Equal People Mencap

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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 16 November 2018 and was announced. Equal People Mencap provides care and support to people with a learning disability living in their own homes. Not everyone using Equal People Mencap receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. 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. At the time of our inspection two people were receiving personal care from the service.

At our last inspection of 5 April 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We found the service remained Good.

There was a registered manager at this location. 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.

There were enough staff available to safely support people. Staff managed people's medicines in a safe way. Staff understood how to respond if they suspected people were being abused. Staff had received training in safeguarding adults at risk. Risks to people were assessed and management plans developed to guide staff on how to prevent and reduce avoidable harms to people. Lessons were learned from incidents and when things went wrong. Staff followed infection control procedures to reduce risks of infection.

Staff assessed people's needs following recommended guidance. People were supported to meet their nutritional needs. Staff supported people to access health and social care services they required to maintain their health and well-being. Staff worked closely with other services to ensure people's care and support were effectively delivered.

Staff continued to be well supported in their roles to be effective. They received regular training, supervisions and were appraised annually. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered. Staff supported people to made decisions appropriately and promoted their rights.

Staff knew the people they supported including how to respond when they became anxious or presented behaviours which challenged. Staff treated people with dignity and respect. Staff encouraged and supported people to maintain relationships important to them. Staff communicated with people in the way they understood.

People had support plans in place which set out their needs and how their individual needs would be met. People's needs and support plans were reviewed and updated regularly to reflect their current needs. The provider provided information to people in accessible formats.

People were encouraged to follow their interests and develop daily living skills. People took part in a range of activities they enjoyed. Staff promoted people's independence in the way they supported them. Staff treated people as individuals and promoted their religious and cultural beliefs. The service was not providing end of life care at the time of our visit but the registered manager had experience in end of life and told us they would work closely with professionals when needed.

There was a complaints procedure in place which was accessible to people. People and their relatives told us they knew how to complain if they were unsatisfied with the service. The quality of the service was monitored and assessed so improvements could be made. The provider worked in partnership with other organisations to develop the service. Staff told us that they felt supported and had the leadership they needed. The registered manager met their statutory responsibilities to the CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good	**Good**

Equal People Mencap

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 site visit took place on 16 November and it was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector and an expert-by-experience made calls to people who used the service to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We also reviewed the monitoring report we received from the local authority.

During the inspection we interacted with one person and spoke with two relatives. We also spoke with the registered manager, chief executive, one support worker and one team leader. We looked at two people's care records and medicine administration records for one person. We reviewed four staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records

Good

Is the service safe?

Our findings

People indicated they felt safe with staff and relatives we spoke with told us their relatives were safe using the service. One relative said, "My relative is always accompanied by a support worker to make sure they are safe so I'm confident about their safety. The organisation makes sure everything is in place when it comes to safety."

Risks to people continued to be identified by staff so measures could be developed to protect people from avoidable harm. Assessments covered risks to people's mental health conditions, physical health, behaviours, accessing the community and activities of daily living. Management plans were developed to address identified risks. For example, there was a detailed management plan on how to support one person with their behaviour which posed a challenge to others. The plan included triggers to their behaviour, warning signs and strategies to manage and prevent their behaviour from escalating. Staff we spoke with knew about the management plans in place for people. Risk assessments were reviewed and updated to reflect people's current risks.

People's needs remained met safely by sufficient and experienced staff. One relative told us, "Basically my relative is cared for around the clock and someone is always there to support them. There are enough staff." Another relative said, "Yes, there are enough staff. My relative gets extra support when needed." Staff also told us there were sufficient numbers to meet people's needs safely. The rotas were planned based on people's needs. People had a regular team of support staff working with them to enable consistency and continuity. The provider had a pool of regular 'bank' staff who covered planned and unplanned absences. The registered manager and chief executive director also told us they could provide hands-on support to people if needed.

The provider continued to follow safe recruitment process to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

People's medicines continued to be administered and managed in a safe way. Medicine Administration Record (MAR) charts showed people received their medicines as instructed. MAR charts were legibly signed by staff to show what medicines had been administered and what time it was administered. Staff had completed training in the safe administration and management of medicines.

The service continued to maintain suitable arrangements to appropriately safeguard people from abuse. Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. One staff member said, "If I noticed signs of abuse or neglect I would obtain details and report it to the registered manager immediately. If there is an immediate risk I will take the person away from it following the advice of my manager." Staff told us their managers would promptly take appropriate actions in response to any concern of abuse in order to protect people. The registered manager and chief executive director understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Staff knew measures to follow to prevent and reduce the risk of infection. Staff explained that effective hand washing, use of personal protective equipment (PPE) and proper disposal of clinical and bodily waste were crucial to controlling infection. Staff also told us and training confirmed that they had received training in infection control.

Staff knew how to report incidents and accidents. Records of incidents and accidents were reviewed by the registered manager and chief executive director. Actions were noted and lessons learnt were shared with staff. For example, the arrangement for supporting one person in the community was reviewed following an incident. The person's risk assessment was updated and a joint working arrangement was established with the other agencies involved in supporting the person.

Good

Is the service effective?

Our findings

People's needs continued to be assessed in line with nationally recognised best practice guidance. Areas of needs assessed covered physical health, mental health, nutrition, eating and drinking, socialising, assessing community facilities, personal care and other activities of daily living. Where necessary other professionals such as social workers, speech therapists and community mental health teams were involved in assessing people's needs.

People remained supported to maintain their nutritional needs. Care records stated what support people needed with preparing their food, eating and drinking and maintaining a healthy balanced diet. Where people required support with shopping, and preparing hot meals, they were supported by staff to meet their needs. Foods people liked and allergies to specific foods were noted in their care plans so staff knew how to support them appropriately and safely.

People continued to be supported to access healthcare services they needed. Staff supported people, where required, to visit healthcare services and to attend appointments with professionals involved in their care and support. Staff liaised with health professionals and followed up on recommendations from professionals to ensure people's health was maintained.

People were supported to ensure their needs were met appropriately when they used other services. Each person had a section in their care record which gave information about the person's medical history, care and support needs, allergies, next of kin and GP details. People also had a communication passport which they took along when visiting hospitals or other services. A communication passport provides a practical and person-centred approach to passing on key information about people with complex communication difficulties who cannot easily speak for themselves.

Staff remained supported to deliver effective support to people. Staff told us and records showed staff received training relevant to their roles, which provided them the skills, abilities and experience to support people effectively. These included mental health awareness, medicine management, challenging behaviour, autism, epilepsy management, the Mental Capacity Act 2005 (MCA), Deprivation of liberty safeguards (DoLS), and safeguarding adults. New staff members completed a period of induction when they first started. A new member of staff we spoke with told us, "I had a thorough induction which involved training and shadowing. My competency in each area was assessed after training. I read through policies and procedures too. The induction helped me prepare for the job." Staff told us and training records confirmed that they received regular support and supervision and an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff obtained consent from people and their relatives before delivering care and support to them. Care plans documented people's capacity to make decisions and how staff were to support with decision making.

Staff knew to assume people's capacity to make their own decisions in line with legislation unless there was an assessment to show otherwise. Staff had received training in the MCA and they knew how to obtain consent from people before undertaking any task or activities with them. One staff member said, "Assessment of people's capacity has to be with regards to specific decisions. If you are concerned about a person's capacity then involve their next of kin or social worker." Care records showed people had appropriate representatives such as relatives or professionals who supported them with decisions and who were responsible for their care and finances.

Good

Is the service caring?

Our findings

Staff remained caring in the way they supported people. People indicated that staff were caring and kind towards them. One relative commented, "They [staff] are respectful all the time. They are very sympathetic towards my relative." Another relative mentioned, "They [staff] are fair, respectful and take care of my relative's needs. They make us comfortable with them."

People continued to be given a choice and be involved in planning their day to day care and support. Relatives we spoke with confirmed staff kept them informed and discussed their loved one's care with them appropriately. One relative told us, "I am very involved with my relative's care and my views are sought." Another relative commented, "I am informed of any plans and changes to my relative's care." Care records showed that people and their relatives had input in their care planning and their views were considered. Staff told us they allowed people to choose what they wanted to do day-to-day and their choices were respected. Where required, staff supported people to present their views at meetings or if people wished, staff supported them to arrange for Independent Mental Capacity Advocates (IMCAs) to represent them in important decision-making process.

People's emotional needs were assessed and care plans recorded what support people needed to maintain emotional stability and reduce anxiety. For example, one person's care plan stated how uncertainties and disruption to their routines could affect their moods and behaviours. Their plan emphasised the need for staff to inform them in advance of appointments, activities and changes to their routines. Care plans also detailed signs people may display to indicate that they were anxious or stressed. Staff showed they understood the signs people displayed and knew how to help people relax.

Staff knew the people they supported and provided support to them in a way that met their needs. One relative said, "They [staff] are very good. Sometimes my relative may have a bad day and staff understand this and give them space but let them know they are there for them." Relatives and staff told us people received support from the same staff members to ensure consistency and continuity. This also improved positive relationships between people and staff.

Staff knew people's communication needs and communicated with them appropriately. One relative told us, "My relative's communication at times can be limited but staff members are understanding." Another relative commented, "Staff communicate well with my relative. Staff know my relative well enough to be able to understand them. They sometimes use Makaton." People's support plans stated their communication needs and the support they require to improve their communication. Where people used hearing aids it was noted and staff were reminded to support people with it. Staff told us they had learned how to communicate with people effectively and they used body language, signs, pictures and Makaton to pass information to people. Makaton is a language programme using signs and symbols to help people to communicate.

Staff continued to treat people with dignity and respect. Relatives told us staff promoted people's privacy and dignity. One relative said, "When it comes to supporting my relative with bathing they always cover

them up. Staff respect my relative's dignity always." Staff gave us examples of how they promoted people's dignity. Staff had completed dignity in care training.

Staff encouraged and enabled people to maintain their independence. People were supported to continue to live in their own homes with and do the things they could do for themselves. Support plans noted what people could do for themselves.

Good

Is the service responsive?

Our findings

People continued to receive care and support personalised to their individual needs. Each person had a care and support plan which gave a detailed analysis of the person's background, preferences, social connections, personalities, likes, dislikes, routines and goals. People's support was planned in response to their needs and this was reflected in their support plans. Support plans detailed information about people's mental and physical health and activities of daily living; and provided guidance to staff on how to support people appropriately. Support plans were reviewed and updated as required to reflect any changes in people's needs.

People continued to be supported to take part in activities they enjoyed. Each person had an activity plan in place which included leisure activities and educational programmes to develop skills and learning. One relative commented, "Staff encourage my relative to socialise. They do a lot of outdoor activities with them." Staff told us they planned activities with people looking at their interests and the outcomes they wanted to achieve. For example, one person was supported to attend computer classes as they were interested in developing their computer skills. People attended day centres where they socialised with others and took part in various activities of their choice.

People's needs around their religion, disability, sexuality and relationships were assessed and a plan put in place to support with this. People were supported to attend places of worship if they wished. Staff provided support, to people to develop and maintain relationships which mattered to them.

From April 2016 all organisations that provide NHS care or publicly-funded adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. We saw that people's support plans, activities plan, communication and hospital passports, and the service's complaints procedure were available in pictorial, and easy read formats accessible to make them more understandable to people.

People and their relatives remained aware of how to raise their concerns or complain if they were unhappy with the service. One relative told us, "Yes, I know how to complain. I have not made a complaint before but have raised a concern with the management and they sorted it out straight away." There was a complaint procedure in place which was also available in easy read format. The registered manager remained knowledgeable about the provider's complaint procedure. There had not been any complaints recorded in the last year.

There was no one receiving end of life care at the time of our visit but the registered manager had experience in delivering end of life care. They told us staff would be trained when required and they would work closely with relatives and other professionals to ensure people received appropriate care and support.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had worked at the service for many years and they understood their role and responsibilities in providing effective care to people. 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 registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service. They also displayed the last CQC rating of the service at the location and on the provider's website. The registered manager was supported by the chief executive director who was also the nominated individual. The chief executive director and registered manager provided leadership to staff and were involved in the day-to-day management of the service.

The service continued to be well run and managed. One relative commented, "The managers [registered manager and nominated individual] are competent at their jobs. Everyone in the office is very efficient. They listen and make things happen. They are very professional." Another relative said, "I'm happy with the management, I must say. Whenever I have something to say the management listen and act on it. Equal People Mencap provide a very good service to people."

The quality of the service continued to be checked and monitored. The views of people and their relatives about the service were regularly sought through surveys and reviews done by external auditors. The most recent survey and review result was positive as people and their relatives were satisfied with the quality of the service they received. Comments made by relatives included; "Friendly, very good, they know what they are doing and they are very experienced. I cannot recommend highly enough" "We get what we asked for. The support workers are excellent."

The registered manager held regular meetings with staff where topics discussed included quality of service provided to people. The meetings were also used as opportunity to share best practice examples and discuss learning from incidents. Staff understood their roles, responsibilities and the values of the service. They told us and notes of meetings showed these were regularly discussed at team meetings. Staff also told us they had the management support they needed to be deliver their roles. One staff member commented, "Management are accessible and available anytime. They are very supportive on any matter you need guidance about. They value and support their staff."

The provider remained committed to partnership working with a wide range of organisations and services to improve and develop the service. They worked across seven local boroughs to deliver a service to people. They worked with charity organisations such as Mencap and Big Lottery for funding opportunities and to access activities, training, and employment opportunities for people. Staff also liaised with benefit agencies on behalf of people.