

Royal Mencap Society

# Royal Mencap Society - Sheffield 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

The inspection took place on 29 September and 1 October 2015 and was announced. The service was registered with the CQC in December 2014 so this was the first inspection of the service under the new registration.

The Sheffield branch of the Royal Mencap Society is situated on the outskirts of Rotherham. It provides

# Summary of findings

personal care to people living in the community. Personal care is provided to people living in the Sheffield and Bradford areas. Support packages are flexible and based on the assessed needs of each individual.

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. 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.

We spoke with staff and found they were knowledgeable about protecting people from abuse. They told us they received training in this area as part of their induction and on a regular basis.

We saw the service had a safe recruitment policy in place and records we saw indicated this was followed correctly. We saw four staff files and found they contained pre-employment checks.

The support plans we looked at included risk assessments which identified any risk associated with people's care. This ensured people's support was delivered in a safe way. We saw assessments had been devised to help minimise and monitor the risk.

We saw mandatory training included topics such as safeguarding, working with people, emergency first aid, moving and handling and food hygiene. We spoke with the registered manager who told us the company were introducing the new 'Care Certificate' for new employees undertaking induction.

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 spoke with people who used the service and found that they were involved in menu planning and food preparation where possible. People who lived in supported living with others decided what they would like to eat at the beginning of a week and devised a menu.

People were supported to attend medical appointments and had access to health professionals when required.

People were supported to work towards their own personal goals. The service operated a key worker system whose responsibility it was to sit with the person they were supporting and discuss what was working well and what goals they would like to achieve.

Mencap have policies and procedures in place to protect the rights and independence of people they support. People were supported to choose what they wanted to take part in. One person was involved in voluntary conservation work and this was an important part of their life.

During our inspection we visited people who used the service and found staff offered privacy and dignity to people. The registered manager told us that staff undergo an annual observation to ensure they are providing personal care with dignity and encouraging the person to maintain as much independence as possible.

Support plans contained information about how to support and care for each person. They were based on individual assessed needs and clearly involved the person and their likes and dislikes.

The provider had a procedure in place to manage complaints. We spoke with the registered manager who told us they had not received any complaints in the last 12 months. The registered manager described the system to us by saying they would complete a log and sent it to the company's internal complaints system who would acknowledge the complaint.

Staff we spoke with felt supported by the management team and were able to speak with managers if they had a concern. One care worker said, "There is always a manager on the end of the phone."

We saw the management team completed a series of audits to ensure the service provided was of good quality. The service had an audit tool which was held electronically. This was known as the 'compliance confirmation tool' (CCT). This was designed to monitor aspects of supporting people, staffing, systems and environment.

# 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 spoke with staff and found they were knowledgeable about protecting people from abuse.

We saw the service had a safe recruitment policy in place and records we saw indicated this was followed correctly.

The support plans we looked at included risk assessments which identified any risk associated with people's care. This ensured people's support was delivered in a safe way.

Good



### Is the service effective?

The service was effective.

We saw mandatory training included topics such as safeguarding, working with people, emergency first aid, moving and handling and food hygiene.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area.

We spoke with people who used the service and found that they were involved in menu planning and food preparation where possible.

People were supported to attend medical appointments and had access to health professionals when required.

Good



### Is the service caring?

The service was caring.

People were supported to work towards their own personal goals.

Mencap have policies and procedures in place to protect the rights and independence of people they support. People were supported to choose what they wanted to take part in.

During our inspection we visited people who used the service and found staff offered privacy and dignity to people.

Good



### Is the service responsive?

The service was responsive.

Support plans contained information about how to support and care for each person.

The provider had a procedure in place to manage complaints. We spoke with the registered manager who told us they had not received any complaints in the last 12 months.

Good



### Is the service well-led?

The service was well led.

Staff we spoke with felt supported by the management team and were able to speak with managers if they had a concern.

Good



# Summary of findings

We saw the management team completed a series of audits to ensure the service provided was of good quality.

# Royal Mencap Society - Sheffield Domiciliary Care Agency

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 29 September and 1 October 2015 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector and an expert by experience who conducted telephone interviews with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with six people who used the service and two relatives of people who used the service. We visited three supported living schemes and spoke with a further five people.

We spoke with five care workers, a service manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us they felt safe and had good relationships with the staff that supported them. One person said, “If anything was wrong I would tell the staff.” Another person said, “The staff are friendly and open-minded. They understand my anxieties.”

We spoke with staff and found they were knowledgeable about protecting people from abuse. They told us they received training in this area as part of their induction and on a regular basis. This helped the staff to keep up to date with local procedures. One care worker said, “We would report any incident to the manager and they would promptly dealt with it.”

The registered manager showed us a system which was in place to record safeguarding incidents and to record the outcome. All safeguarding incidents are recorded on a critical incident form which is sent to the regional manager, operations director and the quality and legal team who track the process. This showed that incidents were taken seriously. The service looked at any lessons they could learn as part of the process.

We saw the service had a safe recruitment policy in place and records we saw indicated this was followed correctly. We saw four staff files and found they contained pre-employment checks. These included two references (one being from their last employer), and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in

preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with told us they were not able to start work with the provider until the checks had been completed to a satisfactory level.

We spoke with staff and people who used the service and found there was enough staff available to meet people’s needs. We spoke with the registered manager who informed us that staff were employed depending on what hours people had been assessed for. Each service manager ensured that staff were available to support people and that staff were available to accompany people on appointments.

There were arrangements in place to manage medicines safely. We saw that where staff administered medicines this was done by two people trained to do so. Each person had a Medication Administration Record (MAR) sheet indicating what medicines they took. This was signed by the people administering it.

The support plans we looked at included risk assessments which identified any risk associated with people’s care. This ensured people’s support was delivered in a safe way. We saw assessments had been devised to help minimise and monitor the risk. For example one person had a risk assessment in place regarding epilepsy. This clearly indicated how staff were to support the person by assessing the situation, staff training to be up to date, consider contacting emergency services, and to ensure the environment was safe.

# Is the service effective?

## Our findings

We spoke with people who used the service and their relatives about staff being competent to carry out their role. People told us that staff knew what they were doing and knew how to support them. One relative said, “The staff follow the guidance on personal care and recognise any deterioration.”

Staff we spoke with told us they received training appropriate to their roles and responsibilities. They found training a useful and necessary part of their job. One care worker said, “We do mandatory training but also training which is specific to the people we support.”

We saw mandatory training included topics such as safeguarding, working with people, emergency first aid, moving and handling and food hygiene. We spoke with the registered manager who told us the company were introducing the new ‘Care Certificate’ for new employees undertaking induction. The ‘Care Certificate’ looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff also told us they received supervision (one to one meeting with their line manager) regularly and were able to contribute to the meeting. Staff told us they found the ‘Shape your future’ system useful and inclusive. This is a system where staff have four supervision sessions per year, one being an annual appraisal of their practice and development. Staff told us that the system helped them to develop in their career.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We saw the service had acknowledged that some people may require a DoLS. The registered manager had referred these on to the authorising body and was waiting for feedback.

The support plans we looked at contained detail about the person’s capacity and ability to consent to care and treatment. We saw that best interest meetings took place which involved the person and their family, and other professionals as appropriate. This showed the service took appropriate action when people lacked capacity and that decisions were made in the person’s best interest.

We spoke with people who used the service and found that they were involved in menu planning and food preparation where possible. People who lived in supported living with others decided what they would like to eat at the beginning of a week and devised a menu. Snacks and drinks were also readily available. We saw that other professionals had been involved where people required dietary support. For example the speech and language therapist (SALT) had been involved with one person who required a soft diet. The SALT had offered guidance to staff regarding food preparation and how to thicken fluids.

We looked at support plans and found people had access to health professionals when required. For example, we saw evidence that people had received medical reviews with their doctor and attended appointments such as dermatology, chiropody and dental reviews.

# Is the service caring?

## Our findings

We spoke with people who used the service and found they were happy with the care and support they received. One person said, “The staff are nice and they support me to maintain my friendship with my sister.” Another person said, “Staff are very kind. I have a keyworker who takes me out a lot, I enjoy that.” Another person said, “It is not just a job to them (the staff), they take an interest.”

Support plans we looked at included the person’s life history. For example, one plan included the person’s favourite books, family and friends, school photos and likes and dislikes.

People were supported to work towards their own personal goals. The service operated a key worker system whose responsibility it was to sit with the person they were supporting and discuss what was working well and what goals they would like to achieve. One care worker told us about a situation where they are supporting a person to choose another day centre as the one they currently attend is closing shortly. The person’s keyworker had taken the person to visit other day centres to try and find a suitable place. This meant the person was informed and involved in making a choice which affected their life.

There was a section in support plans about making choices and incorporated comments from the person such as, ‘I am beginning to choose my own clothes and developing a sense of what I like.’ Another part of the section was called, ‘helping me to make choices, decisions and organise my life.’ This showed that people were involved in making life choices and these were recorded and acknowledged.

Mencap have policies and procedures in place to protect the rights and independence of people they support. People were supported to choose what they wanted to take part in. One person was involved in voluntary conservation work and this was an important part of their life. Another person had expressed an interest in walking to college independently and getting the bus to the local youth club. Staff had supported the person to do this.

The registered manager told us that they try to offer support workers to people who are of a similar age and interested in similar things. This enables people to enjoy an activity with someone rather than appearing to be supported by someone. One person enjoys going to the football match with their support worker who also supports the same team. Another person enjoys being outside and is part of a ‘cycle in the park’ scheme who meet on a weekly basis.

During our inspection we visited people who used the service and found staff offered privacy and dignity to people. The registered manager told us that staff undergo an annual observation to ensure they are providing personal care with dignity and encouraging the person to maintain as much independence as possible. We saw staff respected people’s homes by knocking on the door and waiting for an answer before proceeding. We saw staff asked if they could put the kettle on to make a drink. One person we spoke with said, “Staff always respect my house and my personal space. They always cover me up with a towel when I come out of the shower. Staff know what they are doing.”

We spoke with staff who were able to explain how they maintained privacy and dignity. One care worker said, “It’s all about getting to know someone and finding out how they like to be supported.”



# Is the service responsive?

## Our findings

We spoke with people who used the service to gain their opinion about the support they received. People were complimentary about staff and had built up relationships of trust with them.

One person said, “I never need to complain, but I have the phone numbers for all the managers.” A relative said, “They visited my relative several times in order to produce support plans.”

Support plans contained information about how to support and care for each person. They were based on individual assessed needs and clearly involved the person and their likes and dislikes. Support plans covered areas such as, personal care, moving and handling, dietary support, and support to access healthcare professionals. They included detailed guidance for staff which was key to them providing a person centred care package.

We saw support plans were reviewed on a regular basis involving the person and relevant others in discussing what

worked and what needed to be changed, as well as the things that were working well. People we spoke with told us they were part of this process and enjoyed having the opportunity to discuss their plan.

The provider had a procedure in place to manage complaints. We spoke with the registered manager who told us they had not received any complaints in the last 12 months. The registered manager described the system to us by saying they would complete a log and sent it to the company’s internal complaints system who would acknowledge the complaint. Then a fact finding process would commence and the person raising the complaint would be responded to and informed about any actions the service were taking. The registered manager also told us that the service would use any learning as part of supervision sessions and staff meetings. This would limit the same issue being raised by someone else.

We spoke with people who used the service and they told us they felt able to talk to staff if they had a concern. They felt the staff would listen to them and resolve their concern. One person said, “I have a regular staff team and would speak to them if I had a worry.”

# Is the service well-led?

## Our findings

We spoke with people about the management of the service and they were happy with the leadership of the company. One relative said, “It’s organised, I don’t think they could do any better. I am very happy, everything is joined up.” One person who used the service said, “I like the manager, she knows her stuff.”

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of six service managers, one assistant support manager and two support workers with extra responsibilities. These people were responsible for the day to day running and management of the supported living schemes.

Staff we spoke with felt supported by the management team and were able to speak with managers if they had a concern. One care worker said, “There is always a manager on the end of the phone.” All staff we spoke with told us the registered manager was approachable and her office door was always open.

We spoke with the registered manager about the audits that took place to ensure the service was running effectively. We were told that the registered manager visits each service every 12 weeks to check action plans and audits completed by the service managers.

We saw the management team completed a series of audits to ensure the service provided was of good quality. The service had an audit tool which was held electronically. This was known as the ‘compliance confirmation tool’ (CCT). This was designed to monitor aspects of supporting people, staffing, systems and environment. Service managers were responsible for completing these audits and reporting their findings in the CCT. The system generated an action plan which the service managers were responsible for implementing.

Staff meetings took place on a regular basis and were used as a forum for staff to raise issues about the service. Any lessons learned from incidents were also discussed. Staff we spoke with felt part of the service developments and able to contribute to them.

There was evidence that people were consulted about the service provided. People we spoke with told us they received a newsletter and had regular reviews to ensure their support package was up to date.

Staff knew their role and were aware of their responsibilities. They explained different circumstances when they would pass issues on to their line manager. This showed they took responsibility and accounted for actions.