

Royal Mencap Society

Mencap Community

Support

Inspection report

M & M Business Park, Doncaster Road
Kirk Sandall
Doncaster
South Yorkshire
DN3 1HR

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12 October 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 and 12 October 2017 and was announced. Our last scheduled inspection at this service took place in 25 August 2015 when we rated the service as Good overall, with an Outstanding rating in Caring.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Mencap Community Support' on our website at www.cqc.org.uk

The Doncaster branch of the Royal Mencap Society is situated in the Kirk Sandall area of Doncaster. It provides personal care to people living in the community. Personal care is provided to people accommodated in supported living environments and to people living in their own homes in the Doncaster area. Support packages are flexible and based on individual need.

The service had a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

At this inspection we found the service had sustained the quality of service delivery and remained Good, with an Outstanding rating in Caring.

People who used the service experienced some very positive outcomes as a result of the caring and creative approach of staff and gave us positive feedback about their care and support. It was clear that the people who used the service had developed good and strong relationships with staff. People told us that staff had a caring approach, and praised the way staff upheld their dignity and treated them with respect.

The service actively involved people in planning their support, which enabled them to make choices about the support they needed to help them be as independent as possible. People were involved in updating their support plans regularly and they were written in a format that was suitable for people to understand.

The service worked in partnership with other organisations, such as healthcare services, to make sure people received the care and support they needed. The service managed risks to people well and people were supported to take their medicines safely.

Equality, diversity and human rights were at the forefront of how support was provided. The registered manager and members of the team were committed to a strong person centred culture. The key principles on which the service was built, was a vision of a world where people with a learning disability are valued equally, listened to and included. These values were reflected in the day-to-day practice of staff.

Staff were recruited safely and trained to a particularly good standard. They received service specific training which enabled them to meet people's needs and promote their independence. Staff were able to undertake nationally recognised training to help them progress in their work and were encouraged to progress into more senior roles within the organisation.

Staff knew how to recognise and respond to abuse. Staff told us they could raise any concerns with the registered manager and felt that they were listened to. They attended regular team meetings and staff events. Formal supervision and quality monitoring of their work performance meant staff worked to the values and expectations of the service.

Staff demonstrated a good awareness of the principles of the Mental Capacity Act 2005 and put people who used the service at the centre of everything they wanted to achieve. Staff made sure people gave informed consent to their care and support, or that appropriate procedures were followed where people might lack the mental capacity to give consent.

People were actively encouraged to give their views and raise concerns or complaints. There was a clear, unambiguous complaints policy and procedure that was accessible to everyone. The feedback and complaints management system was seen as an integral part of continuous improvement.

There were effective processes in place to monitor quality and understand the experiences of people who used the service. Where improvements were needed, these were addressed. People's views were continuously sought. This helped to shape the service for the future. There was strong emphasis on continual improvement and best practice, which benefited people who used the service and staff. Feedback from people, whether positive or negative, and was used as an opportunity to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Outstanding.

Outstanding ☆

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Mencap Community Support

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.

The inspection took place on the 11 and 12 October 2017 and was announced. The registered provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one adult social care inspector and an expert by experience, who spoke with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with the local authority to gain further information about the service.

At the time of our inspection there were 128 people using the service. We spoke on the telephone with six people who used the service. We also met two people who used the service who visited the office. We spoke with the registered manager, four service managers the administrative manager and three support workers during our visit to the office and we spoke on the telephone with three support staff.

During the inspection visit we looked at documentation including the support records and risk assessments of the four people being supported, three staff personnel, recruitment and training files, complaints records and other records relating to the management of the service.

Is the service safe?

Our findings

The people who used the service we spoke with told us they were happy with the service. They raised no concerns about their safety. For instance, one person said, "They [support staff] are nice. They look after me." Another person told us, "I'm very happy with my support. They [support staff] ask me if I'm alright."

We saw records which showed staff had received training in safeguarding people from abuse and there were policies and procedures in place to protect people. Staff we spoke with confirmed they had read the policies and regularly spoke about them in staff meetings. Staff had a good knowledge of their responsibilities in relation to protecting people from abuse and acting on suspected abuse. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

There was a record of safeguarding incidents which had been reported to the local safeguarding team and to the Care Quality Commission, showing that any concerns were responded to and reported appropriately. The record contained a section about any lessons that had been learned. The registered manager also told us in the provider information they sent to us that, "Mencap have a national telephone line, 'Speak Out Safely' dedicated to providing an outlet to anyone who has a concern." This showed that the service was committed to ensuring that people were able to speak to someone if they did not feel safe.

The support plans we looked at included risk assessments which identified any risk associated with people's care. We saw assessments had been devised to help minimise and monitor the risk. One staff member told us, "The staff adhere to the support plans and risk assessments. We discuss at meetings what is and what isn't working. We have 'scatter strategic graphs'. [A direct observation tool used in the assessment process] They are done with the community nurse who will advise us on responding to people's behaviour." The staff member explained that the graphs were used to plot people's behaviour and staff responses included rewards for people. The staff member told us, "One person went with me to Blackpool as their reward. [The person] adored it." The staff member added that the person thrived when they received one to one attention from staff.

Another member of support staff said the support plans and risk assessments were of a good standard. Adding, "Everything I need to know is in them. There are also emergency grab files." The grab files summarised important information about people. This showed that care and support was planned and delivered in a way that helped to make sure people were safe.

The registered provider had appropriate arrangements in place to manage medicines. We looked at prescribed medication and medication records for five of the people that were supported by the service. All the records we looked at were up to date and the administration had been accurately recorded. Support plans we looked at included information about how people liked to be supported to take their medicines. Staff responsible for administration of medicines, did so following training and assessment of their competence. This was undertaken on an annual basis.

Staff were available when people needed support. Staff were deployed based on the individual assessment and allocated hours for each person. The registered manager told us if they identified a need for a change in the allocated staffing hours, they would discuss this with the appropriate professionals, to review the support package.

People who used the service and staff also confirmed there were enough staff with the right skills, knowledge and experience to meet people's needs. One staff member felt the team they worked in was well staffed. They said, "There are always extra staff available. If [person using the service] wants to go away for the day, we can ring a manager who will get extra staff, to allow the person to go out on a day trip."

Another member of support staff said the level of support provided to people suited their needs, and there were no gaps. They said a lot of the staff had worked in the service for a long time and there were six regular relief staff who also knew people and their needs and preferences. There were enough staff and, as staff were willing to cover for each other, there were never any missed shifts and very rarely a need to contact the management team to arrange for cover from other parts of the service.

To help people who used the service safe, pre-employment checks were obtained prior to staff commencing employment in the service. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked records for four staff, kept in written and electronic formats and found the recruitment process had been followed effectively.

Is the service effective?

Our findings

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and looked at their support plans and found people were involved in menu planning, shopping and food preparation. Some people required support from other professionals in relation to their dietary needs. We found that appropriate referrals had been made.

Where possible, the service encouraged people to prepare their own meals with any support that they required and people with more complex needs could have their meals provided to them by the support staff. People's plans reflected they received personalised support around shopping for food, cooking and eating and drinking, depending on their specific needs and preferences. One person told us, "The staff help me with cooking. They go with me to the shops. Another person said, "The staff are there when I need them. They help me with cooking and I get help with shopping."

People told us staff supported and encouraged them to eat a healthy diet and to lead a healthy lifestyle. For instance, one person told us "The staff support me in keeping healthy. They make sure I don't take too much food to the centre I go to. They help me with a packed lunch. They keep me on salads. I have fruit and yoghurts. I have fruit in a dish with yoghurt on top. They put salads in wraps. They help me to keep fit and healthy. On Mondays I go to exercise class. The staff come with me. I also like going to bowls." Another person told us, "I like dancing and I go swimming. I've started to lose weight."

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People's support records showed that their day to day health needs were being met and people had access to their own GP. Records identified that people had access to other professionals as necessary. Staff members also confirmed that people had good access to health care services and that staff supported people to make and attend medical appointments when needed.

We spoke with people who used the service and they told us they thought the staff were competent and well trained to meet their individual needs. We spoke with staff who told us they received good training which helped them to carry out their role effectively. They told us they received a lot of training to understand their roles and to make sure they had the skills and competence to meet the needs of people who used the service. They also said that there were opportunities to progress within the organisation. Staff each had a document called 'Shape your future.' This encompassed training, supervision and appraisal and was linked to what the staff member wanted to achieve. This gave higher performing staff the opportunity to access further development opportunities via the "Top Talented" programme.

The records we looked at confirmed staff had attended regular training and each training session was followed by a course reflection, which was completed by the staff member, discussed with their line manager.

Staff received formal and informal supervision, and also attended staff meetings to discuss work practice

and the support that they provided to people who used the service. We saw that staff completed regular work based competency tests, which included observation by their managers and questions about their role.

One member of support staff we spoke with had worked for Mencap for several years. They felt they received appropriate training. They said, "I get a lot of training, including distance learning." They told us they had received training in, "Mental health and behavioural training this year. I am doing my NVQ level three. Since I got the job, I have never looked back." There was a culture of sharing learning in the organisation, for instance one staff member told us, "After I did Mental Capacity Act training, I gave a presentation to my colleagues."

One regular member of relief staff told us that the initial training they had received was, "Very good and comprehensive, including safeguarding and food hygiene." However, they felt more regular training would be helpful for themselves and other relief staff. They told us that relief staff did not receive one to one staff supervision with the same regularity that the permanent staff did, although they were encouraged to attend regular, monthly staff meetings.

We looked at whether the registered provider was working within the Mental Capacity Act 2005 (MCA). The MCA is legislation designed to protect people who are unable to make decisions for themselves and to make sure that any decisions are made in people's best interests. 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.

Support 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. 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.

Is the service caring?

Our findings

All of the people we spoke with thought support staff were kind and caring. For instance, one person said, "They [the staff] are nice and helpful" and another person said, "The staff are kind, and they are helpful. They are good company." One person told us, "The staff are very good at listening and they help me out."

It was clear that the people who used the service developed good and strong relationships with the staff. People who used the service said that the staff were 'very good' and staff members told us the best thing about working for the service was the people they supported. For instance, one staff member said, "It is nice to support people and see what difference it makes to them." Another staff member told us, "The best thing is the ladies I support. They inspire me. I love them to bits. They're like family."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff worked in the same area for most of the time. This meant that the people who used the service had consistent staff, who fully understood their needs, likes and dislikes. This was confirmed when we spoke with members of support staff, as they demonstrated a very good understanding of the needs of the people they were supporting, and they were able to understand and explain how each person wanted to be supported. This showed that the service had a strong person centred culture and helped people to express their views.

We looked at people's assessments and support plans. They gave a clear picture of people's needs and identified the support that they required. The plans had been developed in a person-centred way. This included people's preferences about their likes and dislikes in relation to food and leisure activities. They also recognised the support that the individuals needed from their families and other professional services, including GP's and hospital specialists.

The service had developed a very supportive approach to people's individual needs and preferences in the areas of sexuality and adult relationships. People were involved in choosing different living arrangements based on their expressed views. For instance, two people who used the service had married with the support of the care staff and their own families and the service continued to support them in their married life.

Speaking with people who used the service, staff members and service managers showed that people's quality of life continued to improve since receiving support from the service. The staff were dedicated to support people to meet their goals. This included people with complex needs who, with support from the staff, had become more independent. This continued to make a positive impact on one person who had begun talking much more, while another person took more interest in their personal appearance and another was going out, when they had previously struggled with this.

Staff continued to use positive and creative approaches to supporting people. For instance, for one person this included diversion and distraction, such as music and dance in the person's room with disco lights. This reduced the person's anxiety and helped them to deal with situations they found difficult. Staff knew people well and continued to work hard at overcoming any boundaries to make sure people lived as full a life as

possible and did not miss out on opportunities in their lives.

These examples showed that staff were highly motivated and offered kind and compassionate support. This meant that the service provided was very person centred and individualised to each person's support needs. Plans of care were very creative and flexible to allow for any changes in the person's behaviours, or needs. Plans were focused on reaching goals at the pace of the person they were supporting. Staff worked hard to make sure the person was at the centre of making decisions about their own life.

Is the service responsive?

Our findings

One person explained why they were happy with the support they received, saying, "The staff help me do forms. They take me to the doctor's. They go on holiday with me." People told us about a variety of activities they were involved in including gardening, college courses, swimming and dancing. This was confirmed by talking to the support staff and looking at people's support plans and day to day records.

We spoke with a married couple who explained they were married relatively recently and were supported in this by the support staff. They said they were supported at home and to get out and about together, They were both very complimentary about the staff who supported them and told us of trips and holidays they had taken together, with support. They each explained that they had been to Butlin's music event weekends. For instance, one person said, "I do a lot of nice things. I go out with staff. I went to Blackpool and I loved it."

One person told us, "I go for trips. I go all over the place. I've been to York. I've been to the Christmas market." Another person said, "I go out for meals. At Christmas we have parties." Most people mentioned that they were looking forward to an upcoming trip that was planned, to Blackpool. One person said they were going to Butlin's next year.

One person confirmed they had a support plan. They said they were happy living where they were. They added, "I like it here. It's just been decorated." Another person described how the staff supported them with household tasks. For instance, they said, "The staff help me with my bedding. I need support with putting my duvet in the cover." They went on to say the support staff were, "Very genuine, very caring, outgoing and helpful."

Another person told us, "The support workers are nice. They help me do things." They went on to say they received help from the support staff with showering, ironing, shopping and cooking. It was clear that different people made different choices, such as where and when they had support to do their shopping. For instance, one person said, "They [staff] help me a lot. They take me out to Asda. I do a lot of things together with staff." And another person said, "I get one to one [support]. I go shopping every Monday. I go to Tesco."

One person explained that they were unable to go out on their own and added, "I see mum once a week and the staff go with me." Another person told us they were quite independent and went out on their own.

One person who lived in a supported living house told us of the things they liked to do, which staff supported them with. This included going to craft nights where they made things. They also said, "I go to Sheffield with staff. They take me to shows. I've been to Dancing on Ice. I go to the hair dresser. The staff go with me."

People who used the service were supported by the staff to develop personally and to make a contribution to their local community. For instance, one person told us, "I do charity work. It's a nice place." Another person told us, "I'm happy with everything. The staff helped me with finding a job. I've got an interview

tomorrow."

One staff member explained the activities the people they supported were involved with. This included 'Gateway' on a Wednesday night, which is an activity centre for bingo, karaoke, crafts and bowling. On a Thursday night there is 'DICE' (a social night for disabled adults and their friends). We support the clients to attend.

People who lived in supported living houses were happy with their arrangements. When asked what they felt was the best thing about their supported living house, one person said, "The best thing is that I get peace and quiet." Another person also mentioned their living arrangements suited them because it was quiet. When asked if there was anything that could be done better, a third person said, "Not that I can think of. It's OK here. I'm kind of happy. It's a nice quiet place and a nice neighbourhood. Nobody bothers us."

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included areas such as healthcare, communication, personal hygiene, mobility and activities.

Support plans clearly identified the area of support along with aims and objectives the person wanted to achieve. For example, one support plan aim was to transfer the person comfortably by trained staff using the appropriate equipment. The plan indicated what equipment should be used and gave clear instructions for staff to follow.

The registered manager told us that the service used a range of 'What Matters Most' tools to monitor and show that outcomes were being delivered around people's specific wants and needs. People had meetings, referred to as monthly keyworker meetings. Person centred reviews highlighted what was working well, and not so well, and things that needed some focus. Staff confirmed that people who used the service led on what was in their support plans and were involved in reviewing them every six months. For instance, one staff member said, "The clients will say what it is they want to do and the manager and staff write the support plans."

People's care and treatment was regularly reviewed to make sure it was up to date. People had the opportunity to discuss their support plan, with staff, on a regular basis. This was to look at what went well over the past month and to set further goals. Staff we spoke with felt people were consulted about their plan and were able to contribute. One relative said, "The staff are very approachable and if I wanted to make any points I know that they would understand."

No one we spoke with said they had any complaints. People told us they could not think of any ways to improve the service and they had no concerns. The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. The procedure was available in an 'easy read' version. People we spoke with knew how to raise concerns and told us they would talk to staff if they had a worry, and felt they would sort it out.

The service kept a log of complaints received along with the actions taken and any lessons learned. This showed that the service recognised and respect people's feedback and used their comments to help develop the service. The service continued to take action to address any issues in a thoughtful and timely way.

Is the service well-led?

Our findings

We received very positive feedback from people who used the service about the management of the service. For instance, One person said they thought Mencap was a "really good" organisation. People said they had met the managers and they were nice.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of service managers who were responsible for the day to day running and management of the supported living schemes.

There were various forums for people who used the service, providing opportunities for people to express their views. Information was available in an easy to read formats to assist people who used the service to understand and be involved. The registered provider also used service user friendly questionnaires to obtain people's views on the service and the support they received. People we spoke with confirmed that they were consulted about the service provided. For instance, one person told us there were meetings for the people who used the service, and that the staff had staff meetings.

In the supported living houses tenants' meetings were held every month to discuss things such as meals, events, and concerns. Notes of these meetings showed that people's opinions about the service were sought and respected. In addition to this each person had a specific person centred review known as 'What matters most.' This was designed to identify what was important to each person and to capture outcomes for each person. Each part of the service then held a reflection event, looking at all the outcomes and how they could be achieved.

Staff we spoke with felt the service was well led and the registered manager and service managers was approachable and listened to them. One staff member told us they felt well supported by the Mencap management team and that support was well organised. The told us, "You get support from the managers. You can ring them if you need to." They explained that this included when on duty at night. Another staff member said, "The managers let you get involved, not just on the support side, but on helping them do the care plans. They let you have your own input. They listen. They let you have your own views. If we think the support plans need amending we speak to the management team."

One staff member did not feel that anything could be done to support them as a staff member. They explained, "If I've got problems our line manager will answer the phone. She is there personally for support." Another member of staff said, "I enjoy the job. I enjoy working with the staff. It is a good staff team. They help each other out."

One staff member who supported people in a supported living house told us, "There is a house manager who manages two or three houses. She rings three or four times a week. If there are any problems she will come out. She is very approachable. The area manager comes out every two months and will check the files and finances, checking that the paperwork is correct."

The service had key values which were embedded in to all they did. These were about being inclusive, caring, trustworthy and positive. The staff programme, 'Shape your future,' gave staff the opportunity to look at these values and how they could be achieved in each service.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them. Staff told us they felt supported and that they could raise any concern with the registered manager and they were listened to. Staff meetings took place and staff were able to contribute ideas and suggestions to develop the service.

There was a very comprehensive and effective audit and quality monitoring system in place. Audits continued to be undertaken to make sure policies and procedures were being followed. The service had an electronic system known as the 'compliance confirmation tool' (CCT). This was designed to monitor aspects of supporting people, staffing, systems and environment. Service managers were responsible for completing these audits and reporting their findings in the CCT. The system generated an action plan which the service managers were responsible for implementing. The registered manager checked the CCT and visited each supported living service every 12 weeks. This was to check progress with the action plans and to confirm the accuracy of the reports.

The registered manager also continued to attend a monthly accountability meeting with his line manager and held accountability meetings with each service manager.