

Royal Mencap Society

Royal Mencap Society - Rotherham Domiciliary Care Agency

Inspection report

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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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was announced. During the visit we visited four supported living environments and spoke

Summary of findings

with seven people who used the service. We also spoke with two people who visited the office and 13 people via telephone, including a relative. We also spoke with seven members of staff, the manager, two service managers and four support workers.

At the time of our inspection, Rowan House was the Rotherham branch of Mencap and is registered to provide personal care. The service offers personal care in 19 supported living environments and to people living on their own in the community. The provider has since changed address and the title of their service but the service provided remains the same. The branch is now known as Royal Mencap Society - Rotherham Domiciliary Care Agency.

The inspection was announced. The service was last inspected on 17 December 2013 and was not in breach of any regulations at that time.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw there were systems in place to protect people from the risk of harm. We observed staff that responded well to people and understood their individual needs.

We found that people were supported by sufficient numbers of qualified, skilled and experienced staff. Staff had a programme of training, supervision and appraisal known as 'shape your future.' Robust recruitment and selection procedures were in place and appropriate checks had been carried out prior to the staff starting work.

Suitable arrangements were in place to support people to maintain a healthy variety of food and drink. Staff were aware of nutritional issues and ensured these were met effectively.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Support plans contained a good level of information which explained how to meet the person's needs. People told us that they had been involved in developing their support plan and felt they contributed on an on-going basis.

We observed staff supporting people who had developed good relationships and could recognise their needs. Staff were very respectful and ensured privacy and dignity was maintained.

The manager told us they were confident that all staff had a good understanding of the Mental Capacity Act 2005.

Everyone we spoke with said they felt comfortable to raise concerns and felt they would be resolved. We found the service learned from complaints and carried out a thorough investigation.

The provider had a system to monitor and assess the quality of service provision. This feedback gave the people chance to have their say and an opportunity for the provider to improve.

The service promoted a positive culture which was inclusive and empowering. People we spoke with told us staff and management were very nice and easy to talk to. They also told us they felt involved in their care and support.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that support plans included a section for administering medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We found that safeguarding procedures were in place and staff knew how to recognise, respond and report abuse. They had a clear understanding of how to safeguard people they supported.

We saw evidence that the manager had referred safeguarding incidents to the local authority safeguarding team and to CQC. We saw the manager kept a log of these incidents and evaluated them based on the outcome.

Support plans contained risk assessment associated with people's care and support and staff were knowledgeable about risk and how to work with people to limit risk occurring.

Recruitment processes were safe and thorough and included pre-employment checks prior to the person starting work.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

Good



Is the service effective?

The service was effective.

People were supported by staff who were trained to deliver care and support which was safe and of a good standard.

People told us they felt comfortable discussing their health needs with the staff. Support plans showed where people had seen medical professionals such as the G.P, community nurse and dietician.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that support plans were in place to identify assistance required in this area. This identified what people liked and disliked and their individual choices.

Good



Is the service caring?

The service was caring.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed some staff working with people and we saw they had a good understanding of their needs and how best to support people.

The people we spoke with told us that they saw the staff as friends who respected them and gave time for them to make decisions.

Good



Summary of findings

Staff we spoke with gave good examples of how they respected people and ensured privacy and dignity was maintained.

Is the service responsive?

The service was responsive.

People who used the service had their needs assessed and received individualised support. People had support plans which they were involved in and discussed their care regularly with the staff.

People took part in social activities of their choice and needs and had a plan of events for each day.

The service had a complaints procedure and responded, in a timely manner, to concerns raised. People we spoke with felt comfortable to talk to staff if they had a concern.

Good



Is the service well-led?

The service was well-led.

We saw the service had systems in place to monitor the quality of service provision. The manager took action where needed to improve the service. People we spoke with felt they had a voice and that action was taken when they had raised issues.

Accidents and incidents were monitored and the service ensured that any trends were monitored.

Good



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Detailed findings

Background to this inspection

The inspection team consisted of a lead inspector and an expert by experience in advocacy services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We last inspected Rowan House on 17 December 2013 and found the service was not in breach of any regulations at that time.

We inspected the service on the 8 and 10 July 2014. At the time of our inspection there were 75 people using the

service. We visited four supported living environments and spoke with staff and people who used the service. We also looked at documentation relating to people who used the service, staff and the management of the service. We looked at seven support plans. We also sent out questionnaires to people who used the service.

Before our inspection we reviewed all the information we held about the service and the provider had completed a provider information return. We spoke with the local council contracts team who shared a current action plan that the provider was working towards. We also spoke with the local council safeguarding team due to recent concerns regarding personal care and medication issues.

Is the service safe?

Our findings

We spoke with people who used the service and they told us that they felt safe. One person said, “If I wasn’t happy I would tell the staff and they would sort it out. The staff are very helpful.”

We spoke with four support workers and two service managers about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding and this was repeated on an annual basis. The staff records we saw supported this.

The service had policies and procedures for safeguarding vulnerable adults. Staff told us that they had access to these policies and felt they were used as a working document. We saw that the safeguarding policy contained a flow chart which gave clear instructions for staff to follow in the event of a safeguarding alert. This contained information of key people to contact and their contact details.

We saw evidence that the registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the manager kept a log of these incidents and evaluated them based on the outcome.

Care and support was planned and delivered in a way that ensured people’s safety and welfare. The support plans we looked at included risk assessments which identified any risk associated with their care. Risks identified included choking, bathing, taking medicines and supporting people who displayed behaviour which may challenge others.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. We saw that where people lacked capacity, decisions were made in the person’s best interest and took into account the person’s likes and dislikes. Information contained in individual

support plans showed that the service had assessed people in relation to their capacity. Families were encouraged to be involved in making best interest decisions which would impact on their relatives care.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people’s needs. We spoke with people who used the service, one person said, “Staff are always available and they make time for me.” Another person said, “The staff understand me and they are easy to talk to.”

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and barring service check. The manager had given this task to the business support person who ensured that all new employee checks were received. This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

We spoke with two members of staff who were completing their induction package. They both spoke highly of the support, training and guidance given to them so far. They felt they had been given the skills on induction to carry out their role. They also told us that prior to starting work with people who used the service they would complete a series of shadow shifts. This was to find out if they got along with the people they would be working with and to give the people who used the service time to get to know them. They confirmed that they could do shadowing shifts until they felt comfortable and confident to work.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that support plans included a section for administering medicines. The aim of the support plan was to ensure that the person who used the service was involved in their plan and remained as independent as possible. We spoke with staff who were knowledgeable about medicines and their side effects.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider’s medication policy and procedure.

Is the service effective?

Our findings

We spoke with staff and found that they received appropriate training. Staff told us that the training they received was worthwhile and productive. New starters told us that they had received a good induction package which included 46 hours of shadowing experienced staff prior to them working on their own initiative. Staff felt that training gave them confidence to complete their role effectively. We saw certificates and a training matrix which confirmed training had taken place. We saw that each training session was followed by a course reflection which was completed by the staff member. This was also discussed with their line manager and it was used to identify any training gaps.

We saw a computerised system which identified when staff were due to receive supervision sessions, appraisals and training. Staff each had a document called 'shape your future.' This encompassed training, supervision and appraisal and was linked to what the person wanted to achieve.

Staff were able from time to time, to obtain further relevant training. For example some support workers had received further training in preparation for them becoming a team leader.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that support plans were in place to identify assistance required in this area. This identified what people liked and disliked and their individual choices. We visited supported living environments and saw that fresh fruit and snacks were available. People who used the service told us they were involved in shopping and menu planning and they chose what they wanted to eat and drink.

Staff and people who used the service told us that they had meetings to devise a menu then they would write a shopping list and complete the shopping. People were involved in all stages of food preparation where appropriate.

We spoke with staff about what they would do if they identified any concerns associated with the person's diet. Staff were knowledgeable about when they should contact the GP or other professionals such as the dietician and the speech and language therapist.

We visited some supported living environments and found that staff were offering drinks and snacks to people who were unable to assist themselves. One person, who was prone to not drinking much, was asking staff for drinks and these were provided promptly. People we spoke with said they enjoyed their meals and although they were encouraged to eat healthy they sometimes had a takeaway as a treat.

People were supported to maintain good health and have access to healthcare services where required. We saw that care records contained an health action plan which was used to assist other professionals in how to support and communicate with the person when attending appointments.

We spoke with people and they felt comfortable and able to discuss healthcare issues with staff. One person said, "If I had a concern I would tell the staff, they sort it." Another person said, "I trust staff and they respect what I say."

We looked at care records and saw they contained a section for recording health care checks such as dentist, chiropody, GP and nurse. These were documented well and people were assisted to attend appointments. Where appropriate advocates were used to ensure individuals have a voice.

Is the service caring?

Our findings

Positive caring relationships were developed with people who used the service. During our inspection we observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way. Staff told us about the importance of assisting people in making their own choices.

We spoke with people who used the service and they told us the staff supported them well. People described staff as their friends and felt they were caring and compassionate. One person said, “The staff know me well and I like them.” Another person said, “The staff listen to me.”

People expressed their views and were involved in making decisions about their care. We looked at seven support plans of people who used the service. People’s needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures and photos to assist in the person understanding their plan. Staff and people who used the service confirmed that the person was at the heart of the plan. Time was given for people to comment and be involved in their support plan to ensure it worked for them. People took part in a range of activities which were based on their individual needs and preferences.

We saw that staff were able to communicate with people in an effective way. Some people responded well to pictures and in these cases pictures were used. Some people had

non-verbal communication and we observed staff reading body language of the person to identify what they required. This was done in an individualised way which enabled staff to build positive relationships with the people they were supporting.

Each person had a key worker, a member of staff allocated to work closely with the person and their families and involve other professionals when required. This ensured that the person received effective support which was tailored to their individual needs and preferences.

We saw evidence in support plans where people and their relatives had been involved in their care. People had signed to say they agreed with their support plan. We asked people what they would do if they saw something in their support plan which they didn’t agree with. People told us that they would discuss this with their key worker and they felt confident that it would be changed.

People we spoke with felt their privacy and dignity was respected. People living in supported living environments said that staff respected their home. One person said, “The staff always treat our home with respect.” We observed that staff encouraged people to answer the front door and the telephone.

We spoke with staff who gave clear examples of how they would preserve dignity. One person said, “When delivering personal care I ensure curtains and doors are closed so that nobody can see in.” Another person said, “It’s all about what the person wants and learning how to respect their decisions.”

Is the service responsive?

Our findings

People received personal care which was responsive to their needs. People's needs were assessed prior to them using the service and a support plan was devised which involved the person and their relatives. Likes and dislikes and individual preferences were recorded in their support plan. Staff had a good awareness of people's choices and they were able to respond to people in accordance with their individual needs and wishes.

People took part in a range of activities and interests. Staff were able to adapt activities to ensure preferences were maintained. For example, one person enjoyed horse riding but was no longer physically able to take part in this activity. The keyworker had looked at other options involving horses and the person had decided that they would like to groom the horses. This ensured the person spent some time with their favourite animals.

We visited people in some supported living environments and people showed us photos of activities they had taken part in. These included social events, holidays, day centres, and building friendships. Staff acknowledged that people

had developed friendships at different activities and staff assisted in helping people to meet up with their friends. This showed the provider had considered people's community involvement and independence.

The provider had a newsletter called 'spotlight' which was produced for and by people who used Mencap services. It included achievements by people who used the service, recipes that people had suggested, dates for the diary, and a section which introduced staff. This showed that people were involved and that their achievements were recognised.

The service had a complaints procedure and people knew how to raise concerns. People we spoke with said they felt they would be listened to if they needed to complain. Complaints were responded to within 25 days. There was evidence that learning from complaints took place. Since May 2013 the service had received two complaints which were logged and showed that staff meetings were held to discuss the lessons learned and supervision sessions took place where required. All correspondence was saved in the complaints file.

The service also received regular compliments which were used to motivate staff when they had completed good work.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People who used the service were asked about their views about the care and support they received. This was sent out annually by the head office of Mencap by their quality team. When the results were collated an action plan was put in place to address issues. The registered manager told us that one person had requested more swimming trips and this had been increased. We spoke with people who used the service and they felt they were involved in making improvements where required and they felt listened to.

The service demonstrated good management and leadership. Each supported living environment and the community support service had a service manager who was responsible for the delivery of care and support and management of the staff team. Each month the service manager's completed an audit known as the 'compliance confirmation tool.' This looked at areas such as support plans, risk assessments, environment, and nutrition and workforce development. This fed into the audit completed by the manager and any areas for action were highlighted in red. This system was also managed by the company head office and if the service managers did not complete the audit the manager would receive an email from head office to follow up.

The manager visited the supported living environments every three months to complete a quality check. Any issues of concerns raised via the 'compliance confirmation tool'

were checked on and action taken where necessary. One visit highlighted that work place risk assessments were out of date and this had been placed on an improvement plan to action as a priority.

We saw that staff had a document called, 'shape your future.' This was about their individual development, training and supervision. Individual sessions take place quarterly and staff told us they found them valuable. Supervision also took place in between these sessions and staff felt able to request time with their manager if they needed to.

Staff felt able to raise concerns with management and felt they were listened to. One member of staff said, "The manager is brilliant and I have been completely supported by her." We spoke with people who used the service and their relatives about how they felt about raising concerns. One relative said, "I would not hesitate to contact the manager if there was a problem, they would want to know so they could put it right." A person who used the service said, "I can talk to any of the staff they are friendly and supportive."

Accidents and incidents were monitored by the service managers and the manager to ensure any trends were identified. We saw that individual support plans had been updated in response to incidents which had occurred. This showed the management were proactive in responding to incidents and tried to limit the risk of them reoccurring. There was a clear system in place which was overseen by the business support worker. All completed accident forms were passed on to this person who checked them for accuracy. Any missing information was requested from the person who completed the form. Accident forms were then imputed on to a computer database and monitored.