Ealing Mencap

Ealing Mencap Enterprise Lodge

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

Ealing Mencap Enterprise Lodge provides personal care and support to people with a learning disability who live in their own homes or with their families. At the time of this inspection, the service was supporting three people.

The last inspection of the service was in February 2015 when the service was rated Good.

At this inspection we found the service remained Good. The service met all relevant fundamental standards.

The provider had systems to keep people safe; staff understood these and reported any concerns.

The provider carried out pre-employment checks to ensure staff were suitable to work with people using the service and there were enough staff to care for and support people using the service.

The provider had systems to supervise staff and planned to introduce annual appraisals of staff performance. Staff had the training they needed to care for and support people using the service.

The provider asked people using the service for consent before they received care and support.

Where people could not make decisions about their care and support, the provider worked with other people to agree decisions in their best interests.

People using the service told us they enjoyed the support they received from staff and the activities they took part in. Staff commented in a caring and professional way on the ways they supported people.

The service had an experienced manager who was registered with the Care Quality Commission.

The provider had clear aims and objectives for the service and systems to monitor and improve the delivery of care and support.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 remains Good.

The provider had systems to keep people safe; staff understood these and reported any concerns.

The provider carried out pre-employment checks to ensure staff were suitable to work with people using the service.

There were enough staff to care for and support people using the service.

Is the service effective?

Good

The service remains Good.

Staff had the training they needed to care for and support people using the service.

The provider had systems to supervise staff and planned to introduce annual appraisals of staff performance.

The provider asked people using the service for consent before they received care and support.

Where people could not make decisions about their care and support, the provider worked with other people to agree decisions in their best interests.

Is the service caring?

Good

The service remains Good.

People using the service told us they enjoyed the support they received from staff and the activities they took part in.

Staff commented in a caring and professional way on the ways they supported people.

Is the service responsive?

Good

The service remains Good.

People using the service had care plans based on their interests and aspirations. Staff supported people to be as independent as possible.

The provider had systems in place to respond to complaints from people using the service or other people.

Is the service well-led?

Good

The service remains Good.

The service had an experienced manager who was registered with the Care Quality Commission.

The provider had clear aims and objectives for the service and systems to monitor and improve the delivery of care and support.

Ealing Mencap Enterprise Lodge

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 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 comprehensive inspection took place on 17 February 2017. We gave the provider three days' notice of our visit because the location provides a domiciliary care service and we needed to be sure that the registered manager was available to help with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report, the provider's action plan and the Provider Information Return (PIR) the provider sent us in November 2016. The PIR 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 also contacted three social care professionals and 11 members of staff by e-mail and asked for their experiences of the service.

During the inspection we spoke with one person using the service and the registered manager. We also looked at the care records for one person, including their support plan, risk assessments and daily support notes staff completed. We looked at staff records for three members of staff including their recruitment and training records.

Good

Is the service safe?

Our findings

At previous inspections we saw the provider regularly reviewed their safeguarding policies and procedures and the registered manager was aware of the local authority's safeguarding policy and procedures. There had been no safeguarding concerns since the last comprehensive inspection in 2015.

When we asked support staff if they felt people were safe using the service and what they would do if they had concerns, their comments included, "Yes I think the service users we support are safe and their needs are met. We as a team work together with good communication and sharing information. When unsure we have a number of policies to refer to e.g. lone working and safeguarding," "Firstly and most importantly I would assess their safety, are they in immediately danger. I would write a report on what I had seen or been told word for word and speak to [the registered manager]. I would report any concerns I had in 24 hours. if needed [the registered manager] would report to Ealing Council's teams and/or the police. Also if I was unsure on what actions to take I can refer to the safeguarding policy," "If we had an allegation of any abuse or neglect, or I suspected abuse or neglect. I would speak to my Safeguarding Officer or manager immediately, express my concerns verbally and in writing and monitor any changes in the customer. I would also fill in an incident form so we have can have enough evidence should something come to light," "All staff are encouraged to keep communication open regularly on customers and we have weekly meetings to discuss the services and customers and how to improve aspects of what we provide. Because of constant communication, training and a solid safeguarding procedure, I believe the customers are safe" and "I believe people are safe using the service. Inasmuch as the management is playing their role to maintain health and safety, I believe the staff are in a position to make a lot of impact. Judging from my perspective, a proactive staff member who is a team player is well deserved in a service like this. I have a team who are capable of maintaining safety each time and wouldn't hesitate reporting any worrying observation. I treat any suspected abuse with urgency and wouldn't hesitate liaising with my line manager. We have a safeguarding policy in place. A safeguarding alert can easily be raised by completing the necessary form."

Training records showed that staff had completed training in supporting people safely and this was updated regularly. People's care records included assessments of possible risks, including falls, personal safety, personal care and finances. The assessments included clear guidance for support staff on how to mitigate any risks they identified. The provider had reviewed all of the risk assessments we saw in November 2016 to ensure support staff had up to date information on how to support the person safely.

The provider operated recruitment processes to ensure support staff were suitable to work with people using the service. The staff records we checked included evidence of the person's identity and eligibility to work in the United Kingdom, an employment history, application form, interview record, references from previous employers and a Disclosure and Barring Service (DBS) criminal record check. Staff told us the provider had completed these checks before they started working in the service.

The registered manager confirmed the provider had a policy and procedures for managing people's medicines but none of the people using the service when we inspected required this support.

Good

Is the service effective?

Our findings

At our last inspection we noted that people using the service were supported by staff who had the knowledge and skills required to meet their needs, support staff confirmed they had received the required training and told us they received regular supervision and appraisal from their manager. In their Provider Information Return (PIR), the registered manager told us, "Staff all have access to a wide range of induction, training and development opportunities relevant to their role and the customers they support. Examples include: health and safety, equality and diversity, self-directed support, infection control, food hygiene and safety, Mental Capacity Act, Care Certificate, safeguarding, first aid, moving and handling, autism, learning disabilities, epilepsy, deaf awareness and positive behaviour support." The training records we saw confirmed that staff completed training the provider considered mandatory and this was regularly updated.

Support staff told us, "Over the three years I have worked at Mencap there has been consistent training. I have received training though e-learning and staff days. Some of the courses we have covered have been safeguarding, metal health and the Care Act. At Christmas we come together for team training," "I'm currently doing my QCF Level 3 in Health and Social Care which my line manager found for me and my colleagues. I also completed my Ellis Whittam E-Learning (in house training) and found the data protection and safeguarding courses helpful" and "Ealing Mencap in my opinion have made needed trainings available (online and physically). I have attended provided physical trainings ie the Care Act and have accessed online training."

The provider ensured support staff had access to regular supervision for advice, guidance and personal development. In the PIR the provider told us, "Ealing Mencap has recently introduced a new Employee Performance and Development Policy and Procedure which is currently being implemented across the organisation. This will help make our service more effective as supervision, training, development and appraisal processes will be standardised. This will help ensure that staff delivering care and support have improved access to personal development and constructive feedback." Support staff told us, "Supervision is mostly monthly though in between this our manager is available to talk to, we are just starting this year with appraisal which is very good for our individual development" and "I do get regular supervision but this could be postponed when service needs takes priority (ie attending to our customers).

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. We checked whether the service was working within the principles of the MCA, and found the registered manager understood their responsibilities. Where people were not able to make decisions about their care and support, the provider worked with their families and relevant health and social care professionals to make decisions in the person's best interests.

People's care records included information about their healthcare needs and how support staff helped to meet these. The registered manager told us that, in most cases, people would see health professionals with

support from their family members but staff had training in first aid at work and could provide support to attend health care appointments, if this was part of the person's support plan.

Good

Is the service caring?

Our findings

One person using the service told us they enjoyed the time they spent with their support workers. They told us they had been bowling, to the cinema and to restaurants for meals and that they had enjoyed all of these activities. The regular support this person received was increased to provide additional support while their family went on holiday. We saw the provider carried out a detailed, person-centred care needs assessment and risk assessments to ensure the person received care and support in the ways they chose during this time.

A social care professional commented, "The support staff I have come in to contact with are enthusiastic, and clearly respect and value the customers they support."

Care records recorded people's needs in respect of their gender. For example, people's care records included details of the person's preference for male or female support workers when they required help with their personal care.

Good

Is the service responsive?

Our findings

People told us they were able to direct the care and support they received. One person said, "I like going out with [support workers' names] it's what I want to do." People's care records included clear information for support staff to ensure they supported people in the ways they preferred. The care record we reviewed included a person-centred support needs assessment that was written in the first person and centred on the person's preferences and aspirations.

As well as a general support plan for specific days of the week, the provider had produced a specific plan to provide live-in support for a week while the person's family went on holiday. The person told us they had chosen not to go on holiday with their family and that they had greatly enjoyed the week they spent with their support workers. For example, they told us about the activities they had taken part in and enjoyed with their support workers, at home and in the local community. The support plan for this period covered nutrition, safety, person care and the support the person needed during the day and night. It gave support staff the information they needed to ensure they supported the person in ways they chose. For example, the plan included detailed information about the person's preferred night time routines. Support staff completed daily notes to record the support they gave the person and, while these were often brief, they showed the person received support in line with their plan. This person's family commented in the provider's annual report, "There was no doubt in our minds that she'd be given the best care and support. As a parent, what more can you ask?"
Support staff told us, "We have procedures in place to support new service users, care plans and risk assessments I feel we take time to know what support the person needs and that we can meet their requirements," "We take a person centred approach and encourage customers to choose where they would like to go, this promotes choice, respect and individuality which the customers appreciate" and "We will not expect a new customer to access the community on day one as his/ her profile and risk assessments need to be created. Directly supporting the individual does also reveal some information relating to needs and choice."
The registered manager told us that external legal advisors had reviewed all policies and procedures, including the complaints policy and these would be produced for the Trustees' approval and adoption this year. We noted at our last inspection that the provider produced a clear complaints policy in a format that was suitable for people using the service. The complaints records showed the registered manager recorded complaints, including informal minor complaints, the action they took in response and the outcome.

The provider surveyed staff in 2016 to gain feedback on areas that were good and if there were any issues that needed addressing. Most of the responses were positive. Staff said they felt well trained and supervised, people were involved in planning their care and support, the provider informed them of changes in people's care needs, risk assessments were in place and the provider responded appropriately if they raised any concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager who had experience of working in and managing services for people with a learning disability. A registered manager is a person who has registered with the CQC 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 told us they kept up to date with developments in adult social care by attending a local manager's forum and special interest group, attending training and conferences. The registered manager spoke passionately about the importance of delivering care and support that was based on people's individual needs. They were also aware of their responsibility for informing the local authority and the Care Quality Commission (CQC) of significant incidents and events that affected people using the service.

Staff told us, "I feel the service overall is well managed. I feel sometimes the communication could be better with the managers sharing information and keeping the team more updated. As well as the staff days they have started having managers, senior staff meetings every 8 weeks to inform us with updates and future plans" and "There is a new employee voice group so a member of staff from each project across the organisation takes ideas employees may have and things that could benefit everyone."

Social care professionals commented, "This is a well utilised service managed by people who are passionate about working with people with learning disabilities. I am not aware of any recent complaints or concerns about the service. Since the new build the service has expanded and continues to provide a good service. I have always had a good working relationship with Mencap and value the support they provide for our customer group in the borough" and "My view is that Ealing Mencap is a well led organisation with some innovative ideas, who are able to work collaboratively with other providers as equal partners. They have always been willing to listen to feedback about their services without being defensive and use this constructively to learn and make improvements."
Our last inspection report noted Ealing Mencap is a registered charity providing a range of services for children and adults with a learning disability. The provider's business strategy document for 2014-2017 described the "person centred advocacy, advice, community access, respite and supported employment services provided to young people, children and adults with a learning disability." The personal assistant service we inspected is one of the services provided by the organisation.

The organisation has a Chief Executive who reports to a group of trustees who meet on a bi-monthly basis to oversee the provision of services. There was a three-year Business Strategy document that covered the period 2014 – 2017. This detailed the challenges facing the organisation and their plans for development. The registered manager told us this would include increasing the number of people supported by the personal assistant service in a planned way, working with people and their families and local authority commissioners. Since our last inspection the service had started to support one new person and the manager confirmed that further expansion would happen as long as the provider was able to recruit suitable

staff to work in the service.

The provider had a number of key performance indicators they monitored to improve the quality of the services they provided. These included, enabling people to grow and develop active lives in the community, challenge inequality and promote inclusion in society and empowering people and their carers to speak out and be listened to. We saw the provider had systems in place to monitor these aims and clear, phased targets and timescales to achieve these.