Bromley Mencap

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Inspection report

Rutland House
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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

This inspection took place on 12 July 2016. At the last inspection on 25 and 30 October 2013 the provider was meeting all the legal requirements we inspected

Bromley Mencap is a small scheme that specialises in providing personal assistants and respite personal care and support for families of people with a range of needs including learning disabilities, physical disabilities, and or mental health and sensory needs. The focus of the service is on encouraging people's independence, well- being and involvement in their community as well as providing some respite for families. At the time of the inspection two people were using the service.

There was a registered manager in post. 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.

People and their relatives told us they felt safe and well cared for using the service. Staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. Possible risks to people were identified and plans were put into place to reduce risk. There were arrangements to deal with emergencies.

People were supported by carers they knew well to maintain consistency in the support provided. This enabled staff to get to know people's needs fully and for people to feel relaxed with them. Staff were trained and told us they were well supported to carry out their work. People and their relatives were complimentary about the service. People told us that staff were warm, caring and reliable and that their dignity and individuality were respected.

Where people were supported to eat and drink they were consulted about their food and drink choices and any cultural or health needs were addressed. Health care professionals were consulted when needed. People were asked for their consent before care was provided. They were involved in making decisions about their care wherever possible and were supported to be as independent as they could. Care plans reflected people's individual needs and wishes, and guided staff on the care and support to be provided. People and their relatives knew how to make a complaint if they needed to.

Relatives and staff told us the service was well led and all the staff were approachable, flexible and supportive. The provider sought the views of people about the service through frequent contact. A system of checks to monitor the quality of the service was in place. People and their relatives told us any issues they raised were acted on to improve the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People told us they felt safe from abuse and discrimination and staff knew how to report any concerns. Risks to people were identified or assessed.

There were processes in place for staff to safely manage medicines if this was required.

There were enough staff to meet people's needs and recruitment processes ensured people were protected from the risks of unsuitable staff.

Is the service effective?

Good

The service was effective.
Staff received adequate training and support to safely meet people's needs.
People told us staff asked their consent before they provided care. Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have enough to eat and drink where this was part of their support plan. The service worked with health professionals where this was appropriate.

Is the service caring?

Good

The service was caring.
People and their relatives spoke positively about the care and support provided. Some people had used the service for several years and told us the staff were very caring and kind. People said they were treated with dignity and respect.

People told us they were involved in making decisions about their care and support. They said they were asked for their views about any changes to the care provided.

Is the service responsive?

Good

The service was responsive.

People had a written plan for their support. These were regularly reviewed reflected people's needs and preferences.

People told us that the staff were able to meet their needs and respected their preferences.

People and their relatives knew how to make a complaint; the policy was available in a variety of formats. No formal complaints had been received by the service in the last twelve months.

Is the service well-led?

Good

The service was well-led.

People and their relatives were complimentary about all aspects of the service. The registered manager and scheme coordinator knew people and their families well and consulted them frequently for their views about the service.

There were processes to monitor the quality of the service and make improvements if this was needed.

Bromley Mencap

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 12 July 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be there when we inspected.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the Chief Executive Officer, the registered manager and the scheme coordinator. We visited two people and their relatives at their homes. We spoke with a staff member who worked on the respite scheme and a personal assistant by phone as part of the inspection. We looked at two support plans and two staff files as well as records related to the running of the service such as the staff guide and policies and procedures and daily records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the scheme. One person said, "Of course I am safe." A relative said, "Yes absolutely safe." There were arrangements to reduce the risk of abuse from happening to protect people who used the service. There were policies and procedures to guide staff; these were included in the staff handbook for ease of access. Staff understood the signs of abuse or neglect and their role in relation to safeguarding adults. Records demonstrated that staff had received training on recognising and reporting abuse. There had been no safeguarding alerts at the service and the registered manager knew how to raise a safeguarding alert if needed

Potential risks for people and staff were identified and plans put in place to reduce risk. We saw risk assessments were in place to identify and assess any possible risks before people started to use the service. These included any risks in relation to premises and individual risks to the people who used the service such as manual handling risk assessments to ensure people were safely supported to mobilise. There were risk assessments in relation to activities in the community that could pose possible risks to people. Risk assessments included details about actions to be taken to minimise the chance of harm occurring; where appropriate, advice had also been sought from health professionals about the risks. There were processes available to report and investigate any accidents or incidents, and there had been none reported in the last year.

There were written emergency procedures for any health conditions and staff told us there was an on call system for advice and there was always someone available if they needed any advice. Staff were aware of the lone workers policy to make sure they kept themselves safe as well as the people they supported. Staff told us there was a missing person policy and protocol and knew what to do in these circumstances.

The service was very small and the staff who worked there were well known to families and did not wear uniforms as this was more relaxing and less formal for the people they cared for. The manager had arranged for staff to have an identity badge to verify who they were in the community.
There were sufficient numbers of staff to meet the needs of the people who used the service. The registered manager told us this was a small service with small numbers of staff and they were looking to increase the service and PA staff roles. People and their relatives told us that the staff were reliable and punctual. A relative told us "It's never a problem. They are always on time."

Recruitment checks were carried out to reduce the risks of employing unsuitable staff. These included identity checks, up to date criminal records checks, two satisfactory references from the member of staff's previous employers, a completed job application form with their full employment history and proof of their eligibility to work in the UK, where applicable.

At the time of the inspection the people who used the service did not require support with their medicines. Medicines were therefore not currently being administered at the service. We saw that appropriate training and competency checks were in place and there were policies and processes to support staff with safe administration of medicines, should the need arise.

Good

Is the service effective?

Our findings

People we spoke with were not able to express a view about staff competency but relatives we spoke with told us they thought the staff were capable and knew what they were doing. One relative told us, "I think they are very well trained and know what they are doing." We looked at the training records for two staff and saw they had received regular training in the areas the provider considered mandatory. This included for example, manual handling, eating and drinking, personal care and safeguarding vulnerable adults. Role specific training was also provided to meet people's assessed needs such as epilepsy awareness, medicines administration and Makaton training (a language programme to help people communicate). This ensured staff had the necessary skills to be able to offer appropriate support to a range of different needs. Staff had received first aid training although this was not a mandatory requirement for this scheme at the time of the inspection. We discussed this with the registered manager and chief executive who agreed that they would include this as a mandatory training in future.

Induction training was given to new staff to help them learn about their roles and the needs of the people they supported. The induction followed the Care Certificate, a nationally recognised training programme for health and social care workers. There was a specific service induction to familiarise new staff with policies and processes at the service. There was also a period of shadowing with an experienced member of staff before new staff would be permitted to work on their own.

Staff files confirmed that staff received regular supervision and appraisal from the scheme coordinator which they considered to be helpful and supportive. They told us that informal support was always available if they needed it. One staff member told us, "The manager and scheme coordinator are helpful, approachable and supportive."

People's rights in respect of any decision making were respected. People told us that staff asked their permission before they supported them. Staff were aware of the importance of gaining consent to the support they offered people and gave examples to demonstrate how they did this when we spoke with them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. 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 been made to the Court of Protection as required and were being met.

Staff had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. They discussed supporting people to make their own choices and decisions and manage their lives as far as possible. They understood that people's capacity to make

some decisions could vary depending on how they felt. They told us that if the person could not make a particular decision then they might wait a while and ask again or they could consider what was in the person's 'best interests'. This meant they asked relatives or representatives close to the person as well as other professionals for their views.

Staff told us people currently using the service had the capacity to make any specific decisions in relation to the support provided by the service. There were appropriate documents in place to record any mental capacity assessments and best interests meetings should this need arise.

People were supported to receive enough to eat and drink where this was part of their assessed needs for support. Staff were aware of people's food preferences and any allergies. They told us people were also encouraged to make healthy food and drink choices and their choices about what they wanted to eat and drink were always respected. They were aware of the need to offer plenty of fluids in hot weather.

We looked at care records and found changes in people's health needs were discussed with them and their relatives. The service made referrals to health care professionals, in discussion with people and where appropriate their families. Health protocols were reviewed regularly and the scheme co-ordinator was in contact with families where there was any illness or continuing health issues that were being reviewed by health specialists. The registered manager told us the service had worked proactively with hospital staff to understand people's needs which had improved communication about their health needs and the outcome for people.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support provided by the service and that they liked the staff and enjoyed the time spent with them. People's relatives told us their family members had developed positive relationships with the staff that supported them over a long period and that they were caring and kind. A relative told us, "They are perfect. They have the X factor." Another relative said, "I can't speak highly enough about them. They really know my family member well and their trip out is very much looked forward to."

The service provided continuity of care to people and ensured they had the same staff to care for them. This helped to familiarise people with staff and for staff to understand people's changing need and preferences. The service supported people during hospital admissions through visits to help them adjust to unfamiliar settings and feel less isolated. Staff were brought in to shadow and become familiar with other people if there was a period of planned absence. This helped them to understand people more before they provided care to them and allowed people an opportunity to become familiar with them. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service which could be flexible to suit people's needs.

People were involved in making decisions about their care. People and their relatives told us they were consulted about their care and support needs on a regular basis. One person told us, "I choose what I want to do." Where people used specialised communication programmes staff were trained to ensure they could communicate directly with people about their wishes. The scheme co-ordinator told us they consulted regularly with the people and relatives, where appropriate, to ensure the service was allowing them to have choice and control over their lives. The manager told us, "This is such a small scheme that the scheme co-ordinator is able to contact families on a regular basis to ensure that staff are putting into practice the training they have undergone in delivering a caring service."

The service promoted people's privacy and dignity. Care plans recorded people's preferences in respect of areas of personal care such as manual handling and continence care. Staff demonstrated through discussion they understood the importance of maintaining people's dignity and privacy while they were with them. Staff also understood the importance of confidentiality about the people they cared for. The registered manager explained how staff had worked with hospital staff to ensure people's privacy and dignity was maintained during a stay in hospital through the use of screens and communicating their needs.

Consideration was given to people's disability, gender, race, religion and beliefs and how to support them effectively. People's care records gave an outline of people's mobility needs, any sensory impairment or other factors such as cultural background and religion, to guide staff to support them where needed to meet these needs; for example on the use of any specialised equipment or communication tools to meet their needs. There was information about people's personal life histories to help new staff understand people's backgrounds. The registered manager told us the provider, Bromley Mencap's, ethos was centred on the promotion of equality and diversity and regular training was provided on this topic. Workshops on Disability

Hate Crime had been organised and staff were encouraged to regularly self-reflect on their practice in this area.

Good

Is the service responsive?

Our findings

People and their relatives told us they thought the scheme was flexible and responsive to their needs. One person told us, "I am really happy with it." People's support needs were assessed, before they started to use the scheme, to ensure their needs could be safely met. People had a detailed written plan of the support or care to be provided, to guide staff about how they could best meet these needs. The plans were personalised to reflect people's individual needs and preferences. They included for example plans around people's mobility, skin care and their eating and drinking. A relative told us, staff were tuned into their family member's way of communicating, "It's perfect they are kept very motivated and happy."

We observed that care plans reflected people's current needs and had been reviewed on a regular basis with people and their relatives. A staff member told us, "We listen to what people want, it's no good saying we have an idea it's what they want that is important." The manager told us they also attended review meetings with the local authority to ensure that the service complimented and was consistent with any support and care offered by other providers.

People's independence was encouraged in terms of what they could manage to do safely as part of the scheme. They were involved in a range of organised or informal activities within the community to pursue hobbies or social interests. Relatives described how their family members had built both formal and informal links in the community through using the scheme. They told us the scheme was very flexible and the support could be varied to allow for people's fluctuating health needs. People and their relatives also had access to other schemes run by the provider, but, not regulated by CQC, to help them lead a fulfilling life; such as a family support, an information and advocacy service, day opportunities project, keep fit classes and an employment services scheme. People and their relatives told us they felt supported by staff to access the other schemes run by Bromley Mencap. A staff member told us, "We aim to enrich people's lives as much as possible."

People and their relatives were kept informed through regular newsletters published throughout the year, which provided information about the support schemes they ran and a summary of local and national news on relevant disability topics.

There was an easy read complaints guide available to help people understand how they could make a complaint. People and their relatives told us they had not needed to complain but would speak with the registered manager or scheme coordinator if they were unhappy first. The complaints policy explained the process and timescales for response, as well as what to do if people were unhappy with the response they received from the service. The registered manager told us there had been no complaints about the scheme in the last twelve months.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the management of the service. They told us they thought the scheme was well run, responsive to their needs and they were very happy with the support provided. One relative told us, "I have always been very happy with Bromley Mencap; they have been very supportive and helpful."

There was a registered manager in place who understood their role and requirements as the registered manager. We observed the registered manager and project manager were well known to people and their families and we saw friendly and positive interactions between them. People and their families told us they were frequently consulted about the scheme and asked if there were any improvements needed.

The Registered Manager told us Bromley Mencap was a member-led organisation focused on responding to the needs of people and their families. It was managed through the Chief Executive and trustees who were supportive and monitored the service informally through frequent contact and through bi-monthly meetings. We saw from minutes of these meetings the trustees had oversight of the running of the range of work carried out by Bromley Mencap which included this scheme. Bromley Mencap also produced an annual report on all its schemes for its members to update them about progress and future plans.

Staff told us they felt the service was well organised. They said they felt valued and encouraged to give their views about the service and there was a focus on offering a person centred service that empowered the people they supported. Staff meetings were not held; the registered manager said this was due to the size of the service at present but that this would be reviewed if the service expanded. They were planning to develop some group learning sessions for staff to discuss their roles and consider ways to make the service as person centred as possible. Staff told us they were kept fully up to date with any changes through good communication from the office.

There were processes to monitor the quality of the service and make any improvements if needed. Spot checks were completed to ensure that care and support was being delivered as planned. Records showed that no issues had been identified but the scheme coordinator told us that any issues would be addressed if they arose. Checks were carried out to ensure the care records were up to date and regular office contact was maintained with people and their families to ensure they remained happy with the service provided. Any changes requested were acted on for example in relation to the frequency of support or changes to the activities provided.