

Royal Mencap Society

Mencap York Domiciliary Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mencap York Domiciliary Care provides personal care and support to people with a learning disability and/or Autism spectrum living in and around York. At the time of our inspection, the service supported 96 adults, across 25 supported living houses.

Mencap York Domiciliary Care also ran a 'community service', which provided domiciliary care and support to people living elsewhere in the community. This service supported five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they felt safe. Staff had knowledge of safeguarding procedures and felt confident to report any concerns. People received their medication as prescribed. There were some recording issues regarding medication that the registered managers were addressing. There was sufficient staff to meet people's needs.

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

Staff supported people with their health care needs, the service supported people to have regular checks to meet their health needs such as medication check and health care checks. People were supported with their nutritional needs.

Staff were kind and caring and treated people with respect. People and staff had developed positive relationships. The service promoted the use of advocacy to ensure people were involved in decisions regarding their care. People's independence was encouraged.

People were supported to participate in a large variety of activities. Staff encouraged and support people to maintain and develop relationships.

Governance systems were in place to monitor and improve the service. We received positive feedback from people, their relatives and staff regarding the management team.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mencap York Domiciliary Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, one assistant inspector and one 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.

Service and service type

This service provides care and support to people living in 24 '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. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had three managers registered with the CQC. 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with two of the registered managers, two service managers, the family network manager, the volunteer coordinator, and nine support workers. We spoke with two health professionals. We visited five of the supported living houses.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager who was absent from work during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe. Comments from people and their relatives included, "I feel very safe living here, the staff look after me" and "I think [Name] is very safe living there."
- Risk assessments were in place to mitigate risks to people. These were reviewed and updated when people's needs changed.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy and safeguarding training helped staff understand the types of abuse and how to protect people from harm.
- Staff felt confident to report any suspected abuse.
- The registered manager kept updated records of the investigation, actions and any outcomes.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs and maintain their safety.
- Where agency staff were used, measures were in place to ensure consistency by the use of the same agency workers.
- The provider's recruitment processes helped ensure only suitable staff were employed, and disciplinary procedures had been appropriately followed.

Using medicines safely

- People received their medication as prescribed.
- The service carried out work to reduce the amount of anti-psychotic medication people were on and this had a positive impact on people's lives.
- Medication records were completed. However, in one of the schemes records were not always completed in line with guidance. For example, two staff were not always signing for controlled drugs. This had been identified by the service and they were addressing these concerns.
- Staff completed training and had an assessment of their competency to safely support people in the administration of medicines.

Preventing and controlling infection

- Mainly all the schemes were clean and free from odour. However, we did note on scheme that required some cleaning tasks completing, on return to the office the registered manager showed us evidence this had been addressed.
- The provider had an infection control policy in place which guided staff to follow and implement safe

hygiene practices.

- The registered manager ensured there was enough personal protective equipment available for staff such as gloves and aprons to help reduce the risk of infection.

Learning lessons when things go wrong

- Safeguarding allegations, accidents, incidents and complaints were monitored and reviewed so any patterns could be identified and managed in an effective way.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Thorough assessments of people's needs were used to develop care plans, which provided guidance to staff on how to support people in an effective way.
- Before people moved to the service, assessments and plans had been put in place to ensure a smooth transition. For example, one person attended numerous visits, had an overnight stay and staff visited them in their school environment to learn how they were supported.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and knowledgeable. One relative told us, "They are all very well trained and they support [Name] well."
- Staff received an induction and ongoing training. The management team completed observations to ensure staff had the necessary skills to carry out their roles and to identify any training needs.
- Staff were supported through regular meetings with their line manager, where they received feedback on their performance and could raise any concerns.

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

- People were included in developing a menu each week and had a variety of options available for each meal.
- People were supported to prepare their meals and were given a choice. One person told us, "We choose what we want for our meals and the staff help us cook."
- Information regarding people's nutritional needs were recorded in their care plan, this ensured staff could support people in line with their needs and preferences..

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

- People were supported to access healthcare services. They had regular medication reviews and health checks. One relative told us, "They do take [Name] to all appointments, such as the GP, dentist, optician and for hospital appointments."
- Healthcare professionals told us staff acted promptly if people required medical support.
- Communication systems were in place to ensure staff were up-to-date regarding people's needs.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought consent from people before supporting them.
- Care plans evidenced people had been included in their development and their consent was documented.
- Staff recognised restrictions on people's liberty and appropriate authorisations were in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and treated people with respect.
- People and their relatives were consistently positive about the staff. Comments included, "I think they are all very kind and caring people. The staff have helped [Name] settle in very well." And, "the staff are all nice to me."
- Staff knew people and their support needs well. It was clear people had formed meaningful relationships with staff.
- People's diverse needs were recorded in their care plan and respected by staff.

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

- People and their relatives were involved in the development of their care plan to help make sure it met their needs.
- Staff encouraged people to make decisions about their daily activities in and outside their home.
- Where people required support with decision making, the registered managers had sourced advocates. Information was on display in all the houses to ensure people understood advocacy services available to them.

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed what they were able to do for themselves, and how staff should support them to maintain their independence.
- People's independence was encouraged in a variety of different ways. For example, people were involved in keeping their home clean, completing their laundry and with preparing and cooking meals.
- Staff respected people's privacy and dignity. They recognised when people wanted time on their own and respected this. People confirmed staff always knocked before entering their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided staff with information about how to support people in a way that met their needs and choices. Staff's knowledge of people they provided care to, was consistent with the person's care plans.
- People told us staff gave them choices and they made everyday decisions about their care and how they wished to be helped.
- Technology was used to support people. Sensor mats had been purchased to alert staff when people required support with personal care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plan. Staff used a variety of different tools to support people with communication such as 'social stories'.
- Information was available in accessible formats, such as easy read documents. Visual rotas had been developed so people who were unable to read were able to recognise which staff were due on shift.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with their hobbies and interests. They took part in a wide variety of activities, such as horse-riding, cycling and going to the cinema.
- People and their relatives told us there was sufficient activities and people made choices with what activities they participated in. Comments included, "The staff will take [Name] wherever they want to go" and "There is good support for [Name], they support them going on holiday, out for meals or coffee."
- Sensory rooms were available in some of the property's, which people enjoyed spending their time in.
- People were encouraged to maintain relationships. One person had been supported to reconnect with family members and this had a huge positive impact for them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This was regularly discussed with people to ensure they were aware of how to complain.
- People, staff and relatives felt comfortable raising any issues or concerns.

- The provider investigated complaints and acted to try and prevent a reoccurrence.

End of life care and support

- At the time of our inspection, no one at the service was in receipt of end of life care. Staff understood how to liaise with relevant professionals should someone require this support.
- End of life care booklets were available for people to record their wishes, but these had not always been explored with people. The registered managers assured us this would be completed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People gave consistently positive feedback about the management of the service.
- There was a positive staff culture; staff enjoyed their roles and were enthusiastic about the service they provided.
- The provider understood their responsibilities on the duty of candour. Relatives said there was good communication.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we recommend the registered provider ensures all support workers know their responsibilities regarding consistent and clear record keeping. The provider had made improvements.

- Records were found to be clear and consistent with the support people received.
- Roles and responsibilities were clearly defined and understood. The service had three registered managers, and each service had their own allocated service manager.
- Notifications of important events were submitted to CQC as required.
- Regular audits took place in a variety of areas. This allowed the provider to monitor and improve care. Action had been taken when areas for improvement had been identified.
- The registered managers used a tool which allowed them to monitor a variety of areas. Some of the information on this tool was not always accurate. The registered manager assured us this would be addressed.

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

- People, staff and relatives were supported and encouraged to give feedback. The registered managers carried out surveys with people, relatives, professionals and staff. Action had been taken where concerns had been raised by staff to resolve the issues.
- People had regular reviews of their care to ensure they were happy with the support they receive.
- Staff meetings took place and systems such as online networks and handovers were used to promote good communication within the team.
- The provider carried out annual 'reflection events', which allowed people, their relatives and staff to reflect

on the past year and discuss any ideas for the next year.

- Family network managers, who were impartial to the service, were available to listen and support relatives with any concerns they had. They had worked in partnership with relatives, for example, to develop a 'Better together, family pack', which included information people and their relatives may need.

Working in partnership with others

- The management team had established effective working relationships with other organisations and professionals to ensure people received a good service.
- The registered managers were part of the 'health focus group', working in partnership with local hospitals to develop ways of supporting people, for example to access health checks.