

Royal Mencap Society

Mencap Derbyshire and Derby City Domiciliary Care Agency

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:

Mencap Derbyshire and Derby City Domiciliary Care Agency is a domiciliary care agency that provides personal care to adults with a learning disability living in their own homes. Some people lived alone and others with other people that were also receiving a service from Mencap Derbyshire and Derby City Domiciliary Care Agency. Some people received support from staff at various times of the day and others over a full 24-hour period. Not everyone using the service received 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. At the time of the inspection 24 people were provided with the regulated activity of personal care.

People's experience of using this service:

The service met the characteristics of 'Good'. Staff understood their responsibilities to safeguard people and report any concerns. People received support to take their medicines safely. Recruitment checks determined the suitability of new staff to protect people that used the service. The risk of people acquiring an infection, was minimised as infection control procedures were in place and followed. Support plans were in place to promote positive behaviours and safeguard people from injury when they became anxious.

People received the support they needed as sufficient staff were available to support them to do what they wanted to do. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People were supported to take reasonable risks which enabled them with opportunities to lead a full life. People spent their day as they preferred and were supported to take part in social activities of their choice to enhance their well-being.

Staff understood the support people needed to make decisions when they were unable to make specific decisions independently. Mental capacity assessments and best interest decisions were undertaken where people needed support to make specific decisions. This demonstrated that people's rights were upheld and they were supported in the least restrictive way possible.

People were supported as needed, to ensure their preferences and dietary needs were met. Healthcare services were accessible to people with staff support as needed, and people received coordinated support, to ensure their preferences and needs were met.

Information was available in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had. People and their representatives were involved in their care to enable them to receive support in their preferred way.

There were systems in place to monitor the quality of the service and these were used effectively to enable the provider and registered manager to drive improvement.

Rating at last inspection: Good (report published 11/01/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service remained Good.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Mencap Derbyshire and Derby City Domiciliary Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with some people who used the service and some people's relatives.

Service and service type: Mencap Derbyshire and Derby City Domiciliary Care Agency provides support to adults with a learning disability living in their own homes.

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 a weeks' notice of the inspection visit, as we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection and to the staff that supported people.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 11 people who used the service and six people's relatives. When visiting people in their homes, we observed the support they received from staff within the communal areas of their home. We spoke with three staff members that were supporting people. We spent time with two service managers' during the inspection, two assistant service managers and the registered manager. We looked at the records held regarding three people's care and support and we checked how medicines were managed. We also looked at four staff recruitment files and other documents to review how the provider monitored the support people received.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- People were supported to reduce the risk of avoidable harm, as risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage any specific health and mobility needs. One person told us, "Staff take care about my balance when I am walking and they make sure I'm safe. They help me avoid falls. It's very good."
- Where people required support to manage their behaviour support plans included guidance for staff on how to support people when they became anxious or upset. One person told us, "The staff ask me how I'm feeling and I tell them. I've been angry in the past."
- The provider ensured that equipment used to support people was serviced as needed to ensure it was safe for use.
- Emergency plans were in place within people's homes to ensure staff had guidance to ensure people were supported in a safe way in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff. One person said, "Yes, I'm safe with them the staff are nice. They speak to me politely." Another person said about the staff, "I feel safe and at ease." A relative told us, "Yes, the staff are polite and respectful with [Name]. They have some nice banter but they seem to know the boundaries... they're well trained on that score... and they know what they should do." Another relative said, "It's very good, it's been excellent. I've been very happy and [Name] is safe and well looked after."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff had a good understanding of people's needs and preferences. We saw they responded well to support people when they experienced periods of distress or anxiety.

Staffing and recruitment.

- We saw sufficient staff were available to support people according to their preferences and needs. No one raised any concerns regarding the staffing levels in place. One person said, 'There's enough staff, they call round three times a day, morning lunch and at night. The staff are people I know.'
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely.

- People told us they were supported to take their medicine at the right time.
- Staff received medicine training and had their knowledge and practice assessed to ensure people received them safely.
- Medicines were managed safely and audits were undertaken, to enable the management team to identify and address any errors promptly. For example, we saw that staff at one supported living service had not followed the providers procedure to record when as required medicines were not needed. We saw the service manager for this supported living service had taken action to address this.

Preventing and controlling infection.

- Staff had a good understanding of infection control procedures and told us that cleaning schedules were in place to support people in maintaining good housekeeping standards within their home.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The management team analysed all accidents and incidents each month. This was to enable them to look for any patterns or trends and take action as needed to minimise risk.
- The registered manager used any incidents as a learning opportunity. For example, care plans and risk assessments were reviewed and amended to ensure people were supported to keep safe.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure they could be met.
- Assessments included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Support plans contained information to support specific health conditions, dietary requirements and mental health support.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. New staff were supported through shadowing experienced staff and completing training.
- Staff received training for their role and were provided with supervision on a regular basis by their line manager. One member of staff told us, "We have regular staff meetings and supervision meetings. [Line manager] is lovely, really good and always there if I need them."

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

- People were supported to have a balanced diet and made choices about the kind of food they enjoyed.
- Where people recalled meals being provided, they said this was done well, with food well prepared and nicely presented. Some people confirmed they were supported to cook themselves and told us staff assisted them to ensure their safety.
- Staff were aware of any specialist diets that people had and ensured people were supported to follow their required diet. For example, one person required a pureed diet.

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

- People and their relatives confirmed they were supported to access health care professionals as and when needed, such as GPs, community learning disability teams and mental health services. One relative told us, "[Name] has had illness problems but the staff do everything that they can and I feel involved in how it's going. I'm happy and I go with [Name] to the doctor."
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.

- Staff understood people's health care needs and the support they needed to manage them.
- Staff told us they had received training specific to people's health conditions. This enabled them to have a greater understanding to support the person effectively. For example, epilepsy awareness.

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

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.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "It is good how the staff look after me, very good. I can do things for myself as well."
- We saw caring interaction between staff and people. One member of staff said, "I absolutely love this job. I wish I had done this years ago. I love coming to work, it's all about supporting these guys to have the best life."

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

- People were enabled to make choices about the care they received. People had variable support needs and we saw staff supported them when they needed this. For example, supporting people with food shopping and preparing meals.
- People were supported to make decisions about how they spent their day. Some people had daytime opportunities such as paid or voluntary work. Some people accessed a day service.
- Staff understood people's communication methods and could communicate effectively with people.

Respecting and promoting people's privacy, dignity and independence.

- Dignity and privacy were upheld for people to ensure that their rights were respected. One person that lived with other people told us, "I have my own room and bathroom. Staff respect my privacy."
- People were supported as needed to maintain their relationships with people that were important to them.
- Within the office we saw that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- The support each person received was individualised to meet their needs and preferences. ● One person told us how staff had supported them to find employment and talked about their job which they clearly enjoyed and were very proud of. To enable this person to independently get to and from work, they had been provided with travel training. This supported them to learn the route to and from work using public transport.
- Another person told us about the things they liked to do. This included swimming, bowling and snooker. Another person showed us a book they had made which was a list of their favourite recipes and an award they had won.
- Staff were passionate about providing individualised support to people and we saw people were encouraged and supported to achieve their goals. One person told us about their achievement in losing weight and told us how they had done this and maintained a healthy weight.
- The provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was provided in an accessible format for people that required this, using pictures and symbols and sign language to support people's understanding.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and were confident that they would be listened to. One person told us, " The staff that support me are all really nice. If I wasn't happy about anything I would tell them and I am sure they would sort it out for me.
- When complaints were received they had been reviewed in line with the provider's procedure.

End of life care and support.

- At the time of the inspection there was no one receiving end of life care.
- The registered manager confirmed that policies and procedures were in place to guide staff on supporting people with end of life care and training was available to staff.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements.

- There were quality audits in place to measure the success of the service and to drive improvement. For example, monthly audits were undertaken by each service manager. These were sent to the registered manager and operations manager. This included audits of support plans, risk assessments, health and safety, such as checks on the servicing of equipment for people, to make sure they were safe for use and staff training and supervision. We saw the provider's system identified areas that were overdue. This enabled managers to act to address these.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- Staff told us they felt well supported and able to develop in their role. Staff confirmed they received regular supervisions and felt supported by the management team. One member of staff told us, "My manager is great. Really easy to talk to and very supportive."
- Staff spoke positively about the culture of the provider. They confirmed they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff.

- People and their relatives told us they were happy with the support they received and confirmed their views on the service were sought.
- Meetings were held with people through tenant's meetings and reviews of care. Relatives also confirmed they were involved in these reviews.
- Questionnaires were sent out annually to cover all aspects of support provided. These were collated and sent to the provider's head office, who then sent a report to the registered manager if there were any areas that required improvement.
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Working in partnership with others.

- There were good relationships with local health and social care professionals and with the local community.