

Melton Mowbray Mencap and Gateway

Melton Mencap

Inspection report

Chapel Street
Melton Mowbray
Leicestershire
LE13 1LZ

Tel: 01664564237
Website: www.melton-mencap.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 9 June 2016 and the visit was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us at the office.

Melton Mencap provides personal care to people living in their own homes who have a variety of needs. These include younger adults, people who have a physical disability or a sensory impairment and people who have a learning disability or who are on the autistic spectrum. At the time of our inspection 10 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt safe with the care offered. Staff understood their responsibilities to support people to keep safe and to protect them from abuse. They dealt with accidents and incidents appropriately. The provider had made sure that people were being protected from avoidable harm. Risk assessments were in place which set out how to support people in a safe manner.

People received support from staff who had been checked before they had started work. This had helped the provider to make safer recruitment decisions about the suitability of prospective staff.

People received their medicines as prescribed in a safe way. Staff were trained in how to administer people's medicines and were checked for their competency to do so.

People were receiving support from staff who had the appropriate skills and knowledge. Staff received regular training. Care workers were supported through training and supervision to be able to meet the care needs of the people they supported. They undertook an induction programme when they started to work at the service.

People were not always being supported in line with the Mental Capacity Act (MCA) 2005. The provider had not followed the correct process when asking people to consent to their care. Decisions had been made in people's best interests. Staff understood their responsibilities under the Act and asked people's consent before providing their care.

People were supported to maintain a balanced diet and had access to healthcare services when required. Staff knew how to monitor people's health and to seek support when needed.

People received support from staff who showed kindness and compassion. Their dignity and privacy was

being protected. Staff knew people's communication preferences. People were being supported to be as independent as they wanted to be. People had been involved in decisions about their support.

People or their relatives had contributed to the planning and review of their support. People had care plans that were person-centred. This meant that the support people received was focused on them as individuals. Staff knew about the people they were supporting including their interests and hobbies.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place and followed this when a complaint had been received.

People had opportunities to give feedback to the provider.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

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 were being protected from abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People received safe support with their medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff sought people's consent prior to providing their support. However, we found that the MCA was not being followed when people were asked to consent to their care. There was no policy in place around the MCA for guidance.

People were supported by staff who had received appropriate training.

People were supported to maintain a balanced diet. People were supported or prompted to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was being respected.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concern.

Is the service well-led?

Good 

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that they had received.

Melton 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 visit took place on 9 June 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that someone would be available to speak with us at the office. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a 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. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the authorities who fund the support for some of the people who used the service. We also contacted the local Healthwatch service who monitor feedback that they receive on services.

We spoke with four people who used the service and four relatives of other people who used the service. We spoke with the registered manager, the deputy manager and three care staff.

We looked at the care records of three people who used the service and four staff files. We also looked at other records in relation to the running of the service. These included the health and safety and quality checks that the registered manager had undertaken.

Is the service safe?

Our findings

People felt safe with the support they were receiving. One person told us, "I feel absolutely safe when I am with the staff." Another person said, "Yes I feel safe." Relatives agreed that people were safe when they were receiving care. One relative said, "I feel safe that the people who take [person's name] out understand his needs which is really important." Another relative told us, "I feel [person's name] is very safe."

People were receiving support from staff members who knew their responsibilities to protect people from abuse and avoidable harm. One staff member told us, "If I have concerns I would always speak with my manager. It is important to document everything." Another said, "I would contact one of the managers or you can contact adult social care or CQC." Staff told us that they were confident that any suspicions of abuse would be investigated by the provider. The provider had an abuse policy in place that told staff what actions they should follow if they suspected abuse. Records confirmed that staff had completed training in safeguarding adults and that this covered the different types of abuse. The care manager was aware of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

Risks to people's health and well-being had been assessed and reviewed. For example, for one person assessments had been completed on how to keep them safe with road safety and also with tasks that they were supported to complete. Risk assessments were reviewed at least every six months unless a change had occurred in a person's circumstances. This meant that staff had up to date guidance, based on people's preferences, about how to keep them safe. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly.

People's home environment had been assessed to make sure it was safe for the person and for staff. The registered manager told us that this was done by staff each time they visited. However, it was not recorded. The registered manager told us that if there were any hazards identified the staff would report these to the office. We also saw that there were plans available in case of an emergency, for example bad weather, or a fire at the office. These included the support people would need in such an emergency and also plans for how the service would continue to operate. This meant that the provider had considered people's safety should an incident have occurred.

People told us that there were enough staff to meet their needs. One person told us, "I have the same carer. They let me know if someone else is coming." Another person said, "I have the same staff." A relative told us, "They are nearly always on time." Another relative commented, "They are nearly always on time. I think they have been late once in the last year." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls. The registered manager told us that they had procedures in place to let people know if staff were going to be late or were unable to attend a call. The registered manager told us that each person had a team of staff in place who knew them well and who were able to provide support. This meant that there was cover available in case of sickness or holidays. A relative confirmed that this was in place. They told us, "[Person's name] has a team of 5 carers who he knows well."

People were cared for by suitable staff because the provider followed recruitment procedures. We looked at the files of four staff members and found that appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines as prescribed by their GP. One person told us, "The staff help me put it in my dosette box for the week and then I take it myself." We saw that this was in line with the providers policy. We found that people's support plans had documented how people preferred to take their medicine. The registered manager told us that people's medication administration records were stored at their homes. They told us that they reviewed these when they visited each person as well as the deputy manager. We were unable to review the records to see if they had been completed correctly. The service had a policy in place that identified what steps staff should take when supporting people to take their medicine. However, this was for all services that were provided by Melton Mencap and not just for support in people's own homes. This meant that guidance about areas such as storage were not specific to the service that was being provided. We saw that staff had received training and had their competency regularly checked. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Is the service effective?

Our findings

People received support from staff with the appropriate skills and knowledge. One person said, "The staff are very good." Another person told us, "I think the staff are well trained." A relative told us, "The staff are all trained." Another relative commented, "The staff are very skilled and know [person's name] very well." One relative said, "They are well trained and go on lots of courses."

The staff told us that they had an induction when they started work. They described how they had been given time to complete training, get to know the service and the policies and procedures. Staff told us that they had spent time shadowing more experienced staff before working alone with people. One relative confirmed this had taken place. They said, "If a new carer is going to be starting they will come and introduce them first." All staff we spoke with told us that their induction had been useful for them. Records we saw confirmed that staff had completed an induction. The registered manager told us that they were considering using the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by trained staff. Staff told us that they had completed different courses and that they enjoyed the training. One staff member said, "The training is good quality." Another staff member told us, "We are asked what training we need and we are given the updates when we need them." We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specific for the needs of the people who they supported. For example, where staff supported someone who had epilepsy, they had completed training in epilepsy. The registered manager told us that they monitored training through supervision meetings with staff and discussed when staff had completed training and when this needed to be refreshed.

Staff members received effective and regular support to enable them to undertake their duties. One staff member told us, "I had my last supervision recently. They follow things up quickly and keep you updated." Another staff member said, "I have supervision regularly. I feel absolutely supported by the manager." One staff member commented, "Supervisions are done regularly. We can have extra meetings if we want them." We saw that the managers were available to staff during our visit and they offered solutions and practical advice to questions asked of them. We also saw that people had received supervision with their manager. Supervision is a process where staff meet with their supervisor to receive feedback and guidance on their work. We saw that the supervision meetings had taken place in line with the provider's policy. Staff told us that team meetings took place. One staff member said, "We have team meetings that are smaller teams based on each person who we support." Another staff member told us, "We don't have team meetings as often as we used to but we can get together if we need to discuss something."

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 under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The care manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the provider was working within the principles of the MCA. One person told us, "The staff always explain things to me before doing anything." A relative told us, "The staff know exactly how to offer [person's name] choices." Staff understood the requirements of the MCA. One staff member told us, "I have done training in the MCA as part of my NVQ. You must follow people's choices." Another staff member said, "I always ask for consent." Staff told us that they had received training in the MCA through their NVQ and records confirmed this. The registered manager told us that staff were to be offered a specific training course on the MCA. We saw that people's care plans had detailed if they could make decisions for themselves. People had not always signed their care plans to consent to their planned care. We found one person's family had consented to their care on their behalf. We discussed this with the registered manager and found that the person's family did not have a legal agreement in place that enabled them to consent to care on behalf of the person. This meant that the provider had not followed the process in the MCA. The registered manager told us that they would discuss this with the person and their family. We found that other relevant people, such as family, had been involved in making decisions where it was believed that the person did not have the capacity to make this decision themselves. This made sure decisions were in the person's best interests. We found that there was not a policy in place that gave staff guidance to follow when considering people's capacity. The registered manager agreed that a policy would be implemented that followed the MCA process.

People told us that the staff supported them to eat and drink. A relative said, "The staff always make sure they have written down what [person's name] has eaten throughout the day." We saw that where people had been assessed as needing their food prepared in a specific way such as softened to reduce the risk of the person choking, this had been included in the care plan.

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. One person told us, "The staff explain to me what is happening if I have any appointments." A relative said, "The staff noticed [person's name] wasn't very well. They took him to the walk in centre." Staff were aware of their responsibility for dealing with illness or injury. Staff told us that they would support someone to contact a health professional if they felt this was needed. The registered manager told us that they had made referrals if they felt someone needed further assessments or support if their needs had changed. We saw that care plans contained contact details of people's relatives; GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People were being supported by staff members who showed kindness and compassion. One person told us, "The staff are very kind and help me with whatever I need." Another person said, "I like my staff. They know me well." Another person commented, "They treat me as an individual. They are very caring. I class them as my family." Relatives agreed with this. Comments included, "I feel I can relax knowing that [person's name] care is in safe hands," "I feel it is not just a job. I feel like they really care," "The care they provide is excellent," "They are excellent. I trust them completely and they are very caring people," and "All of the carers are obviously doing the job because they love it and not just for the money." The registered manager told us, "Our staff are very committed and care so genuinely. We all pride ourselves on the extra mile we deliver."

People told us that they felt involved in making decisions and planning their support. One person told us, "I let them know what help I need." Another person said, "They help me with anything I ask for." A relative told us, "[Person's name] is able to decide what he wants to eat for the week. They write the menus down and then go shopping for the meals he wants." Another relative said, "We are involved in planning [person's name] support." The staff told us that people were involved in making decisions about how they wanted to be supported. They gave us examples of people being offered a bath or a shower, and a choice of activities they wanted to do. One staff member told us, "It is important to give people as much information as possible so that they can make their own choice." We saw that as part of the initial assessment that had been completed people were asked what days and times they wanted their support and information about their personal preferences and routines. We saw that these requests had been included in the support plan and honoured. The registered manager told us that people had agreed times at the start of their support. They told us that if people wanted to make a change to this they would discuss it with the staff. This meant that people were asked about how they wanted staff to meet their needs and were involved in planning their own support.

People told us that they had the same staff regularly. One person told us, "I get to see the same staff." Another person said, "I have the same carer and I am happy with that." One person commented, "I like having the same carer." A relative said, "[Person's name] has the same carer 90% of the time and then four other carers for the rest of the time that he knows very well." Another relative told us, "We have a team of staff and they are consistent. [Person's name] is part of the team." One relative commented, "I have asked that [person's name] only has the same carers. When they have not been available the registered manager has gone herself to do the caring rather than have someone he doesn't know." One staff member told us, "I work with the same people regularly. It helps to build up a relationship with them." Staff knew about the people they were supporting. They told us about what people liked and disliked and that this information was in people's support plans. We saw that each person's support plan contained information about what the person liked, and how they wanted to be supported.

People were being treated with dignity and respect. One person told us, "The staff treat me with respect." A relative commented, "The staff definitely treat [person's name] with dignity and respect. They are very nice people." Staff told us that they respected people's privacy and dignity. This was through asking people before supporting them, offering people a place to discuss things privately, being discreet, not treating

anybody differently because they had a disability and ensuring that people have privacy while changing.

People were being supported to be independent. One person told us, "I do my own medication." Another person said, "They help me to make sure that all my bills are paid." A relative told us, "[Person's name] had some extra help with their washing. The staff supervise him to show him the right amount to wash. They let him do it so he is independent." Staff told us that they encouraged people to be independent and to do what they can for themselves. One staff member told us, "I encourage people to do what they can for themselves." Staff told us that people had developed skills including road safety skills, and identifying money. This meant that staff were encouraging people to maintain the skills they had, and develop new ones, instead of doing things for people that they could do for themselves.

People could be sure that information about them was being treated confidentially. This was because the support records were stored in locked cupboards.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "The staff know how to work with me." Another person said, "They do a very good job of supporting me." One person commented, "The staff make sure I am alright and help me out." A relative commented, "It takes time to get to understand [person's name] and what he really wants. The staff are very good and patient with him." Another relative said, "The staff understand [person's name]." One relative told us, "Anything [person's name] needs they make sure he gets. They are very attentive and know all of his foibles."

People and their relatives had contributed to the planning of their support. One person told us, "I have a support plan. We discuss it." A relative said, "We ensured that the support plan was what [person's name] wanted. We all sat down with him and agreed what he wanted and needed." Another relative told us, "We work together. We were all involved in writing the support plan. It is definitely personalised for [person's name]." We saw that assessments that had been completed included information about who had been involved in the assessment. Records we saw showed that people had all been involved in their assessment. The registered manager told us that after they received an initial referral to the service they would meet with the person and their family, if the person wanted them there, and carry out an assessment. This was to determine if the service was able to meet their needs. They said that support plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning their support.

People's support requirements had been reviewed. One relative told us, "We have meetings about the support they provide and see if it is working." Another relative said, "We can let them know if anything needs changing." One relative commented, "I have meetings with his carers if I think anything needs changing." Staff told us that people were involved in their reviews. One staff member told us, "We discuss the support plans with people and agree the outcomes that they want." We saw that people's support plans had been reviewed at least six monthly or when someone's needs had changed. This meant that staff had up to date information and guidance on how to provide support to people in ways that were important to them.

People's support plans were person-centred and detailed things that were important to them. A relative told us, "[Person's name] is at the centre of the support plan and it is what is best for her." Another relative said, "It is a very personalised service. The support plan has picked up on all the things she likes, dislikes and enjoys." One staff member told us, "We make sure we include as much information as possible and involve people so it is about them." We saw information in people's support plans that guided staff about people's preferences and choices, such as if someone prefers a bath or shower, if they like to wear their glasses and preferences about food and drinks. This meant that people received support based on their preferences and in a person-centred way.

People were able to communicate with the staff in a meaningful way for them. One person told us, "I can talk with the staff." A relative told us, "[Person's name] is non-verbal and does not use pecs or Makaton. The

carers know her well enough to be able to know how she is feeling." Another relative said, "[Person's name] will say what he thinks people want to hear rather than what he really wants. The staff know him so well that they help him communicate what he really wants." One relative commented, "[Person's name] is non communicative. Staff have learnt to read his body language to be able to tell if he is happy or not." Staff told us that they had developed the skills to communicate with the people who used the service. One staff member said, "I know [person's name] needs and how to communicate. We use simple signs and simple language."

People were involved in activities they enjoyed doing. One person told us, "I have help with social skills. I go for a walk, or to the theatre. I can do anything I want to do." Another person told us that the staff had supported them to get a job. They told us, "I go to work now. I think it is really good." Relatives told us that people enjoyed the activities they were supported with. One relative told us, "I think it is really good they do lots of different things with [person's name]. Although he has a few favourite things they try and vary the activities for him." Another relative commented, "They encourage [person's name] to take part in activities which is the motivation he needs." Staff told us that they supported people to take part in activities and trips. One staff member told us, "I try to take [person's name] to local places so that we can build up a relationship with them." We saw that the service had arranged a fundraising event for the weekend following our visit. People, families and the trustees came to visit throughout the day of our visit and brought items that they had donated or made for the day. People were excited to tell us about the day, what they were doing and what they had made for this. This meant that people were involved in activities that they enjoyed and were encouraged to create community links and links with other people who used the service.

People had been given information on how to make a complaint and felt comfortable to raise any concerns. One person told us, "I would ring the manager." Another person said, "I would let the manager know but I am very happy so no complaints." Relatives knew how to make a complaint or to raise a concern. One said, "I have a leaflet explaining how to make a complaint." Another relative commented, "I would just contact the manager but I have never had to do so." We saw that there was a complaints procedure in place which detailed how complaints would be responded to including timescales. However, this did not identify who people could go to if they were not happy with the outcome of their complaint. We discussed this with the registered manager who agreed that they would include information about who people could contact if they were not happy with the outcome of their complaint. Records showed that no complaints had been received.

Is the service well-led?

Our findings

People told us that they were satisfied with the service provided and the way that it was managed. One person told us, "I am very happy with them. There is nothing they could do better." Another person said, "I think it's all good." One person commented, "They have changed my life quite a bit. I haven't had one problem with them." Another person said, "[Registered managers name] is in charge. She is good." Relatives agreed with this. Comments included, "I can't praise them highly enough. [Person's name] has got so much better. We feel so happy that they look after her," "They do everything very well," and "I wish there were more people like them." One staff member told us, "Our boss is our strength."

People told us that they were asked for their opinion on the service and that their views were listened to. One person told us, "I have been asked if I am happy with the support." Another person commented, "The manager and the deputy manager ask me if I am happy with the support I have received." A relative told us, "I have a feedback form to complete." However, other relatives could not remember being asked for feedback. One relative told us, "I can't remember being asked for feedback." Another relative said, "I can't remember being asked for feedback but I have a meeting with [person's name] carers." The registered manager told us that people were contacted throughout the year to seek their feedback. They told us this could be either face to face or over the telephone. This meant that people were being asked for their feedback on the service that they had received.

Staff told us that they felt valued by the registered manager and could approach them. One staff member told us, "The support is there. They are complimentary. You do hear thank you." Another staff member said, "I feel absolutely supported by my manager. I can talk to them and listen. I had a choice between two jobs and chose this one. There is nothing they could do better." Another staff member commented, "The managers are approachable and listen. I feel supported. This is the most supported I have ever felt. I feel part of a team." We saw throughout the day of our visit that staff came into the office and the registered manager took time to speak with each person and answer any questions that they had. The registered manager told us, "The staff are valued. They are supportive and will help out. We have a long standing happy staff team."

The registered manager told us that they were supported by the deputy manager and the staff as well as by the trustees. They told us that the trustees met every couple of months to discuss the service, compliance and any other issues that had arisen. The registered manager said that they met with the deputy manager as the leader of the service on a regular basis to discuss how things were going and any changes that were needed.

The registered manager undertook audits of quality. This included audits on the support plans, recruitment, and training. The registered manager told us that they completed checks on daily records and medication records. However, these records were stored at people's homes and we found that there was no record of the checks being completed. As part of monitoring staff performance spot checks were carried out. This type of check was carried out while staff provided support. These checks monitor staff behaviour and the work that they had completed. However, we noted that these had not been completed on a regular basis for all

staff. The registered manager told us that they carried out checks on an ad hoc basis and completed observations when they saw people who were at work in the local area. They told us that they did not record the checks that they had completed when they found that the staff were working well with the person. The registered manager kept a record of good practice, positive comments that had been received from local shop owners and pictures of observations that had taken place on an ad hoc basis. We discussed this with the registered manager and they told us that they would consider how they would record all of the checks that were completed.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events at the service that they were required to report.