

Royal Mencap Society

Royal Mencap Society - Rotherham Domiciliary Care Agency

Inspection report

Unit 3b, Phoenix Riverside
Rotherham
South Yorkshire
S60 1FL

Tel: 01709388440

Date of inspection visit:
15 August 2017

Date of publication:
05 October 2017

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

The inspection took place on 15 August 2017, with the registered provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in July 2014. At that time, the service was rated 'Good' across each of the five key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Royal Mencap Society - Rotherham Domiciliary Care Agency' on our website at www.cqc.org.uk

Royal Mencap Society - Rotherham Domiciliary Care Agency provides personal care to people living in their own homes and to people living in supported living environments in the Rotherham area. At the time of the inspection 96 people were receiving care and support from the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service told us that staff had a caring approach, and praised the way staff upheld their dignity and treated them with respect. There was a comprehensive training programme in place, which meant that staff were equipped with the knowledge and skills to meet people's needs.

There was an effective complaints system in place, and where complaints had been received the registered provider dealt with them appropriately, making alterations to the service as required.

The recruitment system was robust, meaning that only staff with the right skills and aptitude were employed by the registered provider. Staff performance was managed via a system of staff supervisions and appraisals.

The registered provider complied with the Mental Capacity Act, ensuring that people gave informed consent to their care or that appropriate procedures were followed where people lacked the mental capacity to give consent.

Where people were at risk of harm, there were risk assessments in place, which considered the specific risks that people were vulnerable to.

Staff told us they felt supported by managers, although many said that they did not feel their views were listened to.

There was a very comprehensive and effective audit and quality monitoring system in place.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Royal Mencap Society - Rotherham 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 registered provider was 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.

The inspection included a visit to the agency's office which took place on 15 August 2017. The registered provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team included an adult social care 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. An inspection manager was also present at the inspection. Their role was to observe how the inspector conducted the inspection, this is part of the way CQC monitors inspector's performance.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the registered provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We contacted one of the organisations who commissioned the service to seek their views about the service provided, met one person who used the service at the office and talked to seven people using the service by telephone. We spoke with five members of the management team and two support staff.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files and other records relating to the management of the service, such as quality audits and safeguarding investigation reports.

Is the service safe?

Our findings

People using the service told us they felt safe when receiving care from the registered provider. One person told us, "Yes I do feel safe with the Royal Mencap staff. I also feel that they have enough staff on for my needs" One person said, "I am satisfied with the job that Mencap do. The staff are all very nice and it's like we are all one big happy family. They help me to do my pots, I wash and they wipe and put them away for me. We make the beds, two hands are better than one aren't they? There have always been enough staff on as far as I've seen." Another person told us, "I do feel safe with them yes, there are plenty of staff and they're all great." Another person commented, "I've always felt safe with Mencap staff. They listen to me. They come round every week and take me shopping."

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at seven people's care plans and saw that each one included assessments relating to risks that the person may be subject to or may present. Where there were specific risks that related to that person, there was a risk assessment setting out how staff should ensure the person was cared for safely.

An environmental risk assessment had been completed for each person's home in order that staff could work safely in them. This risk assessment detailed information about any safety hazards or potential risks at the person's home. This ensured that staff were able to address potential risks in the person's home that could have an impact on them carrying out their duties, or on the person themselves. Staff were provided with equipment, including gloves and aprons, to ensure that they could provide care safely.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff told us they were confident in recognising the signs of abuse and acting on suspicions. The registered provider's training records showed that staff had received training in relation to safeguarding vulnerable adults, as well as other areas relating to safety, such as food hygiene, moving and handling and infection control.

We looked at staff files to review whether staff were recruited in a safe way. We checked five staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

There was a policy in place to guide staff in how to support people using medicines, including in relation to recording and storing. We saw that records relating to medication were accurate and detailed, and the registered provider had a system in place of carrying out spot checks which included monitoring whether staff were handling, administering and recording medication appropriately. In addition to this, medication management and handling was discussed in staff supervision sessions, and staff had received training in the safe handling of medication. People we spoke with were happy with the support they received from staff.

For instance, one person who used the service told us, "I self medicate, but the staff are always asking me if I've taken my medication. They do keep an eye on it and always seem to want to make sure that I've taken it."

Is the service effective?

Our findings

People we spoke with all said they thought the staff had the right training. For instance, one person said, "The staff are well trained," and another person said, "I should say that they've had the right training. If I have to see a Doctor, one of the staff will go with me to the appointment. They see that I get my tablets. Another person said, "The staff are well trained. The staff are good. If I have worries and problems I feel that I can talk to them and that they listen to me."

One person said, "Yes, the staff help me. I have only used the Royal Mencap for five weeks so I am still getting to know people and staff. Up to now though, they have been the same three staff all the time. They ask me what I want to do and help me to do it. They help me to keep up my hobbies and interests. I struggle with new people, so it helps that it has been the same three staff to be honest."

Other people told us there had recently been some new staff. One person told us, "There are sometimes new staff. Three started last week. They all seem nice. There are other staff who've been there for over ten years. They all help me." Another person said, "There are some new staff on at times which makes me a little nervous. I get that way with new people. Some [staff] are off work at the moment on holidays. I like to have the same staff if possible. They teach me things like how to cook." They went on to say, "The thing that they [the staff] do good though, is that my confidence has improved a lot through them. I am cared for well by them. They've been really great looking after me." Another person told us, "Yes, I feel that the staff are well trained. The old staff know me well and I'm getting to know the new staff now as well."

Staff training records showed that staff had training to meet the needs of the people they supported. Staff we spoke with confirmed they had completed the registered provider's mandatory training, which, included infection control, first aid, dignity and respect, amongst other relevant training. Staff held, or were working towards, a nationally recognised qualification. The registered provider had an in-house learning and development team including a trainer, meaning that training was readily accessible and could be tailored to the needs of the service. We looked at records from recent training sessions and found that the training was focussed on the experiences of people using the service. Staff told us they received training in dementia care, end of life care, and specialist care such as oxygen therapy, when this was relevant to people's needs.

Staffs' review of performance was completed annually using Mencap's 'Shaping your future' framework. We looked at examples of completed records and saw these consisted of quarterly performance reviews, development and training planned and undertaken and an end of year appraisal. The shaping your future framework sets out Mencap's values and staff's performance was measured against these values.

People told us that staff from the service gave them the assistance they needed with their meals. Each person's file we checked had information about their food preferences and tastes, as well as guidance for staff in relation to how people should be supported in relation to nutrition and hydration. We checked a sample of people's daily notes, where staff recorded the care provided at each visit, and saw that staff were providing food in accordance with people's assessed needs.

We looked at whether the registered provider was compliant with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and also checked that where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We saw policies and procedures in relation to the MCA were in place and up to date. Care records we checked showed that people's capacity to make decisions was considered by the registered provider, and this was recorded within the assessment and care planning process. Staff were provided with useful cards that easily fitted into a pocket or wallet, which provided MCA 'Top Tips', listing the principles of the Mental Capacity Act, the four points that should be borne in mind when assessing someone's capacity to make a decision and a 'Best Interest' checklist, listing what a good practice approach should be, when a person lacked capacity to make a particular decision.

We saw evidence of good practice and creative approaches used to support people, making sure the least restrictive approach was taken, when people's decisions led to increased risk in their lives, particularly when people wanted to be as independent as possible in the community. Additionally, from discussion with staff it was evident that staff in the service advocated on people's behalf, if they felt that assessments undertaken by funding authorities or medical professionals were not thorough enough, in order to ensure people got the best services possible.

Is the service caring?

Our findings

People using the service praised the service they received. People told us, "I'm very independent. I only ask staff if I've any troubles. If there is anything that I can't do, I tell them to do it. The staff are all nice. They ring the bell before they come in and yes, they are very kind and caring.", "The staff help me to maintain my independence. I work and learn, so they take me shopping on a Friday and then on Saturdays we go bowling or do something else. They're all kind and caring people.", "They [staff] are very caring, polite and brilliant. They are good people." and "Staff are good. If I have worries and problems I feel that I can talk to them and that they listen to me. They are always courteous and they do treat me with respect."

One of the people who used the service liked to come into the office to assist in tasks such as shredding paper. At the time of our inspection this person was in the office and we saw staff supporting them to spend time in the office helping them. Staff had provided them with an identification badge as all other staff were wearing these. We spoke to this person and they told us how they enjoyed coming to the office to help out and could not think of any improvements that could be made to the service. The person told us that staff were kind and helped them when they needed it. We observed that staff had a very good rapport with them and interactions were very kind and encouraging.

We could see from care records that at the time of the inspection people were receiving care visits from a consistent team of care staff. Every person we spoke with told us care staff treated them with respect and dignity, and agreed with the statement that staff were caring and kind. People said the staff supported them to maintain important relationships. For instance, one person said, "I get on with the staff. They support me to see my girlfriend." We were told that where necessary staff supported people to go out on dates and to go on holiday with their partners or friends.

Staff told us that dignity and respect was important for them, and said that this was emphasised by the registered provider. One person said, "They [staff] treat me with respect. They knock before coming in. Good manners are shown by all the members of staff that help me." Another person told us, "They [staff] treat me with respect and dignity. They write things in my care plan every time that they visit here. They are always very polite and pleasant."

We looked at the service approach to equality, diversity and human rights and how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and people from diverse backgrounds. We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. The staff we spoke with had an open, inclusive and supportive approach. They told us that they received good quality training and were aware of the importance of promoting equality and diversity and respecting people's human rights.

We looked at people's care records and checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan we looked at contained an assessment of people's needs, which had been carried out when they began to use the service. This assessment was set

out in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of the tasks undertaken in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care that the person had been assessed as needing.

We saw a very charming, hand written note sent to a staff member by a person who used the service. Senior staff explained that the person was quite new to the service and had entered the service with a reputation for refusing to engage with staff. Because of the positive approach taken by the staff now supporting this person, they were forming very good relationships and had sent the note as a thank you to one particular staff member.

One senior member of staff explained that the service had supported and were supporting people to stay at home at the end of their lives, if this was what they wanted. They explained that staff were well trained and supported. They added that the service was very well supported generally as they had very good links with a local hospice and had built good relationships with district nurses and palliative care specialists, so this helped to ensure people's comfort and wellbeing through the end of their lives.

Is the service responsive?

Our findings

Most people said they were involved in planning their care. One person said, "Yes, I do have a care plan and it has my risk assessments and things in it. They [staff] fill it in whilst I am sat next to them." Another person told us, "The staff support me. They seem well trained. They have a care plan that they write in and sign when they come here."

People we spoke with told us the staff supported them really well and helped them to get out into their local community. For instance, one person said, "They help me to get to my volunteer placement in the mornings. They take me to cafes and restaurants if that's what I want to do." Another person said, "If I wanted to go out, they would take me anywhere that I wanted to go. They take me to Morrison's and they've never refused anything that I've asked of them." One person told us, "There's always something to do around the house. Pots, beds etcetera, the staff help me with my chores. They also take me out to the cafe, or for a meal." Another person commented, "I am supported to get up in the morning and to go to my day centre. They [staff] make sure that I get home safe and help me to cook a meal."

The service had described how they were undertaking person centred reviews within their provider information return. We looked at how this was progressing and one of the service managers showed us examples of completed reviews. They also explained that not everyone wished to have a person centred review and that they would respect the person's wishes. In the four persons centred reviews we looked at, these had been fully completed and included a photograph of the person. Each one we looked at was different, including a completely different format used, as they had been completed with the person, to suit them individually. They provided comprehensive information about that person and from this, risk assessments and support plans were developed. We also looked at care records for people who received community support services. We looked at how risks had been assessed and what support plans had been developed to manage any risks. We found care records were detailed and well completed. There was information which told staff about people's individual preferences and their social and personal lives. This meant that staff had a good understanding of the person they were supporting, and could act in accordance with people's personal preferences.

We asked people using the service, and care staff, about the effectiveness of communication within the service. People told us communication was good. There was a detailed service user guide, which set out what people could expect from the service, the standards that the registered provider adhered to and what action people could take if things went wrong.

We looked at records of complaints held by the registered provider. There had been a small number of complaints received within the 12 months preceding the inspection, although there were no particular themes arising. When a complaint had been received, the registered provider took appropriate steps to investigate and provide the complainant with a written response to their complaint, taking action to address any shortfalls or implement changes where required. There was a complaints policy which set out how complainants could make a complaint to the registered provider, and what timescales responses would be made in, as well as what action complainants could take if they were unhappy with the registered provider's

response. When people's care was reviewed, the staff member leading the review checked whether the person was happy with their care and whether there were any complaints or concerns.

Most of the people we contacted, told us they knew how to make a complaint and were confident it would be addressed. One person said, "Staff are good. I've never had to make a complaint. They are all very nice people and yes, they've explained the complaints procedures and things to me." Another person confirmed, "No, I've never had to complain. They have explained the complaints process to me though."

One person told us they had raised a concern and it had been addressed. They said, "Once, they [staff] forgot to bring my tablets. I told them. It only happened once, a while ago. It got sorted out by Royal Mencap." Another person had forgotten if the staff had told them how to complain. They were keen to add, "I haven't had to complain though, so it doesn't matter."

Is the service well-led?

Our findings

There was a registered manager in post, who was registered with CQC in 2014. They managed several service managers, who were responsible for the day to day running of services in particular locations. As the registered manager was on leave at the time of the inspection a number of the service managers supported us during our visit, along with the area administrator.

The people we spoke with who used the service told us they had regular contact with the registered manager and spoke very positively about their approach and the service generally. For instance, one person said, "The Big Boss [name of registered manager] I can talk to her." Another person said, "I know [name of registered manager] well and I get on with her. I can ask her anything I want. They [the management team] are good at dealing with things. Everything is alright, there's nothing I'd improve, I am very happy with all that they do for us." One person told us, "I do know the manager. She is approachable. It [the service] is well organised. I've been to a coffee morning and it was really good. No improvements at the moment, but I've only been using the service for a short time. They [the staff] treat me like an adult. They [the staff] treat me like the age that I am and it makes me feel good." Another person commented, "I spoke to [name of registered manager] yesterday. She is very nice on the phone. She's a very good manager. I like to keep the same routine. They [staff] support and help me to do this. They take me into the community and help me to lead a normal life. They are a great team." One person said, "We get on fine me and [name of registered manager], she is a good manager. Everything is OK. I wouldn't improve anything. They [staff] are brilliant with me. Fantastic, the lot of them."

The service managers directly managed the support staff on a day to day basis, including undertaking one to one supervision with them. They were responsible for undertaking regular observations of the staff's practice and competence, which included monthly competence checks covering areas such as supporting people with their medicines and their finances, and annual moving and handling competence checks. They made sure that staff were informed about developments within the organisation, as well as discussing improvements and any staff performance issues.

Staff told us they were well supported by their managers and the registered manager. They felt they received information when they needed it. All the staff we spoke with felt managers were approachable, and said they were confident to raise any concerns. They and that the registered provider asked for their feedback and suggestions in relation to the running of the service.

We looked at the systems in place for monitoring the quality of the service provided. We saw that there was an overarching quality assurance system which assessed and analysed a wide range of aspects of service delivery. Regular audits were undertaken by service managers, the registered manager and the area operations manager to monitor the quality and safety of services. Any actions required from audits were recorded on the managers' assurance tool, which is an electronic database for monitoring the quality and safety of the service. The managers assurance tool covered all aspects of the service including requirements for people using the service and were discussed in quarterly meetings with each service manager. This information was incorporated into accountability meetings held every three months with the registered

manager. We looked at the electronic records of accountability meetings held between the registered manager and service manager and saw that key priorities for the service were discussed and agreed at these meetings, as well as other, operational and financial aspects of the service.

The area operations manager undertook an audit of each service manager's services every year. We looked at examples of these and they included care records, Mental Capacity Act and best interest decisions, finances, medication and staffing. We saw action plans had been produced with completion dates. Actions were logged onto the electronic managers' assurance tool to ensure these were monitored for completion. Financial audits were carried out by the area operations manager every three months with monthly checks carried out by service managers. We looked at an example of a financial audit carried out in March 2017. The evidence we saw showed that the quality assurance system was effective in ensuring a good quality, safe service, identifying areas needing attention and effectively making improvements where necessary.

One service manager explained that each supported living service had a health and safety file of checks that were required to be carried out. We looked at an example file and saw that the checks were also produced in a pictorial format to enable people using the service to be involved in carrying out environmental checks. We looked at examples of a fire risk assessment that had been carried out at one of the supporting living services in April 2017. We saw that recommendations had been made for improvement and that appropriate action had been taken to address them.

Reflection events were held routinely for each service manager's area and regional events were also held. We looked at an example report that had been produced from a reflection event in June 2017 and saw that these were used to review and reflect on what had worked well and what could be improved.

The registered manager reviewed any completed incident and accident forms to establish and record the cause and effect of each incident. This information was transferred to a database for review and monitoring by the quality team. These ensured incidents are monitored both locally and nationally, so that any emerging themes or trends could be identified and addressed. Information was cascaded back to the registered manager and service manager at the accountability meetings. An action plan was produced where necessary and monitored by the quality team.

We looked at records of medication errors that had occurred in the last 12 months. These were coded and we saw the most common occurrence was due to missed and refused medication. These were coded separately so the reason was clearly recorded. We looked how the service manager identified patterns or trends and how they dealt with incidents. We saw that one service manager had identified an emerging pattern and we looked at how they had addressed this and what action had been implemented to prevent reoccurrence. The action taken had successfully prevented any reoccurrence of these specific errors. We saw evidence of how medicines errors were addressed with staff, which included formal discussion and assessment of understanding.

In addition to the overarching quality assurance system, the quality of service was checked at each quality review, where senior staff within the organisation met with people using the service and checked on their experience of receiving care and any required changes. One person who used the service told us, "Sometimes they have coffee mornings with sandwiches and buns and they are always nice to go to."