

Harrow Mencap

# Community Solutions (part of Harrow Mencap)

## 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

### About the service

Community Solutions (part of Harrow Mencap) is a domiciliary care agency, which provides personal care support to people and children with learning disabilities, autism and behaviours that challenges the service in their own home. On the day of our inspection 12 people received support which was carried out by 21 care workers.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People felt safe and had confidence in the staff who took care of them. Safe recruitment practices were in place and people were supported by staff that knew them well. People were protected from the risk of harm and staff knew how to raise any concerns. Policies and procedures were also in place to guide staff. The service did not routinely manage medication, but all staff had undergone training to ensure their competency.

People received care from staff who had been supported in their role through regular supervision. Staff had completed an induction programme and undertook regular training to meet the requirements of their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and passionate about their role and knew people's needs and preferences well. People's privacy and dignity was respected, and their independence promoted.

Care plans and risk assessments were person centred and were regularly reviewed. Staff had developed a strong relationship with the people they supported. Harrow Mencap also facilitated activities and work-based opportunities that were meaningful to people, depending on the care package people received support from the care agency to access activities.

Regular checks and audits were carried out to determine the quality and safety of the care and support being provided. Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements. People and their relatives spoke positively about the service and management team. The management of the service had a positive culture of person centred, high quality and compassionate care. Managers were described as "hands on",

passionate, approachable and supportive.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was Good. The last report was published (8 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Community Solutions (part of Harrow Mencap)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

#### During the inspection

We tried to speak with people who used the service. However, only a small number of people who used the service were able to provide us with verbal feedback because they had complex needs. We spoke with two people who used the service and three relatives. We also spoke with the registered manager, the scheme manager, the deputy chief executive and three support workers. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of four people using the service, four staff employment records, policies and procedures, maintenance and quality monitoring records.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, quality assurance questionnaires and other quality assurance records. We also sought information from the local safeguarding team, who monitors the service regularly.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ The service minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
- ☐ People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. One relative told us, "[Name] is definitely 100% safe with the carers, I have no concerns at all."
- ☐ The service had effective safeguarding systems in place. Staff felt confident any concerns reported would be listened and responded to. One care worker said, "If I have any concerns about safeguarding, I would call the office and I know they will deal with it. In case they don't, I can call the Care Quality Commission."
- ☐ Where a safeguarding concern had been identified, the provider had worked in partnership with other agencies to protect the person.

Assessing risk, safety monitoring and management

- ☐ The service had systems to minimise risks to people using the service and care workers. These included risk assessments for people who used the service and training for care workers in health and safety issues.
- ☐ The service carried out risk assessments with individuals and acted to make sure risks were minimised. For example, where a presented behaviour that may challenge the service, a clear behaviour intervention plan was agreed with the persons and their relative.

Staffing and recruitment

- ☐ The agency had enough staff to meet people's needs. One care worker said, "The good thing about working for Mencap compared with other agencies, we have enough time allocated to spend quality time with people. We have no ½ hour calls."
- ☐ The service followed safe recruitment practices and ensured that new prospective staff were thoroughly vetted prior to being offered permanent employment.

Using medicines safely

- ☐ People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines and were assessed to check they had the knowledge and skills to administer medicines to people.
- ☐ Care workers kept clear records of any medicines administered. We looked at a person's medication administration record and saw it was correctly signed by care workers.

Preventing and controlling infection

- People were protected against the risk of the spread of infection and care workers received training in good infection control practices.
- The service ensured care workers had access to personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and analysed by the provider. This enabled them to learn from events and share the learning with staff. One member of staff said, "It's important to discuss accidents and incidents, it stops them from happening in the future."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to the service commencing support, to ensure these could be met. A detailed assessment had been completed for each person, which had been used to assist the care planning process.
- People who used the service and relatives were involved in the assessment process. One person said, "[Manager name] comes around and we talk about my plans."

Staff support: induction, training, skills and experience

- Care workers told us they received enough training to carry out their roles. Comments included, "Training is very easy to access" and "I recently have done refresher training."
- The service had recently changed the training provider, which clearly had a positive impact on the accessibility to training. Training records viewed demonstrated that most staff had up to date training.
- Care workers had been supported to complete recognised qualifications in health and social care, rather than complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received regular supervision, annual appraisal and felt supported in their roles. Comments included, "It's easy to talk to the manager" and "I have received recently a supervision."
- We noted that during the start of 2019 supervisions were less frequent. The registered manager explained to us that this was due to the scheme manager leaving. However, a new scheme manager had recently commenced employment and we saw that she had already started to supervise staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with preparing their meals, if this was part of their agreed care package. One person said, "We go shopping and they help me to make my food."
- Information about nutrition and hydration had been recorded in people's care plans and where required, specific risk assessments were written.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to contact health professionals such as the GP when necessary, although most people told us relatives tended to assist them with this.
- The service also worked with other healthcare professionals, such as district nurses and a range of therapists, to ensure people received the necessary support to help them stay well.

- Where specific health related equipment or aids had been introduced, training had been provided to ensure care workers knew how to use this.

#### Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In community services, applications must be made through the court of protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working within those principles.

- Care workers had an understanding of the MCA, the importance of seeking people's consent along with people's right to refuse care and support. This was confirmed by people and their relatives we spoke with. One relative told us, "They will always ask [name] what she wants and suggest different things, so she can choose."
- Each person using the service had been involved in making decisions about their care. Currently only one person lacks capacity to make decision and the service discussed this with the person's relative, who was currently in the process of seeking legal authorisation to make decisions on the persons behalf.
- For people who could consent, signed consent forms were present in their care files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ The service ensured people received care and are allocated care staff who met their preferences in areas such as language spoken and choice of gender.
- ☐ Relatives spoke positively about the care provided and described staff as 'caring', 'committed' and 'enthusiastic'.
- ☐ Staff understood how to treat people well and this was reflected in their practice. For example, a relative told us, "The staff are very good and flexible to what we need, if we need the time changed due to appointments I just discuss this with the office or the carer direct."
- ☐ Staff enjoyed their work. One care worker told us, "I love what I do and the changes I have made to people's lives."
- ☐ Staff told us they had time to sit and talk with people and it was not an issue to stay longer than needed, without it affecting other calls.

Supporting people to express their views and be involved in making decisions about their care

- ☐ Care records included people's individual preferences which helped to ensure care was delivered in a way that continued to meet people's needs.
- ☐ People who used the service told us that care workers always asked them what they wanted to ensure the care reflects their decisions.

Respecting and promoting people's privacy, dignity and independence

- ☐ Care workers described how they respected people's privacy and dignity. For example, one care worker told us, "I will always ensure the doors are closed and cover people up when I help them to wash or get dressed, even it is their house."
- ☐ Care workers continued to encourage people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done.
- ☐ People's care plans were reviewed every six months or as people's needs changed. People told us, "I was involved in my care plan."
- ☐ Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- ☐ The service was flexible and responded to people's needs. People told us about how well the service responded if they needed to change visiting times or if they required additional support. One person said, "I can call the office and tell them that I need my carer to come later, which is fine, but obviously I have to give them sufficient time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- ☐ The service provided a wide range of documentation in a user's friendly format using pictures and symbols to make them easier to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ If it had been agreed with the local authority some people may receive support in accessing the community. Records viewed showed that some people received support to go shopping.

Improving care quality in response to complaints or concerns

- ☐ The complaints procedure was available to people who used the service in a user-friendly format. People who used the service told us, that they would contact the manager if they had any concerns.
- ☐ Care workers said, "Complaints are encouraged and very helpful, this is a good way to improve what we do."

- ☐ In the last twelve month the service had received two complaints, which had been fully documented investigated and resolved.

#### End of life care and support

- ☐ The service was not providing end of life care to anyone at the time of our inspection. Where people wished to discuss their end of life wishes the service recorded this information.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- ☐ People and their relatives told us they thought the service was well managed and communication with office staff, the registered manager and new scheme manager was very good. One relative told us, "[Scheme Manager Name] called us and introduced herself and arranged a time when we can meet to discuss the care."
- ☐ The ethos of the service was to be open, transparent and honest. Care workers were encouraged to raise any concerns in confidence through a whistleblowing policy. Care workers said they could talk to management at any time, feeling confident any concerns would be listened to and acted on promptly.
- ☐ The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- ☐ Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The registered manager offered an open and transparent environment that enabled staff to feel comfortable about raising concerns. A staff member said, "You can talk with the manager about everything, but not just the manager also the chief executive and other board members. Mencap is very good in this, they value our opinion."
- ☐ The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- ☐ The registered manager was aware of the responsibilities to apologise to people and/or their relatives when mistakes were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager was supported by a scheme manager, senior care workers and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- ☐ Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included spot checks and observations to assess staff competency and audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The registered manager was aware of the importance in providing a service that was non-discriminatory and met people's diverse needs. They recognised the importance of forward planning to ensure the service could support people with changing needs
- ☐ The registered manager and the executive team valued the comments from people, their relatives and staff members. Regular meetings with staff and the executive team ensured staff were listened to. People who used the service had regular opportunities to feedback about the care received, either during phone calls or anonymous annual surveys.
- ☐ The service worked in partnership with people, their families, staff and other stakeholders to deliver good care and service development. The feedback from the annual survey about the service was positive with people praising the quality of the care being provided.

Continuous learning and improving care

- ☐ The service was auditing any safeguarding alerts, complaints, concerns or incidents and carried out an analysis which identified any subsequent learning.

Working in partnership with others

- ☐ The registered manager told us how they worked closely with commissioners and other healthcare professionals to promote joined up care between themselves and other services.