

Royal Mencap Society

Mencap - Trowbridge

Inspection report

Newbury House
Aintree Avenue, White Horse Business Park
Trowbridge
Wiltshire
BA14 0XB

Tel: 07788978267

Website: www.mencap.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 and 21 December 2016 and was announced.

The service supported people who required personal care living in their own homes. This included people with learning disabilities and on the autistic spectrum. At the time of the inspection the service was supporting 21 people with personal care.

There was a manager in post who had applied to CQC to become the registered manager for this location. 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 manager and provider promoted an open culture based on values that put people at the centre of all they did. Staff were well supported by the management team and felt valued and listened to.

People received personalised care and support that enabled them to develop skills and improve their quality of life. People were supported to develop and maintain meaningful relationships. Staff knew people well and supported them in a kind and compassionate way. People's homes and belongings were respected and people were able to choose how they wanted their homes decorated.

Staff understood how to support people in line with the principles of the Mental Capacity Act 2005 and ensured that people's decisions and choices were respected.

There were sufficient staff to meet people's needs and staff received training to ensure they had the skills and knowledge to support people in a way that met their needs. Staff understood their responsibilities to identify and report safeguarding concerns.

Risks to people were identified and assessed. Where risks were identified there were plans in place to manage the risks. This included risks associated with medical conditions and the management of medicines. Staff competency was assessed before they administered medicines to people. Medicines were managed safely.

There were effective quality assurance systems to monitor and improve the service. This included analysing patterns and trends in relation to accidents and incidents. Regular auditing systems were in place and where audits identified issues action plans were developed to improve the quality of care.

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.

Staff had received training in safeguarding vulnerable people and understood their responsibilities to identify and report concerns.

Medicines were managed safely and people received their medicines as prescribed.

Where risks to people were identified there were plans in place to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to enable them to support people effectively.

People were supported to meet their nutritional needs.

Staff understood how to support people in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect, valuing them as individuals.

People were supported to become more independent.

People were involved in decisions about their care and their choices were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and identified how the

person wanted their support to be provided.

People and their relatives were involved in developing their care plans.

People were supported to develop and maintain meaningful relationships.

Is the service well-led?

Good ●

The service was well led.

Relatives had confidence in the management team.

Staff felt valued and supported. Staff were encouraged to share ideas and were listened to.

There were effective systems in place to monitor and improve the quality of the service.

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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.

This inspection took place on 20 and 21 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service which included notifications. Notifications are specific events providers are required to notify us about by law.

During the inspection we visited some people using the service in their own homes. We spoke with four people. We carried out some observation of care practice as not everyone one we visited was able to speak with us. We spoke with 6 relatives. We spoke with the registered manager, two area managers, the quality coordinator and five care staff. We looked at five people's care records, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People were safe. When we visited people in their homes we saw people were relaxed and comfortable with staff supporting them. Relatives were confident people were safe.

Staff had completed safeguarding training and understood how to identify and report concerns relating to safeguarding vulnerable people. One member of staff told us, "I would report straight away to my manager. If they didn't do anything I could whistle blow". Staff were aware of outside agencies they could report to if necessary. One member of staff said, "I did refresher training a couple of months ago so I know I could go to Wiltshire Council or CQC".

There was a safeguarding policy and procedure in place and records showed that all concerns had been reported to appropriate agencies, investigated and action taken.

Medicines were managed safely. All staff responsible for administering medicines had received training in medicine management. Staff competencies were checked before staff administered medicines unsupervised. Staff competencies in relation to administration of medicines were checked on an annual basis. Where people required support with specific medicines in relation to medical conditions staff received training in how to administer these medicines. For example, some people experienced seizures. There was recovery medicine prescribed. Staff had received training in how to administer these medicines and had clear guidance about when the medicine should be administered.

People's medicines were recorded on a medicine administration record (MAR) and included appropriate information relating to each prescribed medicine. Where people were prescribed 'as required' (PRN) medicines there were protocols in place detailing when the medicine should be administered.

Managers carried out a monthly audit of medicines to ensure balances were correct and any recording issues identified and addressed. The medicine records we saw had been accurately and fully completed.

There were sufficient staff to meet people's support needs. One relative told us, "There are regular staff at the moment. Agency staff are only used in an emergency". Another relative said they knew the staff well and that "As long as Mencap keep hold of staff, the service works very well". Relatives told us that staffing had improved greatly and that people received support from consistent staff.

Staff told us that agency staff were used where needed and that the provider used consistent agency staff to minimise the impact on people. One member of staff said, "Due to [manager's] approach it (use of agency) is being managed very well". The registered manager told us there were some staff vacancies, which the provider was actively trying to recruit to. People's support hours were calculated by the commissioning authority and rotas showed people were receiving support in line with their support plans.

People's support plans included risk assessments which included risks associated with: personal hygiene; medication; road safety; epilepsy and emotional well-being. Where risks were identified there were plans in

place to manage the risks. Management plans identified the importance of positive risk taking and empowering people. For example, one person had a risk assessment relating to personal care. The person had a medical condition that put them at risk if left alone to have a bath. The management plan identified that the person could be left alone if they had a shower and this had been agreed with the person. This meant the person could remain independent with their personal care with reduced risk.

Is the service effective?

Our findings

Relatives were positive about the skills of staff. They felt staff were effectively trained and knew people well. Staff supported people in a way that met their needs. Staff had received training in communication techniques and we saw them using them appropriately to engage with people.

Staff completed an induction programme before working unsupervised with people. The induction programme included the standards set out in the Care Certificate. The Care Certificate is a set of standards for social and health care workers which give everyone the confidence that workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One new member of the care team told us, "The training was very good. I was shadowing more experienced staff while I was training; this gave me time to read support plans. I felt really confident by the time I worked alone".

Staff were positive about the training they received which included: Moving and handling, emergency first aid, medicines, Mental Capacity Act, diabetes and epilepsy. Staff were encouraged to complete national qualifications in social and health care. One member of staff told us, "I have been offered a level three qualification but I didn't feel ready". The member of staff was confident they would be able to do the qualification in the future. The manager monitored training and staff were made aware of training updates and any new training available. Records showed that staff training was up to date.

Staff felt supported and had access to regular supervisions. One member of staff told us, "I have contact with my manager all the time. I can ask to see her at any time".

Records showed that supervisions were being planned for the next 12 months. The provider had introduced a 'Shape your future' scheme for staff. This was a supervision and appraisal system to allow staff to measure their success against set objectives. Staff we spoke with were positive about 'Shape the future'. One member of staff said, "We meet (one to one meeting with manager) every three months. I am absolutely encouraged to identify ways to improve and develop".

The manager was knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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.

The manager had identified that records relating to people's capacity in relation to decisions was not always clear and was introducing improved records to ensure people's care records reflected the principles of MCA.

Staff had received training in MCA and understood how to support people in line with the act. One member of staff told us, "It's (MCA) about making sure people have the freedom to make their own decisions and

remembering that capacity is decision specific". Staff told us how they involved others in a best interest process where people lacked the capacity to make decisions. For example, staff knew how to involve relatives and professionals. Staff understood the importance of maximising people's capacity by using appropriate communication to aid the decision making process. For example, one member of staff told us, "We always give people choice, but sometimes we need to break the decision down to make it easier for the person to make the decision".

People were supported to access food and drink to meet their nutritional needs. We saw people enjoying breakfast and being supported to prepare some toast for themselves. Another person had returned from a shopping trip to the local supermarket. The person was encouraged to put the shopping away and prepare their lunchtime meal. Where people prepared a weekly menu this was displayed as a reminder of what meal they would be preparing each day. One person showed us their menu and told us what they would be cooking on the evening of our visit. The person was clearly pleased to be able to show us how they were supported to choose their menu and prepare their meals.

People's care records identified specific dietary needs and how these were met. For example, one person's care plan identified the person had lost weight. The person's care plan identified the person needed to be encouraged to eat snacks and should be offered smoothies and fortified drinks. The person's food and fluid intake was recorded. We saw this person being encouraged to eat their breakfast and food and fluid intake was being recorded.

Care records showed that people were supported to access health professionals when required. This included support with podiatry, dentist, specialist nurses and hospital appointments. Care records included hospital passports which included important information people needed to take with them should they require a hospital admission.

Is the service caring?

Our findings

People were positive about the staff supporting them. Comments included: "Staff look after me very well"; "I am very happy here" and "Staff are very lovely". Relatives were complimentary about the staff supporting people. Comments included: "He's as happy as a sand boy"; "The majority of staff are there for my son, not just treating him like a pay packet" and "She loves the carers when she gets to know them".

We saw many kind and caring interactions. It was clear staff knew people well and that people enjoyed the company of staff supporting them. For example, one person was talking about presents they had bought relatives for Christmas. The member of staff was encouraging and showed understanding of how important this had been to the person.

Staff took time to communicate with people, using their preferred method of communication. For example, one member of staff used Makaton and verbal communication to ensure the person understood what was being said. Makaton is a means of communication that uses signs and symbols to help people communicate.

People's privacy and dignity was respected. People answered the door when we arrived and were supported to understand why we were visiting and that they were happy for us to visit. Where possible people were asked if they would like to show us round and we were only shown rooms where people were able to give consent.

Staff understood the importance of protecting people's dignity and promoting their independence. For example, one member of staff told us how one person had been supported to learn how to put their dishes in the dishwasher. The person smiled and nodded to the member of staff when they achieved this.

Relatives told us they were involved in developing people's care plans. One relative said, "I need to be involved [in my relative's care] and it works". Relatives told us they were informed of any changes in people's condition and were included in decisions where appropriate. One relative told us, "We can speak our minds freely. We work things out together". Relatives were encouraged to stay involved in people's care where appropriate. For example, one person preferred to be taken to medical appointments by a relative. The person's care plan identified this and records showed it had happened.

Staff were aware of the need to keep people's personal information confidential. Care records in people's homes were kept securely. Records in the office were stored in locked cupboards and all electronic records were password protected and only accessible to people with authority to access them.

Is the service responsive?

Our findings

People were assessed before using the service. Relatives were positive about the process that supported people to access the service. One relative told us, "The transition into the service was great. I couldn't fault it".

Relatives felt people's changing needs were identified and responded to. One relative said, "They inform us what is happening". Relatives felt confident to talk to staff about people's care plans. Comments included, "They write down anything that has changed" and "Staff are very approachable".

People's care records were regularly reviewed to ensure they were up to date and reflected people's needs.

Care records contained information that was personalised and recognised the individuality of people. This included information relating to needs associated with: communication; finances; relationships; nutrition; social activity; routines; medical conditions; personal care and behaviour. Care plans detailed how people's individual needs were met. For example, one person's communication care plan identified the person needed to be given clear verbal information with no jargon and should only contain "three information carrying words". The care plan guided staff to gain the person's attention before speaking to them and to use pictures or Makaton signs to support the communication. Staff were knowledgeable about this person's communication needs and we saw staff communicate successfully with the person using these methods.

People were encouraged to maintain and improve their independence. Care records identified activities people could do for themselves and the importance of maintaining these. Where people had goals to improve independence they were supported to achieve them. For example, one person had been supported to do their own laundry.

People were supported to live full and active lives. One relative told us, "[Person] has a very good life with Mencap support". Other relatives comments included; "There is something happening every day" and "Every day they take her out".

People's care records showed they were supported to access activities. Activities included: swimming, bowling, attending local clubs, meeting friends, going out for meals, going to the cinema and going on holidays. One person we spoke with had been supported to work part time. It was clear they enjoyed the work and the social interaction with others. There were photographs of people enjoying various events and activities displayed in people's homes.

People were encouraged to develop and maintain relationships. For example, one person was supported to speak with a relative regularly using an electronic video system. We also saw that two people had developed a close relationship. Staff and professionals had spoken with each of them to ensure they were both happy and understood the relationship. When we spoke with the couple they spoke enthusiastically about their plans to hold a party together. Staff were supporting them to plan the party and had taken them to see venues and identify a caterer for the event.

During our inspection several people were planning visits to relatives. Staff were extremely supportive; prompting and confirming arrangements that had been made. Staff reassured people when they asked questions and discussed the gifts people had bought for relatives. People were clearly excited by the planned visits and comfortable sharing their enthusiasm with the staff and inspector.

People had been supported to decorate their homes with Christmas decorations and two people showed us Christmas cakes they had been supported to make and decorate. They were clearly proud of their achievements.

Relatives knew how to make a complaint and felt confident to raise concerns. One relative told us they had made a complaint and this had been resolved.

The provider had a complaints policy and procedure. The complaints policy was made available to people in different formats to meet individual communication needs. Records showed that all complaints had been investigated and responded to in line with the organisations policy.

Is the service well-led?

Our findings

Relatives were complimentary about the current management team in place. Relatives told us there had been problems in the past but these were now resolved following a more settled management team. One relative told us, "There have been lots of different managers. There is a different manager now and she is consistent".

The service was managed by an area operations manager who had applied to CQC to become the registered manager for this location. The manager was supported by a team of service managers. Relatives were happy to speak with the area managers if they had any issues.

Staff were positive about their jobs and the provider. Comments included; "It's brilliant, rewarding. It's a good organisation to work for" and "I really enjoy my job. I find Mencap a really good employer".

The manager promoted an open culture that promoted the values of the provider, putting people at the centre of all they do. There was a positive atmosphere throughout the inspection with everyone showing a willingness to engage.

Staff felt valued. The provider had introduced a scheme called "You rock". This was to promote staff to work to the organisations identified priorities. Staff were nominated by colleagues or managers to recognise achievements and each nominee received a certificate of recognition. We saw some certificates displayed in the office. Staff were positive about the initiative. One member of staff told us, "I was over the moon to feel someone valued me and recognised what I do. I like that people say when you are doing well". In addition to this scheme staff often received emails of thanks from their area manager. One member of staff told us, "My area manager notices when you've done something well and praises you. I had an email thanking me".

There were regular staff meetings to enable staff to discuss any issues and ideas. Staff told us they were listened to at the staff meetings and their ideas were always considered and used it to improve the service. One member of staff had been concerned about the information available for agency staff. They had suggested creating an agency handover file. This had been trialled and had now been implemented across the whole service.

Staff were extremely positive about the management support they received. Staff comments included: "[Area manager] is a great manager"; "[Management team] is very good at supporting, I can't fault them" and "I have contact with my manager all the time. I've never worked for a more supportive manager".

There were effective quality assurance systems in place to monitor and improve the quality of the service. For example, a recent medication audit had identified some issues. As a result an action plan had been developed, with clear actions and dates in which the actions should be achieved. The quality coordinator who had carried out the audit had supported the area manager in addressing the issues. The area manager was positive about the audit process and the improvements made as a result. They told us "[Quality coordinator] was brilliant. I loved it when they came in. I felt really supported. I absolutely benefitted as a

result and it gave me more confidence. I am so proud of the staff team and what we have achieved".

The manager kept an overview of all audits which were completed by area managers. Area managers sent a monthly compliance report to the manager showing the outcome of all audits completed. Audits included: risk assessments; care plans, staff training, staff supervisions and complaints. The manager monitored all accidents and incidents to look for patterns and trends. Accidents and incidents were also monitored across the provider locations to identify any wider trends.

There were systems in place for gaining feedback from people, relatives and stakeholder about the service. However, these had not always been effective and the provider was implementing a new quality system to improve feedback opportunities. The new system included reflection events and quality surveys. We saw that the manager had arranged some reflection events. Reflection events encouraged people to think about what they had enjoyed in the past year and identify ideas for the forthcoming year. One area manager told us, "It's to look at what we've done well and what we can do better".

House meetings were held with people and staff every three months to discuss any issues. Records of one house meeting showed people had agreed that they did not want a visitor to come to their home anymore. Action was taken to ensure the visitor did not return. Records were not available to show that house meetings had been held every three months. However, staff we spoke with told us house meetings had taken place and we saw that house meetings were planned for the next 12 months.