

Royal Mencap Society

Mencap South Notts Services

Inspection report

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Date of inspection visit:
10 January 2018

Date of publication:
31 January 2018

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

We inspected this service on 10 January 2018 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection in November 2015, the service was meeting the regulations that we checked and received an overall rating of Good. At this inspection we found the service remained Good.

Mencap South Notts Services provides support to adults with a learning disability and associated conditions. Some people lived in supported living houses which were owned and maintained by another provider and people that lived in these properties had a tenancy agreement with this provider. Other people lived in their own homes within the community. There were 21 people receiving personal care support from Mencap South Notts Services at the time of the inspection.

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. The registered manager oversaw the running of the full service and was supported by three service managers and three assistant service managers.

People were supported to understand how to keep safe and staff were clear on their role on protecting people from the risk of harm. Staff understood their responsibilities to raise concerns and record safety incidents. These were reviewed and analysed to ensure actions could be taken to reduce risks and promote a safe environment. Individual risks to people were identified and people were supported to take reasonable risks to promote independent living. Environmental risks within people's homes were also undertaken.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character before they commenced employment. The numbers and skill mix of staff ensured people's needs were met. Medicines were managed safely and people were supported as needed to take their medicine as prescribed.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to be as independent as they could be and assistive technology and accessible information was in place to support people in achieving this. The staff team knew people well and were provided with the right training and support to enable them to promote people's independence and autonomy.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Mencap South Notts Services

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.

This comprehensive inspection took place on 10 January 2018 and was announced. The provider was given four days' notice because the location provides a supported living service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak on the telephone to people as part of this inspection and to visit other people in their homes. The inspection visit was carried out by one 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. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

This service provides care and support to people with a learning disability living either in a supported living setting or within their own homes. At the time of the inspection 21 people were in receipt of personal care support. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Mencap South Notts Services met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On this occasion we did not ask the provider to send us provider information return (PIR) prior to the inspection. 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. However we offered the registered manager the opportunity to share information they felt relevant with us. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

During the inspection we spoke with five people who used the service and the relatives of four people. We spoke with the registered manager, three service managers, an assistant service manager and four care staff. We also observed how staff interacted with people when we visited them in their homes. We looked at two people's care records to check that the care they received matched the information in their records. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs and checked to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "The staff help me to keep safe when I cook my meals and when I go out." Another person told us, "All of the staff are very nice and I feel safe with them." One relative said, "[Name] would tell me if they were worried about anything, and I would speak to the manager." One staff member told us, "We discuss keeping safe at the tenants meetings and we discuss stranger danger at monthly reviews." Staff were clear on what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe from harm. One member of staff told us, "If I had any concerns or if any information was disclosed to me I would report it to the service manager or if needed to the registered manager. We also have the local authority safeguarding number we can call if we need to." There were safeguarding procedures in place. We saw that when needed, concerns had been raised by the registered manager and safeguarding referrals made. This was in line with the provider's procedures.

People were involved in decisions about taking risks, such as accessing the community, travelling independently and using household appliances. We saw that risk assessments were updated as required to ensure any changing needs were identified and addressed. People were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the support they needed to keep safe. Where needed assistive technology was in place to support people. For example, one person had a hearing impairment and a vibrating pillow pad, which was acoustically triggered, was in place to alert them if their fire alarm went off during the night. We saw the staff had liaised with the person's landlord to replace the doors in their home to specialised doors; which were significantly easier for the person to open in an emergency situation. Although this person had staff support throughout the night these adaptations and technology provided them with some independence, if they need to evacuate their home in an emergency situation.

We saw that plans were in place to respond to emergencies within people's support files, such as regular fire drills and emergency/ fire evacuation plans. These plans provided information on the level of support a person would need and we saw that the information recorded was specific to each person's individual needs. This supported staff to understand the actions that would be required. We saw that people had been involved in these plans and had signed to demonstrate their agreement with them. The staff team that worked with each person had also signed to confirm they had read and understood the support the person needed.

People were supported by a consistent staff team that were available to meet their needs and preferences and support them to pursue their aspirations. One relative told us, "They seem pretty consistent. I have met most of them I think." Another relative said, "I think they have quite a large team of the same ones." The staffing levels were based upon each person's individual support needs. This varied from 24 hour support which was generally for people who required support with all of their care needs to a few hours a week for people who required less support. The people we visited were supported by staff over a twenty four hour period when they were at home and had a regular group of staff that supported them. They told us there

was enough staff to support them. One person said, "I am going food shopping in a minute with [Name], I'm just making a shopping list." Another said, "There are always staff here even at night so if I need any help I can ask them. They are all nice." "Relatives we spoke with told us there was sufficient staff available to support people. One said, "There always seems enough staff on duty" Another said, "I have never noticed a problem with them being short staffed." The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We saw that recruitment checks had been undertaken for the staff employed, this included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions.

We looked at how staff supported people to take their medicines. One relative told us, "[Name] takes medication for epilepsy and staff are very good with making sure they have them. There have never been any problems with that." The provider had processes in place to receive, store, administer, and dispose of medicines safely. Staff told us they had undertaken training and received competency checks and records seen confirmed this. We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their level of need. For those people who required support a medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

We saw the staff supported people to keep their home clean and staff received training in food safety; to ensure they supported people in a safe way with the storage of food and preparation and cooking of meals. One person was in the process of checking their cupboards and fridge in order to plan for their food shop. We saw that they had been supported to store food products correctly and keep their kitchen clean. Support plans were in place regarding the support people needed to keep their home clean and any products that were classed as hazardous to health were risk assessed to ensure the person was able to use and store these safely. For example one person's support plan confirmed it was important to them to keep their home clean and presentable. Their risk assessment showed they were had a good understanding of cleaning products and were able to use them and store them in a safe way.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager and service managers to look for any patterns or trends; to enable them to take action as needed. The registered manager confirmed that no patterns or trends had been identified within the last 12 months.

Is the service effective?

Our findings

People were assessed before they moved into the service to ensure their needs could be met. Support plans were completed and reviewed regularly to enable the staff to support them in accordance with their needs and preferences. We saw and people confirmed they were involved in the monthly reviews of their support plans.

People told us they were happy with the support they received from the staff team. One person said, "The staff are very good and support me." Another person told us, "The staff help me a lot." A relative said, "The staff are all very good and they know [Name] well, including their likes and dislikes." Another relative told us, "The staff seem very competent and look after [Name] very well." We saw that new staff completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. One member of staff said, "My induction was very good. I had five days of training and six weeks shadowing experienced staff." Staff received training to develop their skills and understanding. One member of staff told us, "The training is very good and covers everything and we have regular supervisions with our line manager and regular observations of our practice in areas like medicines management and managing finances." The provider's performance appraisal system called 'shape your future' was used to keep an ongoing record of the staff performance review conversations and observations and enabled staff to set objectives to enhance their knowledge and skills.

Some people were supported by staff, using their preferred communication method to purchase and plan their meals. This was based on people's preferences and dietary needs and the level of support they needed. One person told us they were busy writing their shopping list before they went food shopping with staff support. A relative told us, "[Name] chooses their meals and goes shopping each week for food with the staff. The staff do take care with the consistency of [Name's] food as they are at risk of choking." Another relative told us, "[Name] cooks their meals with the staff who help them to make healthy choices as they can struggle with their weight and the staff monitor this closely." We saw that people were supported to maintain their dietary needs and eat a well balance diet. People's support plans included an assessment of their nutritional requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their needs. Where people were at risk of choking we saw assessments had been undertaken by a healthcare professional and staff followed the guidance provided.

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. This was to ensure people's needs were met and information was provided to them in an accessible format that met their communication needs. This included any support people needed with health care appointments. We saw that referrals were made when needed to healthcare professionals to assist people with their changing needs. For example one person had been referred to a clinical psychiatrist regarding their memory and we saw that ongoing monitoring was in place to support the psychiatrist in their assessment of this person's changing needs. People were routinely supported to see health care professionals such as dentists, doctors,

opticians and chiropodists; to ensure they maintained good health.

We checked to see if the provider was working within the principles of the Mental Capacity Act 2005 (MCA), which 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own homes these applications are made to the Court of Protection. The registered manager confirmed no authorisations to deprive a person of the liberty were in place at the time of our visit. Some people required support to make some decisions. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. We saw that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. We saw when visiting people that they were supported as needed to make choices.

Is the service caring?

Our findings

People felt that their relationship with the staff was good. One person said, "I like the staff they are my friends." One relative told us, "I have never seen or heard the staff speak inappropriately to anyone." Another relative said, "They are all very kind and caring, without exception." We saw that staff were able to effectively communicate with people. People's communication methods were recorded in their support plans and alternative methods as well as written words were used to ensure information was accessible to people. such as the use of pictures, signs and gestures

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their method of communication and their values and aspirations. This included people's cultural and religious beliefs and goals they had set for themselves to achieve. For example one person went to a church group on a regular basis and they were supported to access this.

People were supported to develop their daily living skills to promote independence. One relative told us, "They encourage [Name] to help cook meals and go out and about as much as possible. They have taken [Name] abroad on holiday and a carer takes them down to London to stay with our relative." Another relative said, "The staff encourage [Name] to do as much as possible for themselves, but they are always on hand if needed."

People confirmed that staff supported them to maintain their dignity. One relative told us, "The staff are very respectful and make sure of [Name's] privacy when they support them with personal care." Another relative said, "I have always found them to be very respectful when I visit [Name] it is a lovely atmosphere too, very homely." We saw that staff supported people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

People were supported to maintain relationships with those that were important to them and relatives told us they were involved in their relations care. One relative said, "I feel very much part of [Name's] care. We have an excellent relationship with the staff."

Is the service responsive?

Our findings

The initial assessments undertaken prior to people using the service were used to develop support plans. Staff had the relevant information required to support people appropriately. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff had access to current information to ensure that people were supported properly and safely.

People and their relatives confirmed and we saw they were involved in reviewing their support plans and were supported and encouraged to follow their interests and expand their social network. For example one person was a keen football supporter and showed us a video of a recent football match. Another person attended a social club, a drama group and a walking group. A relative told us, "[Name] is always going out somewhere and the staff support [Name] to visit us at home." This demonstrated that staff worked in partnership with people to ensure they were at the centre of the support they received.

We saw the provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them. For example pictures were used to support some people's understanding when making decisions. Other people required written information in large text and some people used Makaton sign language. We saw that staff were able to communicate with them using Makaton. One of the service managers had achieved a qualification which enabled them to train other staff in communicating with people using Makaton. We saw that information within people's support plans provided detailed guidance and instructions for staff on promoting people's ability to communicate. For example one person's support plan provided instructions to staff on how to ensure the person's hearing aids were checked, cleaned and serviced to ensure they were kept in good working order. People's ability to understand written and spoken information was assessed to ensure they received the appropriate support. For example one person understood some letters and numbers but needed support to read the information out loud; this was to ensure they had understood the information.

Staff told us they would report any concerns to their service manager or the registered manager. One member of staff told us, "We ask people if they are happy with the support they receive as part of their monthly reviews. If anyone raised any concerns I would report them." We saw that information was available to people in an easy read format on how to raise a concern or complaint. People told us if they had any complaints they would speak to the staff or manager. Relatives told us they were aware of the procedure for making complaints and said they would feel comfortable if they ever had the need to do this. One relative told us, "I would have no problem complaining if need be, but I have never needed to." Another relative said,

"If I have any issues I just speak with the staff but if I had a serious problem I would contact the manager. I have never needed to though."

One of the service managers had raised a concern with a health care professional on behalf of a person that had used the service. This demonstrated that the staff team supported people to have their voices heard and their rights respected. A complaints procedure was in place on how to express a concern or raise a complaint and a system was in place to record the complaints received. We saw that one complaint had been received in the last 12 months and this had been addressed in line with provider's procedure and the actions taken and outcome were recorded, which showed the person was happy with the outcome of their complaint. One of the service manager's told us that lessons had been learnt from this complaint to ensure they worked in a different way with this person to plan future events. This demonstrated the provider ensured complaints were used as a learning tool to achieve good outcomes for people.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

Is the service well-led?

Our findings

Staff were committed to promoting equality and supporting people to lead full lives. One member of staff told us, "It's a great job as we are supporting people to reach their dreams and goals and to be as independent as they can be." People we spoke with confirmed that the staff supported and encouraged them to do this.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken. The current rating for the service was displayed at the office and on the provider's website in line with our requirements.

People's relatives told us the service was well managed and they knew who the registered manager was. One said, "I know the manager. She is very helpful, I just call if I need her help. I think it is an excellent service and is well managed. They give us peace of mind. They always keep me informed of what is happening." Another relative said, "It is well managed. It is the best thing that could have happened to [Name] and for us too."

Staff enjoyed working at the service. One told us, "I love working for Mencap, the support and training is good and there is enough resources available for us to keep ourselves up to date with current guidance." Staff received regular support and supervisions from the management team. This included appraisals, supervisions and team meetings. Staff confirmed that the culture of the service enabled them to speak with any member of the management team if they had any concerns. One told us, "Everyone is very supportive and we have an on call for out of hours if we need any advice or support."

The views of people and their representatives were taken into account in the way the service was provided and delivered in relation to their care. We saw that people were encouraged to express their views through a range of methods. This included reviews with people and those that were important to them such as family and friends. Tenants meetings were held within the supported living schemes and people completed satisfaction questionnaires. The registered manager told us that information received in the questionnaires was collated and forwarded to the provider's head office. They said, "If we identify any areas for improvement we would begin to action these as the information came in. Head office would also request an action plan from us."

An on call system was available for staff and people who used the service. People were provided with information on how to contact the office and the contact number was in the documentation they had been given.

The provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with CQC's new fundamental standards and associated key lines of enquiry to promote good practice. The manager's assessment tool was used to audit key records

each month such as people's support records and risk assessments, environmental checks of people's homes and health and safety checks. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. A national quality team also supported the registered manager in driving improvement through audits and inspections.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. We saw that staff had signed confidentiality clauses to demonstrate their understanding regarding the importance of supporting people's right to a private life. Staff records were kept securely and confidentially by the management team.

The registered manager ensured that people received the relevant support from other agencies as required such as community health care professionals and the organisations that were responsible for the maintenance of the homes that people lived in.