service safe?

Our findings

People were comfortable with staff coming into their home and providing their personal care and had no concerns about their safety with the care staff. People would raise any concerns about their safety with staff or the service manager. We heard people talking about their personal safety with the service manager and staff who offered guidance and support about what the person needed to do to keep safe when they were out of their home.

All staff told us if they were concerned about a person's safety or felt a person was a risk from potential abuse they would report any concerns to the service manager. The service manager explained how they would raise safeguarding concerns with the local authority as required and provided examples of where they had done this to support people's care.

People's personal needs had been risks assessed and regularly reviewed by the person and the staff each month. The service manager then reviewed these risks, so they could be assured people's safety needs were met. The service manager also provided care and told us helped to ensure people's risks were identified and plans to meet people's needs were appropriate and up to date. The recorded risks were available for staff to read and staff told us they followed these plans to help ensure the care they provided was completed, with the least amount of risk to a person. The service manager had reviewed people's home to look at potential risks for staff working there when providing care for a person. For example, looking at trip hazards or how to enter the home and leave the home safely.

People were supported by staff who knew their safety and care needs well, always arrived promptly and stayed for the agreed time. Staff told us they were committed to their work and never missed a call and there were enough staff to care for people. The service manager also provided care to people and this had supported the staff team. The service manager told us they would only accept new care calls if they had the availability to meet them. People were involved in the recruitment of care staff. In the initial stages people's interest and personalities were used in the vacancy adverts. Once applicants had been shortlisted people would spend time with a new staff member as a trial. The service manager told us the person had the choice to recruit that staff member or continue to look for an alternative staff member.

People's medicines were administered and recorded by staff. Staff were aware of the types and reasons for people's medicines and possible side effects to look for. People told us and records showed that how to administer the medicines with the amounts needed. The records were checked monthly by the service manager, to identify any missed doses or recording errors.

Is the service effective?

Our findings

Staff knew people's individual needs. All staff told us they felt the training gave them confidence when delivering care and that it matched people's needs.

All staff told us that the registered manager supported them in their role with regular meetings and supervisions and they felt valued. Staff were confident that communication was good and as a small team they were always in contact with each other. Staff told us if they had any problems or questions they were able to ask the service manager.

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 had consented to their care and treatment and were supported in developing their care plans. Records showed the person's needs and wishes had been included. For example, the amount of personal care and the level of assistance needed.

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 must be made to the Court of Protection and we checked whether the service was working within the principles of the MCA. The service manager confirmed no one had a Court of Protection order in place.

We spoke with staff who were clear that people had a choice when being offered personal care and support. The service manager was clear that people using the service were able to make choices and were supported with capacity assessments and best interest decisions when not.

People were supported in looking after their health and the staff responded to any changes. Staff were able to support people on medical appointments when needed and were involved in any changes to care made at these appointments. Records showed when appointments were booked and once attended a record of the outcome was written and any changes to the person's care updated. For example, hospital visits which were essential to a person care needs.

People planned their meals for the week, wrote shopping lists and followed professional advice around dietary requirements. People told us they enjoyed cooking and baking with staff and got to eat the food they enjoyed. All care staff we spoke told us where people needed help with meal preparation they followed the person choice. They said this involved heating meals or preparing snacks and drinks for later.

Is the service caring?

Our findings

People received the care they wanted and needed. People had been able to make decisions and were listened to by staff. All staff spoke in a caring way about the people they supported. They were able to tell us about people's preferences, current needs and their histories. We saw that people had the opportunity to talk about their lives and personal interests with staff, and they enjoyed their company.

Staff told us people were involved in their day to day care choices which they felt promoted their independence. We saw that care plans detailed how to help people to maintain their independence and the day to day difficulties that may arise. For example, how a person's needs may change depending on how they felt that day. Staff we spoke with were passionate about delivering good care to people they supported. They told us their role was to provide the best care for people to ensure they had a good quality of life.

Throughout our inspection, we found examples of a strong person centred culture from the provider and the staff. All staff were keen to promote an atmosphere of care and support to both enable and encourage people using the service to have an interesting and independent lifestyle. The provider and staff made positive suggestions to help people stay in touch with the community. People we spoke with told us they were keen to remain independent and in control of their lives which they had been able to do.

Staff provided examples of how they made sure they maintained people's dignity and respect. For example, speaking with the person to see how they preferred care and where able leaving the person, to promote privacy. Staff told us that people had their right to privacy and they would only chat about things that the person felt comfortable with.

Care plans were developed with the person and reviewed every month or sooner if there were changes. People told us they had these reviews and would tell the staff what changes they wanted or suggested and action was taken to meet these goals. People's preferred routines or preferences were followed which suited them.

Is the service responsive?

Our findings

People were involved in making decisions about their care and support needs. People's individual needs were met, which helped them achieve and celebrate goals relating to their health, independence and social lives. People's families had been involved where agreed to support their care needs.

All staff we spoke with knew people's needs and provided examples of how people who had a particular illness may be affected and the actions to take if something changed. All staff knew how people's supporting equipment worked and how any readings would impact on a person's health. Staff used ways to empower, listen and value people. During our conversation with people and staff they spoke about how aspects of their lives had improved, for example overcoming personal barriers when out and about.

There was a strong focus within the service on involving people in every aspect of their care and support. People told us they were fully involved in care reviews and understood their plans of care. People were supported to achieve goals around daily living and independence, health, activities and aspirations. The care people received was recorded after each visit which the registered manager collected and reviewed at the end of each month. People also told us that any changes to their needs were updated quickly and were communicated to staff. The registered manager told us any immediate changes were communicated to staff. Staff confirmed changes were sent thorough to them.

Daily records were completed and provided a good account of how people's needs had been met. For example, they showed the assistance people had been given with their personal care, whether they had eaten and drank well, whether they had been visited by health care professionals and if they had taken part in any social activities.

We looked at on person's care records which showed they had been updated regularly or when a change had been required. Records showed staff the preferred way to provide care and how to support the individual. For example, the steps needed for each personal care task. People's care was reviewed regularly by the service manager.

People we spoke with told they had not had any cause to make a complaint. However, they knew the service manager and staff well and would be happy to let them know of any concerns or issues. Whilst no complaints had been recorded in the last 12 months processes were in place to investigate and respond to people.

Is the service well-led?

Our findings

People and their relatives were involved and asked for their feedback about the way the service was managed. People knew and received care from the service manager. People and relatives had been asked for their views about their care and had completed questionnaires and received visits from the management team. The results were positive of the service and the care, with no areas requiring improvement. We spoke with the service manager about the values they expected staff to provide. They wanted to offer personalised care to people they knew and who they got to know people well. They told us this helped to ensure any small queries or questions were dealt with immediately and that staff knew the standard of care they expected.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. All staff we spoke to on the day of the inspection were committed to supporting the provider to improve the service. Staff told us they were able to offer suggestions for improvements at any time, as well as more formal meetings and supervisions. For example suggested trips or social events that a person may enjoy.

The provider's visions and values of the service were known and understood by the whole staff team. These vision and values were reflected in staff supervisions and at 'Reflection Days' events that people using the service attended, so they were involved in how the service was developed for them.

The service manager was pleased all their staff worked as a team to ensure that people received good care. The service manager worked regularly alongside staff and took that opportunity to review the quality of the service provided. Staff told us they often worked with the service manager which helped to ensure they provided care in line with people's needs and preferences. The service manager had checked and reviewed the care and support people had received. They had reviewed the care notes that staff had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked that all health appointments had been attended.

The service manager sought advice and guidance from other professional involved in people's care. For example, advice from consultants and therapist to help ensure the care continued to meet people's needs. They felt this support led them to recognise and deliver high quality care to people in line with current best practice.

The service manager felt supported by the provider and had been able kept their knowledge current. They had access to resources and advice through the provider's internal computer system, which included health and safety advice and training support. The service manager told us they met with other service managers and used these to discuss what was working well and could be shared or if they were aware of any changes. They also received news briefings, face to face meetings and updates from the provider. The service manager told us they felt this supported them to be aware of changes and information that was up to date and relevant.