

Royal Mencap Society

Royal Mencap Society - Suite 6 Canterbury Business Centre

Inspection report

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Date of inspection visit:
31 August 2016
01 September 2016

Date of publication:
06 October 2016

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and carried out on the 31 August and 1 September 2016. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to meet with were available. The last inspection was in August 2014 and one breach of a legal requirement was found at that time. This was regarding the risks associated with the unsafe use and management of medicines. The provider had provided an action plan and had resolved the issues. Medicines were checked and were safe.

Royal Mencap is a domiciliary care service that provides personal care to people with a learning disability to enable them to live as independently as possible either on their own or sharing houses with others. People have a tenancy agreement for their housing and receive their care and support from Royal Mencap. The support hours provided varied depending on the person's needs. At the time of the inspection six people were using the service in two shared houses.

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.

There had been a change in management in the last six months and a new service manager had been appointed in March 2016 to support the registered manager. An assistant service manager had also been appointed and started employment in June 2016. People, staff and relatives told us the service had changed a lot since the new managers had been recruited and that previous to this they felt the service was not working. Everyone we spoke to said they felt more able to share concerns and were confident they would be listened to. The service manager told us about changes they had made following feedback from people and staff. The service manager was open with us about elements of the service that still needed improving. The initial focus had been on making the service safe and now the quality of care and staffing issues were being addressed.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal responsibility to report certain events that affect the wellbeing of the person or affects the whole service.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

There were enough staff on duty to meet people's needs and staff had time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities that took place each day.

Staff received appropriate training which was relevant to their role. Staff received regular supervisions and

appraisals; however some newer members of staff said they would like to have had more face to face meetings. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) but many of the staff team had not received any training in this. This training had been booked for October 2016 where we were assured everyone would attend.

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was sometimes responsive. People using the service and staff had raised concerns and these had taken a significant amount of time to be dealt with appropriately. Relatives said the change in management had made significant improvements by the service manager communicating more with people and their relatives. The compatibility of people living together had changed and there had been some altercations and arguments in one house. The service manager was introducing house meetings and the assistant service manager would be present at the home more often to support staff and people. One person's needs had changed in the previous few months so a re-assessment of support hours, their mental capacity and a psychologist was being arranged to support them. Some people and staff said they needed more time to feel listened to and build more positive relationships.

The service was well-led. Quality assurance checks and audits were completed regularly. These identified actions to improve the service. Staff, people and their relatives spoke highly about the service manager. The registered manager was responsible for the whole service but the service manager was responsible for the day to day running of 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?

Good ●

The service was safe.

The recruitment of new staff followed robust procedures and ensured only suitable staff were employed.

Risk assessments had been completed to reflect current risks to people.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's nutritional needs were being met in an individualised way that encouraged them to be as independent as possible.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a manager.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People had privacy when they wanted to be alone.

We received some positive feedback about the support provided from people living at the home and their relatives

Is the service responsive?

Requires Improvement ●

The service was sometimes responsive.

There was a system in place to manage complaints. People and relatives told us that they had not always felt listened to when making complaints but this had improved in the previous five months since the change in management.

Some people were not supported to reach their full potential. The goals in some people's support plans were not updated or reviewed for long periods of time to show any outcomes or completion dates.

Assessments and care planning arrangements ensured each person received personalised care.

Is the service well-led?

Good ●

The service was well-led.

Regular audits of the service were being undertaken.

Staff and people were all positive about the service manager and the changes that had taken place since March 2016. The service manager was open and transparent about identified areas for improvement within the service and these were being addressed.

All relatives we spoke with said they had faith in the new service manager and that things had improved. They felt there was a commitment from the provider to make changes in accordance with comments and suggestions from everyone.

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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.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information sent to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an announced inspection which was completed on 31 August and 1 September 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in August 2014 and there was one breach of legal requirement at that time. This was a breach of Regulation 13 of the Health and Social Care Act 2008 regarding the risks associated with the unsafe use and management of medicines. The provider had taken action to make medicines safe and records confirmed this on our inspection.

During the inspection we looked at all four people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

During the inspection we spoke with four people using the service. We visited both of the locations where people were supported. The provider had asked people if they were willing to speak to us prior to the visit.

We spoke with five staff including the registered manager, service manager and three support staff. We also spent time in the head office looking at recruitment files for four staff including two that were newly appointed and training records for the whole staff team. After the inspection we telephoned three relatives and three support workers to discuss their experience of the service.

Is the service safe?

Our findings

The service was safe.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff confirmed they attended safeguarding training updates. Policies and procedures were available to everyone who used the service. The service manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police (where appropriate). One staff member said "I would know what to do if I had any concerns; I know who to go to and the safeguarding procedures".

People told us they felt safe being supported by staff working for Royal Mencap. Relatives told us they felt the service that was being provided was safe now, however there had been some historical issues and people and their relatives spoke about how some safeguarding concerns had taken a long time to be dealt with. We looked at records relating to these concerns and they had been reported appropriately however there was a significant amount of time between the incident and the reporting.

There had been some altercations between some of the people living at one house. Staff supported people by using strategies that had been discussed as a team. An altercation between two people had happened on the day of our inspection shortly before we arrived and staff had dealt with this in a positive way. We saw people talking to staff about what had happened and find better ways of dealing with frustrations. One person was encouraged to apologise to the other by staff for raising their voice. These situations had been challenging for some staff as they were fairly new to the service and one staff member said, "People are possibly safe, it's difficult to problem solve and I have no belief that things will get sorted as the compatibility and dynamics of people is challenging". The service manager assured us that a re-assessment of one person's needs would be put in place to identify areas of support needed for them. They told us staff would be able to deal with the challenges more effectively by the assistant service manager being present in the home every day to offer advice and guidance.

People's homes were clean, tidy and comfortable. On a monthly basis the building was checked by the registered manager to make sure it was clean and in good order. Staff had a system for requesting building maintenance and said requests were actioned in a timely fashion. Regular health and safety checks and schedules were in place for infection control, water temperatures, emergency lighting, and electrical equipment. These were completed by an external company and the service manager would check that these were completed and any issues reported appropriately.

All staff had received fire safety training and some people were assessed and had a personal emergency evacuation plan (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency. There were regular fire safety checks in place however the six monthly fire drills for one property had not been carried out since June 2014. The service manager assured us these would be completed with immediate effect.

People were protected against the risks associated with medicines. People were assisted with their daily medicines and the support they needed was documented in their care plan. The arrangement in place for storage and administration of medicines was in line with safe practice. Staff completed medicine training online, their competency was then checked before they were able to administer medicines. Staff were provided with information about medicines people took and completed a medicine administration record (MAR) after medicines had been given. One person's care plan said "I would only like female staff to support me when I put my cream on". This was clearly documented, made reference to and discussed in the staff team meeting notes. There had been one missed medicine recorded in July 2016. This had been investigated and a competency check for staff had been completed. The service manager had reviewed the recording of medicines and completed a weekly check to ensure there were no further errors.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us that people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Risk assessments gave staff clear guidance to follow that matched the content of people's support plans in relation to the activities they were taking part in. A financial risk assessment was undertaken to identify the support each person needed. It had not been assumed everyone needed the same level of support. The service manager told us that one person's needs had changed with regard to understanding financial implications so they were planning to re-assess these as soon as possible. We were assured this would be completed with the involvement of relatives and the local authority. Risk assessments were completed for one person as they were at risk of being unsafe in the kitchen, particularly using the oven. This gave clear guidance for staff to follow. The person was advised to "Use oven gloves" at all times and staff to be present to support the person. This meant the person was supported safely without losing any skills or independence.

Each person was allocated individual support hours as per the contract with the local authority and agreed in the person's care plan. People and staff confirmed there were sufficient numbers of staff on duty. However, some staff had recently left and shifts were being covered by agency staff. The service used consistent agency staff where possible. We saw the service manager explaining to one person that they will only use familiar agency staff as they knew this was unsettling for them if they did not know the staff member. Overnight there was a staff member who stayed at each property that could be called upon to deal with any events. People were looked after by staff that were familiar with their needs and preference. The service had a 24 hour on-call system for staff to contact in an emergency.

Is the service effective?

Our findings

The service was effective.

People were supported by staff with the required skills and knowledge. One newly appointed member of staff told us the recent induction training programme was, "Amazing, I can't fault it at all. It was very informative".

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received excellent training which was of good quality and informative to enable them to do their job effectively. An induction programme was designed by the provider's designated learning and development team. This included mandatory training courses such as safeguarding, first aid and fire safety. New staff members had then been given workbooks to complete to show they understood the induction programme. Practice based observations were carried out by senior members of staff regularly. This was in line with the Care Certificate. Staff members were being encouraged to enrol on the NVQ 3 programme being introduced by the service. Some staff had not been trained in MCA and DoLS. The service manager explained that a mandatory training day for all staff had been arranged for October 2016.

Two newer members of staff we spoke to after the inspection said that they felt, "Thrown in at the deep end" and some extra time after their induction to learn about systems and processes would have been beneficial. This included having more hours shadowing other staff members in their first few weeks to enable them to feel more confident. The service manager explained that one property had more challenges than the other and that more support would be introduced.

Staff received regular supervision and appraisals which provided staff with formal support in their development of skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. One person's supervision notes identified issues with doing sleep-ins at the service. The service manager explained that through this discussion the staff member had reduced these and the staff member was happy with the outcome.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. People had best interest decision meetings recorded in their care plans where appropriate. One person had a best interest meeting and involvement with the CLDT (Community Learning Disability Team) regarding de-cluttering their bedroom. It was decided that staff would support the person due to health and safety issues.

People had contact with health and social care professionals and this was documented in their health

action plans. People could access doctors, opticians and dentists when required. These were clearly documented when people had attended and any updates or outcomes. In each care plan, support needs were available for staff with regard to attending appointments and specific information for keeping healthy. People could access the (CLDT) Community Learning Disability Team and advocacy services if they wished to. One person had input from the CLDT in March and April 2016 but no one was using an advocate at the time of our inspection

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The support plans reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right ingredients for the meal they wanted to prepare. A nutritionist had been identified to support someone who had recently put on a significant amount of weight. Staff had supported the person to access the swimming pool and discussed with them more healthy eating options. A weight chart had been introduced and the person liked to be weighed weekly as they said that losing weight was something they would really like to do. One person had been eating ready meals every day and wasn't really enjoying them so staff were helping the person to cook their own meals daily. This person's relative said "This is so good that my relative is eating healthier and has a more varied diet".

Is the service caring?

Our findings

The service was caring.

People we spoke with said the staff were caring. One person said, about the staff, "Very caring, they help me do lots of things" and another said, "I do not want to move, ever. I love it here". People had been involved in making decisions about aspects of their own care. For example, if they would like a key to their bedroom. People had their own keys and an ID card to be used in an emergency. Their support plan gave guidance for staff. For example "Before I leave the house staff to check if I have my keys and remind me to close the door behind me".

People's bedrooms were personalised and decorated to their taste. Some people showed us their rooms, and were pleased to talk to us about their hobbies and interests. One person said, "I chose my own bedroom furniture and I really like it, I would like one wall painted a different colour soon". And "I like going out. I am going swimming now which is good".

By speaking to staff and looking at records it was evident promoting people's rights, and supporting people to increase their independence and make choices was important to the team. One person was able to visit the chiropodist independently by using safe routes to cross roads. They had been supported by staff to do safely and risks had been assessed.

Staff were supportive and helped people with daily tasks if people wanted them to. People were given clear choices. One person's care plan said "I have a cleaning chart in place and staff need to use the same principle when they are supporting me with one of my activities, be upbeat, be positive and include me with the daily chore" and "It is important to me that I am involved with any plans around my care and staff support me as much as possible as I get frustrated and anxious if I think too many things are being decided for me without my input".

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. One person's care plan said, "I know what clothes I like; my dad helped me to update my wardrobe".

Staff had received training on equality and diversity. We saw the provider had planned to meet people's cultural and religious needs and care records confirmed this. People's care records included an assessment of their needs and support needed to maintain cultural aspects of life. One person liked to go to the holy trinity church and visit Tewkesbury Cathedral. Within one of the equal opportunity workbooks for staff it asked staff to describe what they thought the meaning was. One staff member wrote, "Means everybody regardless of background, colour and race have the same opportunities as everybody else".

Is the service responsive?

Our findings

The service was sometimes responsive to people's needs.

People told us they were aware of who to speak to and how to raise a concern if they needed to. People said that they felt listened to now but this had not always been the case. One person said, "I still feel a little scared" after an incident in March 2016, but now "I have confidence in myself to speak out and have a voice". One relative said "I have complained on many occasions to get some improvements and I have growing faith now due to the new management structure". Relatives we spoke with said they feel that some time to stabilise and embed the culture in the management team would be positive and things would improve. There had been four complaints since April 2015. These had been investigated and a meeting had been set up on the first day of our inspection to talk with relatives who had made a recent complaint regarding lack of communication. The service manager told us they hoped to build positive relationships with relatives and the meeting would enable them to find better ways to communicate.

Each person had a care plan and a structure to record and review information. The support plan detailed individual needs and how staff were to support people. Each care file also had a page detailing likes and dislikes so it was easy for staff to identify individual preferences. One person's care plan said, "It is important to me that am involved with any plans around my care and support as much as possible as I get anxious and frustrated if I think too many things are being decided for me without my input". Each care plan gave staff the ability to know when to have discussions with people. For example one person's care plan said "When giving me information I like simple words, I can only concentrate for 20 minutes and after this I will struggle to engage. Do not give me too much information".

Each person had goals and outcome plans. These were not updated or reviewed regularly and did not always mean people were achieving their set goals. One person's outcome plan dated October 2015 said, "Attend PACE (Personal Assistance and Community Enablement)". PACE is an activity day service with staff that supports people to access the community and take part in activities. The target date for completion was December 2015. In the person's two monthly review on 4th August 2016 they had stated they did not like going to PACE. The service manager said that this had been reported to her. This means there was a delay in responding to people when they expressed their views.

Staff confirmed any changes to people's care were discussed regularly through the daily shift handover process to ensure they were responding to people's care and support needs.

A daily diary and communication books were being used to give staff details of appointments or any specific information. Staff had signed to say they had read these.

People were encouraged to be part of the local community. Some were able to go out independently whilst others needed to be supported by staff. People were supported to find paid work or volunteer where possible, to attend day care services and to take part in social activities of their choice. One person said that the staff were, "Very good, I am happy here at my house and I can go out when I want to". Examples of

activities that people were involved in were swimming, volunteering at a garden centre, attending holy trinity church, shopping, horse riding and meeting friends. The service was organising a number of themed parties and involved people in what they wanted such as ABBA and Halloween parties at one of the properties. This was to encourage people to socialise together which had been requested by people. One staff team meeting minute's record said, "Staff to speak with people and arrange a day when we can all go to Weston-Super-Mare together where people had decided they wanted to go".

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's support plan said "If I am admitted to hospital I take my medication file with my passport as it gives the hospital all the information they need to know about me". This enabled people to move from one service to another enabling staff to respond to their needs.

Is the service well-led?

Our findings

The service was well led.

Staff were positive about the recent change of management and the new staffing structure that had been introduced. Staff said that the culture of the service was very positive now and the managers were very approachable. One member of staff told us that disciplinary action had not been taken in the past but this had now changed and poor practice was no longer tolerated. We saw concerns staff had raised with their service manager, including concerns about the performance of other staff. The service manager told us about actions that had been taken to address these concerns. The registered manager had overall responsibility for the service but the service manager was responsible for the day to day running of the service.

The service manager and staff told us about changes on-going within the service. This included changes to the way staff worked and the culture of the service. Staff told us the culture of the service had changed for the better since the new service manager came into post. They said, "She wants to change what is not working". For example, new staff were being recruited and house meetings for the tenants were being re-introduced at one property as they had stopped in October 2015. The service manager explained these would be starting again so that people were able to voice their opinions in a more structured way. The service manager told us after the inspection that these had been re-introduced since the inspection and the first meeting was positive. The service manager had identified that two people do not seem to be accessing the community or engaging in any meaningful activities.

There was a plan in place to try and engage people to socialise and a party at the house was being organised to encourage this. People had a two monthly review which was a space for them to talk about anything they needed to or ask questions about. These were all being completed but did not always have outcomes

Regular audits of the service were taking place. This included audits by the service and registered manager. One audit had identified that refurbishment work was needed in both properties. The service manager showed us a survey with pictures of items which had been given to every person they supported so that they could tick what part of their home they would like to be updated. For example; a decorator, a new sofa, carpets, a radio, outdoor furniture and kitchen equipment. People had ticked different boxes and the service manager was going to arrange house meetings so that people could be involved with the decision making and choosing colours and furniture. Other audits that were carried out by the service manager were daily medication checks, monthly reviews of care plans and external audits of all records by the registered manager and trustees. The service manager had a Mencap quality assurance compliance tool which was filled in monthly and sent to the registered manager for approval to ensure nothing had been missed.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been three incidents recorded in 2016 and these had all been

investigated thoroughly with outcomes.

Team meetings for all staff were being held every month. A member of staff said "They are very useful". The meeting minutes had actions and due dates but these were not always filled in. One set of meeting minutes said, " Staff to write what to do in support plan about work for the emotions course which is a toolbox for positive thinking so that staff are able to encourage [the person] to complete and help deal with situations in the future". Staff were to action this but no due date was given and we were unsure whether this had been completed.

The provider sent out a staff engagement survey every year which enabled staff to give feedback anonymously if they wished to. The registered manager told us they then have outcomes to try and improve the service. We were shown a blank copy of the survey but were unable to see any results.

The service had strong links with the other partnerships including the CLDT, Speech and language therapists, learning disability nurses and Rooftops (The Housing Association). They were liaising with others (a local trust) to look at facilitating inclusion champions in the future. Staff from the service were attending a conference with the Facilitating Friendship and assistance for Disabled people group. This would enable people to build social relationships through liaising with a group called 'Circles of Friends' who enhance inclusion with people who have disabilities.