

Royal Mencap Society

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC)

Inspection report

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28 May 2019

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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:

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC) is a domiciliary care service. It provides care and support to people with learning disabilities or autistic spectrum conditions, living in 16 supported living settings spread across Bedfordshire, Buckinghamshire and Hertfordshire. At the time of the inspection, 44 people were being supported with personal care.

People's experience of using this service:

People's support focused on them having as many opportunities as possible to gain new skills and become more independent. This supported the principles of 'Registering the Right Support' and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were particularly proud that they had been supported to register to vote and they were looking forward to exercising this right in future elections.

People were protected from harm by staff who were confident in recognising and reporting concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely and to enable them to take part in a range of activities they enjoyed. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Staff had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. People had enough to eat and drink and were supported to make healthy food choices. People had access to healthcare services when required. This helped people to maintain their health and well-being.

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. People were fully involved in making decisions about their care and support. People were involved in planning and reviewing care plans. Staff supported people in a way that respected and promoted their privacy and dignity. They encouraged people to be as independent as possible.

People were happy with how staff supported them to meet their individual needs. They said this had been done in a kind and person-centred way. Complaints were managed well and there was learning from these to reduce the risk of recurrence. The service did not currently provide end of life care, but they had including some information in people's care plans. They would do more to further improve on the quality of this information.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The provider had systems to enable people, relatives and staff to provide feedback about the service. People's

experiences of the service were positive. Staff felt fully involved in ensuring the service met its regulatory requirements.

Rating at last inspection:

At the last inspection, the service was rated Good (report was published in October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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.

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC)

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:

One inspector carried out the inspection.

Service and service type:

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC) is a domiciliary care service. The service provides care and support to people living within 16 supported living settings, so that they can 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.

Not everyone using Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC) receives 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.

The service had two managers 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 three days' notice of the inspection to make sure the registered managers would be in to support the inspection. This was because they were often out, supporting staff in the various supported living settings. We also needed to plan visits to some supported living settings so that we could speak people using the service and staff.

Inspection activity started on 16 May 2019, when we visited the service's office to see the managers; and to review records, and policies and procedures. We also visited two supported living settings to speak with people and care staff. We visited three further supported living settings on 17 May 2019. The inspection ended on 28 May 2019 when we had spoken with some people's relatives by telephone.

What we did:

Before the inspection, we looked at information we held about the service to help us plan the inspection. This included information shared with us by the local authorities and notifications. A notification is information about events that registered persons are required to tell us about. We also reviewed information we received in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at various information including:

Care records for five people and medicines records for one person.

Records of accidents and incidents; compliments and complaints; audits; surveys.

Three staff files to check the provider's staff recruitment, training and supervision processes.

Some of the provider's policies and procedures.

We spoke with eight people, three relatives, four care staff, one supported living setting manager, one assistant manager, and the two registered managers [managers].

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. We observed people were comfortable in the company of staff. One person said, "I'm happy here, everyone is really nice." Another person said there was nothing that made them sad.
- Staff knew how to keep people safe. One staff member said, "We care about people we support. I have no concerns about abuse at all. If we notice something, we know the procedures to report it."
- There was evidence that the registered managers reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured quick action could be taken to deal with any concerns, in order to safeguard people.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care records. These guided staff on how to manage risks to people's health and wellbeing. Managers ensured risk assessments were reviewed when required to ensure this information was always up to date.
- People's risk assessments ensured they remained safe, while enjoying their freedom, choice and control. This was because the agreed measures did not restrict people's access to various experiences they enjoyed.
- Staff told us risks were managed well. One staff member said, "Managers encourage staff to take time to read care plans. This reduces mistakes and risks by getting to know the needs of people we support."
- Staff supported people to keep their homes safe. They also completed health and safety checks to identify and minimise any hazards that could put people, staff and visitors at risk of harm.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service.
- There were enough staff to support people safely. Some of the staff had supported people for many years and they knew them well.
- The service had recruited more staff since our last inspection. They were able to cover most shifts with their own permanent or relief staff. However, if this was not possible, agency staff were used. This promoted consistent care for people. One staff member said, "We always have enough staff and everyone is happy to cover shifts when needed."

Using medicines safely

- People told us staff supported them well to take their medicines.
- Staff followed the provider's guidance to ensure people's medicines were managed safely. Records showed no concerns about how people were given their medicines.
- There were systems for staff to follow when people refused to take their medicines or when they needed

'as and when required' (PRN) medicines. This ensured people received effective treatment.

Preventing and controlling infection

- Where required, staff supported people to keep their homes clean.
- Staff had been trained in infection prevention and control to minimise the spread of infections.
- Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons. Where required, they used these when supporting people to ensure they protected everyone against acquired infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service.
- Staff told us the managers encouraged them to report any incidents so that appropriate action could be taken to deal with these in a timely way. One staff member said, "We communicate with other staff and learn from what doesn't work well."
- Records showed the managers reviewed incidents and they put appropriate measures to reduce the risk of recurrence.

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 care was planned and managed in line with good practice guidance. People told us staff supported them well with their care needs. One person said, "Staff support me with everything. They help me to wash, cook and do my laundry."
- People's care plans included their needs, choices and preferences so that these would be met by staff. People regularly met with staff to review and update their care plans when necessary.
- People said staff respected their individuality and they provided support in a way that promoted good outcomes for them. Staff said they had never been concerned about discriminatory practices and the aim of the service was to support people to live full and active lives. Staff and the managers told us how they had worked hard to ensure people exercised their right to vote. Everyone was registered to vote and had been given information about each of the political parties in formats they could understand. Some people told us they were looking forward to voting during the upcoming European elections.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to support people effectively.
- Staff said they had been trained well to provide good care. One staff member said, "Training is really good and is helping me to know how to support [people]. I've learnt a lot and I put this into practice every day."
- Staff told us they were supported in their work by approachable managers. They also said they had regular supervisions that allowed them to have formal discussions about their work. One staff member said, "There is an open-door policy here. We can always talk to the managers if needed. Mencap also has a 24-hour support line for staff."

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

- People told us they had enough to eat and drink. They said they enjoyed their food, which they prepared with staff's support. Some people told us about the food they enjoyed most and what they enjoyed cooking. One person said, "Staff helped me to make porridge this morning."
- People who lived in shared services told us they were involved in planning menus and they sometimes went out with staff to buy food. People said they liked having allocated cooking days when they cooked for everyone they lived with. Some people said they were more skilled at cooking than others, but staff supported everyone with this.
- People's food preferences or special diets had been considered. We also saw that health professionals had been involved where people required specific support to eat and drink well.

Adapting service, design, decoration to meet people's needs

- The service made sure the design and decoration of people's homes was suitable to meet their needs.

Some people were proud to show us their flats or bedrooms in their shared homes.

- People told us they chose how they wanted their homes decorated. One person told us they preferred a certain colour and we saw the walls and many items in their bedroom were in this colour. One person was being supported to budget for repainting and carpeting their flat.
- Adaptations had been made to some of the people's homes to support those with mobility difficulties. People also had the necessary equipment if required.
- Managers told us they worked well with various housing providers to ensure repairs and refurbishments required to people's homes were carried out quickly. This ensured people's homes were safe and comfortable for them to live in.

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

- Records showed people were supported to access various health services when required.
- Staff supported people to attend appointments with different health professionals. One person told us they regularly saw a doctor about their health condition and they received treatment for it.
- There was evidence that the service worked closely with other professionals to ensure people's care, support and treatment needs were met. The provider's 'Treat me well' campaign aimed at ensuring NHS staff knew how to work better with people with learning disabilities. Managers told us this had resulted in positive changes that would greatly benefit people. For example, having identified learning disabilities liaison nurses in hospitals would ensure they provided guidance to other staff on how to best support people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. In community services, applications must be made to the Court of Protection.

- We checked whether the service was working within the principles of the MCA and found these were met. Some people required constant support and supervision by staff to keep them safe while out and about in the community. Where required, the registered managers sent applications to ensure this level of supervision was legally authorised.
- People told us they were happy to be supported by staff this way because it made them feel safe. Most people were able to make decisions about their care and support. Where people did not have mental capacity to make certain decisions, the registered managers ensured relatives, professionals or independent advocates were consulted. This ensured the care and support provided by staff was in people's best interest.
- Staff asked people for their consent before they provided care and support. This protected people's rights.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us they were supported by kind and caring staff. One person said, "Staff are fine, they are nice." Another person said, "The staff are lovely. I don't know any staff who is not nice, I will soon tell you if I did."
- We observed staff were kind, caring and respectful in their interactions with people. People told us they got on well with staff and other people they lived with. One person said, "We are all like a family here." One person said staff always supported them to resolve arguments with another person.
- People said their diverse needs were met by staff. We observed that staff knew how to support a person who sometimes got upset when they talked about what happened to them in the past. The person said they found staff's support comforting.

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

- People told us staff always supported them to make decisions and choices about their care. They said they chose how they wanted to spend their time, including whether they wanted to spend time alone or with other people they lived with.
- Staff told us they met regularly with people to talk to them about their care plans, goals and wishes.
- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them to make decisions about some aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People said staff were always respectful and they promoted their privacy and dignity. This was because staff always supported people with personal care in the privacy of their own homes or bedrooms for those who lived in shared homes.
- People told us they could carry out some of their daily living activities without staff support. One person said, "I can tidy up my flat, but staff help me with other things."
- Staff told us they always supported people to do as much as they could for themselves to develop and maintain their independent living skills. They saw their role as that of enabling people rather than doing everything for them. Staff were proud of their contribution in helping people to be as independent as possible.

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 told us staff supported them in a way that met their individual needs.
- People's care plans reflected their care needs and preferences. Staff reviewed these regularly with people to check what progress they had made. People had 'What matters most to me' file showcased their aspirations and achievements, with photographs of when people took part in various activities.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw that the identified needs were met for individuals. For example, where required, people had been given information in easy read format to help them to understand it.
- People told us about the many recreational, educational and work activities they enjoyed. Some people liked going out for shopping, meals and to the pub for drinks. Others enjoyed going to the cinema or to watch theatre shows. Some people visited a wildlife park during the inspection. Others were cooking healthy pizzas for lunch as part of the service's 'Fab Friday' activities. Some people also attended day centres, which they said they enjoyed.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Records showed the managers took appropriate action to investigate complaints in a timely way. Feedback had also been given to the complainants.
- The managers told us they used learning from complaints to improve the service. They shared this with staff so that they did things differently to prevent further concerns.

End of life care and support

- The service did not always provide end of life care. Where people required this, the support they needed was included in their care plans.
- We discussed with the managers the importance of having information about people's end of life care wishes. This would help staff to support people according to their wishes. They told us they would work with people and their relatives to add this information in people's care plans as soon as possible.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People told us they were happy with the service and that they received good care. Staff said the managers and provider's values promoted a caring and inclusive culture that motivated them to support people well. One staff member said, "It's great and a lovely service to work for. We do everything we can to make sure people we support are happy and safe."
- The provider was involved in national campaigns to improve the lives and care outcomes for all people with learning disabilities and autism. Information about the work they were doing was shared with staff. Managers told us about some of the recent forums that focused on key life issues for people, such as voting. Their next focus was on end of life care.
- There had been regular audits to monitor the quality and effectiveness of the service. These were carried out by the managers and the provider's national quality teams were available for advice and guidance.
- The managers appropriately reported relevant issues to CQC and the local authorities that commissioned the service.

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

- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
- Staff knew what was expected of them to ensure good standards of care were always maintained.
- Staff said the managers were approachable, supportive and always provided good practice guidance. Managers were clear about their responsibilities to ensure the service consistently met regulatory requirements.

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

- People had opportunities to regularly give feedback about their care and support, particularly during meetings with their keyworkers. Staff worked closely with people's relatives too.
- There was a newsletter that showcased what some people did and enjoyed. Managers told us this also gave other people ideas of what they might want to do. People were involved in presentations at conferences and were given personalised 'thank you' cards to thank them for their contribution.
- The service also held quarterly 'Our Voice' events. These were social events that helped people to meet others and form friendships.
- Staff were consulted and enabled to contribute to the development of the service. Staff said their views

and suggestions were valued. The provider's 'Big listening' was their annual staff survey that started in 2018. Staff's comments had resulted in some of the provider's policies and procedures being reviewed and updated. Staff said they were motivated to be the best they could be in their roles. 'You Rock' was the provider's staff nomination and recognition system which encouraged teams to identify and celebrate staff who made recognisable contributions to the service.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Local authorities that commissioned the service also inspected it regularly. This ensured everyone could check that people consistently received the support they required and expected.