

Royal Mencap Society

# Northumberland Mid & North Domiciliary Care Agency

## Inspection report

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28 November 2018

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## Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

Northumberland Mid & North Domiciliary Care Agency provides care and support to people living in 'supported living' settings, so that they could live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection, the service provided personal care to 13 people.

The inspection took place on 26 October and 9, 14 and 28 November 2018. The inspection was announced. We gave the provider notice because the service provided support to people in their own homes. We wanted to make sure someone would be available at the office to arrange visits for us to meet people.

At our last inspection we rated the service good. At this inspection we found that the service had improved to outstanding overall.

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.

A registered manager was in post. 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 provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager and management team.

People and relatives were extremely positive about the caring nature of staff. Staff used inclusive ways of communicating with people so they were supported to take ownership of their care and support.

Staff encouraged, recognised and celebrated people's successes. The service held celebration and reflection events at people's homes to recognise people's achievements and progress towards the outcomes they wanted. The promotion of privacy, dignity and independence was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did.

People and relatives described the responsiveness of staff as outstanding. The service was exceedingly flexible and responsive to people's individual needs and preferences. Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and people knew how to complain. Various inclusive feedback systems were in place to obtain people's views.

Staff were highly skilled and knowledgeable. Comprehensive training was in place to guide and inform staff in the most effective approaches to ensure the best possible outcomes for people. People were offered and attended the same training as staff. They also undertook bespoke and additional training which met their particular needs.

People were supported to take part in the recruitment of staff to ensure prospective staff had the values and skills which met their needs and preferences.

There was a strong emphasis placed upon the importance of eating and drinking to maintain health and promote well-being. Staff ensured that people experienced the best possible healthcare outcomes. The provider's "Getting it Right Charter" listed statements to help ensure that people with a learning disability had an equal right to healthcare.

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 supported this practice. The service had a very flexible approach to any restrictions it imposed on people and kept them under constant review.

There was a strong emphasis on continually striving to improve. Audits were carried out by staff and people on all aspects of the service. The service and provider sought to ensure that people experienced the best possible outcomes through research, following best practice guidelines and consultation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Appropriate safeguarding policies and procedures were in place. Medicines were managed well.

Safe recruitment procedures were followed. There were sufficient staff deployed to meet people's needs.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Staff were extremely skilled and knowledgeable. People were offered and attended the same training as staff. They also undertook bespoke and additional training which met their particular needs.

There was a strong emphasis placed upon the importance of eating and drinking to maintain health and promote wellbeing. Staff ensured that people experienced the best possible healthcare outcomes.

Staff were actively following the principles of the Mental Capacity Act 2005. The service had a very flexible approach to any restrictions it imposed on people and kept them under constant review.

### Is the service caring?

Outstanding ☆

The service was exceedingly caring.

People and relatives were extremely positive about the caring nature of staff. Staff used inclusive ways of communicating with people so they were supported to take ownership of their care and support.

Staff encouraged, recognised and celebrated people's successes. The service held celebration and reflection events to recognise people's achievements and progress towards the outcomes they wanted.

The promotion of privacy, dignity and independence was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did.

### **Is the service responsive?**

**Outstanding** 

The service was very responsive.

People and relatives described the responsiveness of staff as outstanding. The service was exceedingly flexible and responsive to people's individual needs and preferences.

Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and people knew how to complain.

Various inclusive feedback systems were in place to obtain people's views

### **Is the service well-led?**

**Outstanding** 

The service was extremely well-led.

The provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager and management team.

The service and provider sought to ensure that people experienced the best possible outcomes through research, following best practice guidelines and consultation.

There was a very strong emphasis on continually striving to improve. Audits were carried out by staff and people on all aspects of the service.

# Northumberland Mid & North Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection on 26 October and 9, 14 and 28 November 2018. The inspection was announced. We gave the provider notice because the service provided support to people in their own homes. We wanted to make sure someone would be available at the office to arrange visits for us to meet people.

Prior to the inspection, we checked information which we had received about the service. This included notifications which the provider had sent us. We used information the provider sent us in the Provider Information Return. This is 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 contacted the local authority's safeguarding adults team and contracts and commissioning teams. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We visited two independent living services. One person lived at the first service we visited, five people lived at the second service. We spoke with nine people who used the service and two relatives.

During our inspection we spoke with the registered manager, four service managers, a support worker with additional responsibilities, three support workers and the area administrator. We also spoke with two community nurses for learning disabilities from the local NHS Trust. We viewed three people's support plans, information relating to medicines management and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. This was confirmed by both relatives with whom we spoke. There were safeguarding procedures in place. The local authority confirmed that there were no organisational safeguarding concerns regarding the service. Staff were knowledgeable about what they would do if abuse was suspected. They informed us they had no concerns about people's safety.

Safe recruitment procedures were followed. Checks were carried out to ensure that prospective staff were suitable to work with vulnerable people. There was a safe system in place to manage medicines. People told us they received their medicines as prescribed.

There were sufficient staff employed. We visited people at home and observed there was enough staff to meet people's needs. Staff also supported people to access the local community.

Risk assessments were in place which had been identified through the assessment and support planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence in the local community whilst staying safe.

Accidents and incidents were recorded. A detailed analysis was carried out to ascertain if there were any trends or themes. Action was taken if any concerns were noted. One of the service managers stated, "The analysis of accidents/incidents for [name of person] enables us to plot from one month to the next exactly what is happening with [name of person's] behaviours and it then allows to respond to any changes more effectively."



## Is the service effective?

### Our findings

Staff were highly skilled and knowledgeable about people's needs. A community nurse said, "They are very proactive with training." Staff provided us with examples of the positive impact which training had had on people themselves. A service manager stated, "The training that [name of person's] support staff have received in positive behavioural support has enabled them to understand and identify quickly the triggers that cause his behaviours and in so doing, they are able to use the knowledge and experience gained to avert the worst of these behaviours, long before they can take hold fully of [name of person's] emotions. In turn, that has reduced his anxieties and given him the opportunity to expand his social life and interactions with others." We read a review document from this person's community nurse which stated, "This is somewhat of a success story...there has been a marked improvement in [name of person's] behaviour due to changes in his care team and the way they work with him and this has resulted in some positive changes to his diet and mood."

There was a proactive support and appraisal system in place for staff. The provider had a programme called 'Shape Your Future' that was designed to give staff the training and development opportunities they needed to perform their roles well and provide effective care and support to people. The provider also had a "You've got talent" programme which supported staff to move up in their career.

People were offered and attended the same training as staff. They also undertook bespoke and additional training which met their particular needs. The registered manager explained that people with a learning disability were entitled to education and training to develop new skills, the same as anyone else. Some people had undertaken external "Jack and Josephine" training. Jack and Josephine is a unique training resource for people with learning disabilities to help people explore sexual health and wellbeing. We viewed the provider's website which stated, "People who receive effective sex and relationships education usually have better sexual knowledge, better sexual health, and reduced vulnerability to sexual abuse." Easy read booklets were available to teach people with a learning disability about these topics. We spoke with one person who told us, "I've done a course on sexual health because I am the spokesperson for people with learning disabilities." Another person was undertaking Dialectical Behavioural Training [DBT]. DBT is a type of talking therapy. This person told us, "It's changed me for the better" and "Since my training if anything gets on top of me I take myself away from the situation." The registered manager told us, "It's all about them being able to identify their own behaviours and managing them."

People were supported to take part in the recruitment of staff to ensure prospective staff had the values and skills which met their needs and preferences. The registered manager told us, "People are involved in recruitment. We have recruitment involvement in different ways. One person [prospective staff member] went down to [name of house] to be interviewed, it wasn't a formal question and answer, he was observed interacting with people who lived there and we also got feedback from people who lived there" and "One person is a keen walker and he will do a profile of what he wants from a support worker. When we do recruit, we say what we specifically want [in a support worker]."

There was a strong emphasis placed upon the importance of eating and drinking to maintain health and

promote well-being. One person had moved out into the community from a long stay hospital into the local community. They were now receiving care from Northumberland Mid & North Domiciliary Care Agency. Staff had introduced them to many new foods. We read how they were now enjoying food from all over the world. They had also never eaten out before. A service manager stated, "Staff have developed protocols to enable [name] to enjoy a pub lunch during quiet periods."

People were involved in all aspects relating to their dietary and hydration needs. People in one of the houses we visited did their own menu planning on the computer and devised their own shopping lists. One person told us, "We decide what we want to eat, we make anything from chicken curry to lasagne." People shopped for ingredients, prepared and cooked meals. One person told us how staff had supported them with healthy eating which had helped them lose weight. They said, "When I moved in, I was, how can I say it, nearly 30 stone, I'm down to 16 now. I have done it through will power and prompts with staff and calorie counting."

There was an extremely thorough approach to planning and coordinating people's care and support which was based on best practice guidelines. The registered manager told us, "We have an all about me day with the family, person and care manager. The family have gems which we may not even know. We also work with any provider who has previously provided support." This was confirmed by a community nurse with whom we spoke.

Research based tools were in place to help ensure effective and timely support was provided. Staff used the Disability Distress Assessment Tool [DISDAT] which helps to identify signs and behaviours when a person is content and when they are distressed. The registered manager told us, "With [name of person] their chest becomes flushed when they are distressed and that is when you know to be additionally careful. It refreshes your memory. It's the little things, one person used to say "man" at the end of each sentence before any behaviours and you can quickly deescalate if you catch things at the start."

Staff ensured that people experienced the best possible healthcare outcomes. The provider's "Getting it Right Charter" listed statements to help ensure that people with a learning disability had an equal right to healthcare. People had annual health checks. An annual health check is an NHS initiative for people with learning disabilities to provide additional health support and help identify health conditions that could otherwise go undetected. Hospital passports were also completed. These are designed to give hospital staff useful information for example, details about likes and dislikes to help hospital staff understand how to make the person feel comfortable.

People and relatives told us that people's health care needs were met. We read an email from two relatives which stated, "If the girls had not picked up on [name of person's] condition yesterday and got him to the hospital, he could of had serious consequences." The service was following the principles of Registering the Right Support and enabled people to have easy access to health and social care services in their local community. People were registered with local GPs, dentists and opticians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 had a very flexible approach to any restrictions it imposed on people and kept them under constant review. Mental capacity assessments and best interest decisions had been made where people lacked the capacity to make specific decisions. These were made in conjunction with people, their care managers, community nurses and where appropriate their family or Court of Protection appointed deputy.

Staff had been extremely diligent in highlighting to people's care managers when applications needed to be made to the Court of Protection, if people's plan of care and support amounted to a deprivation of liberty.

## Is the service caring?

### Our findings

People, relatives and health and social care professionals spoke extremely positively about the caring nature of staff. Both relatives with whom we spoke with rated the caring nature of staff as outstanding. Comments from people included, "[Names of staff] are great to talk to and very down to earth", "[Name of staff member] is a fantastic chap" and "It's like a family." We read an email from a building contractor who had carried out work at one of the houses. This stated, "It was a pleasure carrying out the work required and a quick mention and credit to the carers on site, they are really lovely guys."

Staff encouraged, recognised and celebrated people's successes. The service held celebration and reflection events at people's homes to recognise people's achievements and progress towards the outcomes they wanted. People were able to invite those who were important to them to these events, such as their families. We visited a celebration event where people spoke enthusiastically about their successes such as weight loss, musical achievements and positive changes in their lives. One person played the mouth organ which everyone enjoyed.

The promotion of privacy, dignity and independence was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. A community nurse described how staff had gone above and beyond promoting one person's privacy in relation to their sexual health and relationships. Meetings were held with people and privacy and dignity was discussed. One person told us, "We talked about privacy and dignity and closing doors and flushing toilets in the meeting." People told us that they were always able to speak with staff if they needed to discuss anything in private. One person said, "If something is bothering me I will say [names of staff] will you come in if something is bothering me."

People were supported in their relationships, whether these were personal relationships with family and friends or intimate and sexual relationship with a partner. The provider's website stated, "Personal and sexual relationships can bring happiness, fulfilment, companionship and a greater sense of choice and control to the lives of people with a learning disability and as such, should be supported."

Some people had no family involvement. People from one of the service's we visited, invited people from another house to their celebration and reflection event. The registered manager told us, "People who live at [name of service] have no family so the families at [name of service] have become their family – they have a relationship." This was confirmed by our own observations when we attended the celebration and reflection event. There was a happy atmosphere between people, relatives and staff.

People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued. One staff member stated, "[Name] has to play a huge part in determining what the outcomes should be and therefore he has to be involved in all aspects of his care management. To help with this, [name of person] has attended monthly staff team meetings held in the Mencap office since February 2017 where we discuss in detail all aspects of his care package, his behaviours, any problems encountered that month and all other issues that form a monthly staff meeting agenda. [Name of person] loves to attend these meetings, we do not water them down in any way, we discuss

standard agenda items like health and safety, recruitment, finance, rotas, shift cover, safeguarding, medication, Mencap developments and we also undertake any new training updates. [Name of person] has received his own training certificates for some of these sessions. This has helped [name of person] to understand why we encourage him to do things that are good for him and that we are not trying to get him to do things that he does not want to do and in turn, this has helped his behaviours."

People's independence was actively promoted in line with best practice guidance. The National Institute for Health and Care Excellence standard "Care and support of people growing older with learning disabilities" states, "Encourage and support people to be active and independent at home regardless of their age or learning disability." We found that this guideline was followed in practice. The registered manager told us, "Wherever it can be prompting, it is prompting not doing." One staff member stated, "Staff are supporting [name of person] to develop some independent living skills. He is now able to hang out his own washing, bring it in and fold it. He is also learning to make a cup of coffee and can now manage every step of the process except pouring the boiling water from the kettle."

## Is the service responsive?

### Our findings

Staff knew how to meet people's preferences and used inclusive ideas to ensure that people had an enhanced sense of wellbeing and exceptional quality of life. One staff member emailed us and stated their aim was to, "Support [name of person] to live a happy and fulfilling life, supporting him to develop his skills and confidence."

Staff gave numerous examples how they responded to people's needs. Staff had supported one person to move to a new house which was more spacious. This had helped reduce the number of falls. In addition, we heard how staff had helped promote this person's fitness by parking a little further away from shops and restaurants to increase their walking time with their agreement. We observed this person and staff whilst we were in the local community, walking to his favourite restaurant.

People, relatives and health care professionals were very positive about the responsiveness of the service and staff. One person told us about the positive changes in their behaviour. They attributed these to the staff and in particular one of the service managers. He stated, "[Name of service manager] has had a [big] hand in it [the positive changes]." Another person told us, "I love it here because of the atmosphere, the staff are absolutely fantastic."

Best practice was followed in relation to support planning. The NICE guideline, "Care and support of people growing older with learning disabilities" states, "Ensure that all assessments of care and support needs are strengths based, person centred and conducted as early as possible." Support plans were extremely detailed and had been written collaboratively with people. In one of the houses we visited, people sat with staff and helped type their own support plans on the computer.

The provider had a set of standards and an approach called "What Matters Most." These standards were referred to within support plans. One standard stated, "You choosing how you live your life." We read a support plan which stated, "[Name of person] wants to make decisions about his life without feeling that others are telling him what to do. He does now do exercise. Staff park a little further away and he walks for instance to the café."

One page profiles were in place. These can help staff provide better person-centred care and support. They are a summary of what is important to someone and how they want to be supported. The registered manager told us, "They are so important - it's all about ownership and what is important to the person. It's all positive and what the person can do, not about their needs." Staff themselves had one page profiles. The registered manager told us, "They can help us match up people with staff better. We have one person who likes going for long walks and cycling in the wilds - well, if they employed me to be their support worker I would be sacked – I would be no good! The one page profiles help us match up the interests which people and staff have."

The principles of Registering the Right Support and other best practice guidance were followed in relation to enabling people to participate in their own local community. There was an inclusive activities programme in

place which was exceedingly responsive to people's needs to ensure they could live as full a life as possible. People went on holidays, to the theatre, restaurants – anywhere they wanted to go. There was a computer at one house that we visited which enabled people to research where they wanted to go.

People were actively supported to follow their hobbies and interests. We visited one person and heard and observed how staff had supported them to convert their garage into a workshop to enable him to undertake his woodwork hobby. Staff also supported this person to hold a garage sale and he raised £100 which he used to fund a day trip to Edinburgh.

People were supported with education and employment opportunities. The registered manager told us, "Work is important, it's about promoting people's self-esteem and providing variety, meeting new people and learning new skills, so we actively promote this." We spoke with one person who told us, "I work on reception, people order things like invitations and weddings stationary and we do banners for different things. I have my own special techniques, I put my posh voice on."

There was an emphasis on maintaining and promoting friendships to ensure people had the best possible outcomes. We visited five people who lived together. People who lived in the next door flats frequently visited. Support for people who lived in these flats was also provided by Northumberland Mid & North Domiciliary Care Agency. The flats were not part of the regulated service since people who lived there were independent with their personal care needs. People in the regulated service enjoyed seeing people who lived in the flats, including their pets. During our visit various pets visited including Diggley, the guinea pig, Cheryl the tortoise and Felix the cat!

Staff followed NICE guidelines to ensure people's transport needs were met and they could get to appointments and activities. One person required two staff to support them. The person used public transport, but did not like staff to sit with them on the bus. Staff therefore sat apart from the person, but near enough should support be required. This action not only supported the person's independence, but also promoted their privacy and dignity. We visited one person at home and heard how they were looking for a new car. The service manager stated, "[Name of person] has recently been instrumental in searching for and identifying a new Motability vehicle to replace their old vehicle. They knew exactly what they wanted in terms of a specification and enjoyed touring various dealerships to find the most suitable car."

There was no one receiving end of life care at the time of the inspection. The registered manager told us that when people were nearing the end of their life, they worked closely with other professionals and family members to ensure the person was supported and treated with dignity and respect.

There was a complaints procedure in place. Complaints had been responded to in line with the provider's procedure. Inclusive feedback systems were in place to obtain the views of people. Regular meetings were undertaken. People in one house which we visited devised their own agenda. The service manager said, "I get a four-page agenda." One person told us, "I am the chair person for the meetings once every month. We talk about things which are coming up and valuing people and things that we want to buy for the house."

The service was comprehensively meeting the Accessible Information Standard. The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Information was available in easy read format and pictures had been added to documents to make the written word easier to understand.

## Is the service well-led?

### Our findings

The provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager and management team. People, relatives and staff spoke very positively about the registered manager. One person told us, "We have a cracking rapport with [name of registered manager]." When we arrived at the office, the registered manager told us, "I am so excited about the CQC inspection. We have achieved so much and it is an opportunity to tell someone what we have done." The registered manager was supported by five service managers.

There was a strong emphasis on continually striving to improve. Audits were carried out on all aspects of the service including support plans, medicines, health and safety and finances. The registered manager told us, "Audits are supposed to be done twice a year, but I do them every few months because I see what's going on and I see the people and the staff team. If I go into the service I check the environment, observe practices and then the staff and people get to see me as well." We read an email from the provider's finance officer who had carried out a finance audit. They had stated, "Please find attached audit report...The audit was perfect and will come as no surprise that the outcome is green [good]."

People were also involved in carrying out audits of the service and had completed training to help them carry out various checks. The registered manager stated, "They do the health and safety training to help them realise why they are doing the checks. I don't want people just ticking boxes – it has to be meaningful to them." One person whom we visited said, "I have just done the health and safety checks with [name of staff member]. This is the book we use. This is what we have been doing this morning – see that's my initials against cleaning of the shower."

The provider used inclusive methods to obtain the views of people and their representatives. People, relatives and staff were actively involved in all aspects of the service including training and recruitment. Meetings and surveys were carried out to obtain feedback. The registered manager told us, "We have done one [survey] to find out what people have thought about going into hospital. It is one of our national campaigns, 'Treat me well.'" Treat me well is the provider's national campaign to transform how the NHS treats people with a learning disability in hospital. She also stated, "The surveys - we do an action plan, we don't just file them away and forget about them. [Name of person] wanted to go to Benidorm and sky dive – she has done that."

The service and provider sought to ensure that people experienced the best possible outcomes through research, following best practice guidelines and consultation. The provider had a number of national campaigns such as the 'Treat me Well' campaign to help improve the lives of people and make sure that people had equal access to healthcare, education, employment and leisure services. The service sought to raise awareness of the provider's national campaigns. A public coffee morning had been organised at the agency's office. We also spoke with two people who had been ambassadors for the service and promoted the important work which they did.



Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care. They told us that they enjoyed working at the service and morale was good. Many staff emailed us to tell us how much they enjoyed working at the service. One staff member told us, "I love my job – the people make it." We observed that this positivity was reflected in the support which staff provided.

A staff recognition and reward scheme called "You Rock" was in place. This was designed to say thank you and well done to staff and volunteers working within the organisation. We spoke with a staff member who had received several "You Rock" awards. She showed us one which stated, "We've heard you're really positive – thank you for being brilliant."