

Royal Mencap Society

Royal Mencap Society - Norfolk Domiciliary Care Agency

Inspection report

53 Castle Street
Thetford
Norfolk
IP24 2DL

Tel: 01842766444
Website: www.mencap.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Royal Mencap Society – Norfolk Domiciliary Care Agency is a care agency providing personal care to people living in the community. People received support in their own properties or in shared supported living services which provide support for small groups of people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 24 people were receiving a regulated activity.

People's experience of using this service and what we found

During this inspection we received good feedback from staff and relatives who expressed confidence in the service and felt that people were being supported to have a good quality of life.

The service had been under tremendous strain particularly considering the impact of the COVID-19 pandemic. Despite this, staff and the management team had pulled together to ensure people's commissioned hours were provided. Staff reported occasionally working with less staff than they needed but said this had minimal impact on people's support needs.

Record keeping was not up to date and audits to assess the quality and safety of the service as a whole were not as regular or sufficiently robust. There had been a reduction in management hours. This was due to service managers and support workers with additional responsibilities working shifts and not being able to always complete their other administrative tasks. Some documentation particularly in relation to people's mental capacity and how staff should act in their best interest if deemed not to have full capacity was not clearly documented.

People's records had been transferred on to a new digital platform but not all records had been scanned in which made it difficult to case track both people and staff records. The new systems were being embedded but we found no one using the service had been given access to their records or being asked to regularly contribute to a review of their needs.

Staff had access to regular digital training mostly online as face to face training had not been safe to deliver during the pandemic. There were suitable arrangements in place to support new staff, but we found spot checks were not happening and supervision of staff varied in quality and frequency across the different sites. Staff expressed concerns about developmental opportunities as supervisions were not used to set objectives and review staffs training needs. The registered manager explained a new staff development tool was being introduced. We have made a recommendation about staff training.

There was insufficient oversight of staff practice in relation to their infection control practices. feedback was not regularly sought about how to improve the quality of the service.

Records did not demonstrate how people were supported to make appropriate choices in line with their

preferred communication preferences. People's ability to understand decisions had not been fully considered in line with their needs. The service had not fully considered people's needs and preferences in relation to the care and treatment as they aged. We have made a recommendation about this.

Staff understood their needs and interests. People had varied opportunities to go out and do things they enjoyed. Staff valued people and ensured they maintained contact with friends and family.

Rating at last inspection

The service changed its registration 09/10/2020. This was their first inspection since a change in registration.

The last rating for the service under the previous location was good, published on 30 July 2019.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our effective findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our well-Led findings below.

Royal Mencap Society - Norfolk Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the site visit, met with the manager and talked to relatives. Another inspector made phone calls to staff.

Service and service type

This service provides care and support to people living in the community, either in their own flats or houses or in supported living services. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we wanted to arrange to visit several services and needed consent from people in order for us to visit.

What we did before inspection

We reviewed information we had received from the provider since the last inspection. This included notifications of significant incidents which the provider is required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with eight relatives prior to our visits. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

What we did at the inspection

During the inspection we visited two supported living schemes over two separate days and met five people using the service.

We spoke with five staff and a further four staff after the inspection. We met with the registered manager over the two days when conducting site visits and met with her separately to go through care plans and other records. We also communicated with two professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Risks associated with people's environment had not always been effectively monitored and recorded by the provider. This would enable staff to take appropriate actions and escalate concern to the housing providers. The housing providers have the responsibility to ensure people lived in safe and properly maintained environments.
- Infection control measures were in place to help ensure people lived in safe environments in line with their needs. However, cleaning records were not in place to help with auditing processes. Service managers and support workers with additional responsibilities worked closely with staff teams and were able to observe their practice and identify any shortfalls.
- Risks to people using the service were assessed and kept under review. One person's needs had changed, and it had been agreed a night welfare check should be instigated but there was no recorded evidence this check was taking place. The person was not able to anticipate or meet their own needs without staff support. The registered manager agreed to instigate a written record immediately.
- The registered manager told us people's night care needs were monitored and they had considered assistive technology where appropriate at times of reduced staffing to help keep people safe. The registered manager told us seizures were closely monitored and well controlled by medicines. A sleep-in person at night could be called in an emergency.
- Risks of aspiration had been considered in relation to food and specially adapted diets were provided. The service had taken appropriate actions following a person who aspirated after taking their prescribed medication. However prior to this incident the provider had not considered risks associated with aspiration and medicines for those on a softer diet.

Learning lessons when things go wrong.

- Lessons learnt were recorded as part of incident management. Mencap have a quality review team who also reviewed incidents looking for themes and trends and completed quality audits which were running behind schedule. We requested an overview and analysis of accidents, incidents and safeguarding concerns over the previous six months. Data was provided giving an overview, which included an analysis of incident by time and service type. This analysis helped to drive improvement and protect people from avoidable harm.

Staffing and recruitment

- Recruitment and retention of staff remained a significant challenge for this provider and across the care sector. The registered manager reported staff sickness and vacancy rates had impacted on the quality of the service provision. However, people received their funded hours, and, in some cases, the staff provided additional hours over those agreed to support people when day centres were closed during the COVID-19

pandemic.

- Staff told us they were sometimes short on shift, but usually agency staff could cover, or staff picked up overtime. People continued to go out and where there were issues with insufficient drivers' alternatives were sought like getting a taxi. A family member told us there were frequent staff changes with some only staying six months.
- One person told us that staff were off sick and said, "We can't get the staff." They told us what staff supported them with and how important it was to them to have regular staff.
- Both service managers and some support workers had allocated hours for administrative duties and oversight of services. These hours had been compromised by staffing shortages as shift cover needed to be prioritised. This had an impact on the oversight of the service.
- Processes were in place to ensure only suitable staff were employed. Staff recruitment records were stored online. Recruitment records were not all stored in the same place which made it difficult for the registered manager to track information and to ensure recruitment processes were sufficiently robust.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff received training in safeguarding adults from abuse and were aware of the procedures they should follow if they suspected abuse was occurring and knew how to report incidents.
- A staff member told us about a concern they had raised and said this was dealt with professionally and followed up.
- Relatives said they had no concerns about people's safety and said staff kept in touch letting them know any concerns.
- Staff said people might not be able to raise concerns but felt changes in behaviour might be indicative of a wider problem and staff monitored this. The service produced easy read materials to support people to access the support they might need.
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly. Incidents were escalated and actions needed to be recorded before safeguarding concerns could be closed.

Using medicines safely

- The provider had appropriate procedures, and training in place to support the safe administration of people's medicines. Staff competencies were assessed to ensure they could safely administer people's medicines.
- Medicines were audited regularly, and boxed medicines counted daily to ensure adequate supplies and correct administration.
- Two staff oversaw the safe administration of medicines following a series of medicine errors, this was introduced as good practice.
- Protocols were in place for the administration of 'as required' medicines' (PRN.) Pain protocols were in place in people's communication plans but not in their medicine's records. Staff would need to be aware of these when administering medicines.
- Annual medicine reviews helped ensure medicines remained appropriate to use. The service ensured they followed the principles of stop over medicating people with a learning disability, (STOMP.) The manager told us reviews were conducted through the psychiatrist and GP and they actively reduced people's medicines where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with their needs and communication styles. However, we found a lack of recorded consent on people's care files and mental capacity assessments had not been completed for all aspects of the persons care and support where there was any question about their mental capacity. People had varying levels of communication and cognition.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were in good detail, but we were unable to see evidence of how people were actively involved in planning and reviewing their needs. We found staff knew people well and support was person-centred. However, care and support plans did not record regular outcomes for people.

- People's care and support was assessed and planned in line with their needs. Staff demonstrated a good understanding of people's needs and had access to training to meet people 's care needs. We found however some staff had not accessed the training they needed.

Staff support: induction, training, skills and experience

- Staff and their records showed that staff mostly received the required training for their role. A number of staff told us they were supporting people with behaviours that challenge and they had not had training in this area. Training had mostly been provided online due to the risks associated with the COVID-19 pandemic. Competency checks help to ensure staff have the necessary skills, to carry out their roles. These were not up to date for all staff.

- New staff received an induction into their role including training, shadowing with more experienced colleagues and completing the Care Certificate where they were new to care. This is a set of induction standards that care staff should be working to.
 - Some staff felt their development and opportunities to progress in the organisation were limited and staff objectives were poorly recorded. Staff did however have the opportunity to undertake additional courses in line with their interests and the needs of people using the service.
- Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care
- People were supported to eat in line with their needs and preferences. People were at risk from aspiration and this had been considered when meeting a person's nutritional needs.
 - Staff monitored people's health and supported them to access the services they needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interaction and found staff both professional and knowledgeable about people's needs.
- Relatives expressed that they were mostly happy with the individual services and said their family members regarded this as their home and looked forwards to going back after visiting family. Staff supported people to keep in contact with family members.
- A diverse group of staff were employed within Mencap which reflected the diversity of the people using the service.
- People we spoke with told us they were supported and treated well by the care staff.

Supporting people to express their views and be involved in making decisions about their care

- Families said they were involved and asked about decisions, but the service did not routinely record how people were fully involved in decisions about their care and treatment.

Respecting and promoting people's privacy, dignity and independence

- A family member told us, "We are very happy with the carers, excellent team, well-motivated, changes in staffing, but quite static." They went on to tell us all the things their family member was involved in during the day and how they were kept occupied and supported to develop new skills and relationships.
- Staff described another person who since moving to the service had lost some unwanted weight which has reduced risks associated with excessive weight gain. They have been supported to undertake new experiences which has developed their confidence and life skills.
- Several families commented that Mencap have a can-do attitude and staff don't see disability as a barrier and felt the service was inclusive and no activity was off limits.

Is the service responsive?

Our findings

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery

- People's care plans gave a good overview of people's needs and preferences. Care plans helped staff understand how to support a person.
- We spoke with a few people who were making plans to go out and told us about the variety of things they did during the day. They told us they did not often stay in. Staff supported people to maintain their accommodation and participate in housework, cleaning, cooking and shopping.
- A person told us about swimming, forthcoming holidays and celebrations around special events and birthdays. A staff member working with people living on their own in the community said people were mostly independent to live by themselves safely, but they were there to support them with what they wanted to do and worked flexibly around their needs.
- People were supported to spend time alone, with other people using the service, friends and family. One relative told us, "My family member is living their best life a better life than they could have had at home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people had sensory needs and staff were mindful of these. Communication plans helped staff understand how people might express themselves. Staff told us they did everything practical to aid people's communication. We observed staff interaction and it was appropriate.
- Staff said some people had now and next boards, or flash cards where they could point to pictures. Staff provided limited choices where appropriate so not to overload a person.
- Care plans were descriptive in terms of people's preferences, routines and likes/ dislikes. Positive reinforcement was used to encourage positive behaviours and negative behaviours were recorded to help staff analyse patterns of behaviour and potential triggers with the input of specialists.

Improving care quality in response to complaints or concerns

- Feedback from people, relatives and staff had not been clearly re-established since the start of the pandemic. Relatives felt able to raise concerns on behalf of family members and felt these were appropriately dealt with. Staff also expressed confidence in how the management team responded to concerns and complaints.
- The complaints procedure was accessible

End of life care and support

- The registered manager told us they supported people for as long as it was appropriate for them to do so

and would provide end of life care in consultation and with support from other agencies.

- Staff had not received end of life training and people's advance wishes were not always recorded.

We recommend the provider ensure people's end of life wishes are known to reflect their cultural, religious and lifestyle choices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was held in high regard, but comments were made about getting information could sometimes be slow as site managers were not always accessible
- Health and safety audits were completed but there was a lack of evidence that swift remedial actions were agreed and communicated with the housing associations to ensure people lived in safe environments.
- During the pandemic digitalised records were introduced for both staff and people using the service. Information was accessible, but not all information had been scanned in and was currently stored in both paper records and on alternative drives.
- The app to the live system had only recently been accessible to agency staff who were helping to support the regular staff in providing care and support. They would have had access to old paper records, but these were not up to date
- There was an established leadership structure in place with an experienced registered manager, who was supported by a number of Service Managers. Severe staffing pressures in relation to staff recruitment, retention and sickness had resulted in reduced management time impacting temporarily on governance and oversight of services. This was being addressed by the provider.
- The registered manager understood her role and the requirements under legislation to report certain incidents and to remain open and accountable for the care and support provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us Mencap had not asked them for regular input or feedback about the quality of the service provided. Most felt the service provided good outcomes for their family members but said it was staff at a local level who kept them informed rather than the provider.
- Staff pulled together to support each other and work as a team but there was a lack of oversight to ensure all staff worked to consistently high standards.
- The provider had not ensured staff were supported to develop themselves and others. People using the service did not have clearly agreed outcomes which were measurable. Staff told us people used to have keyworker who had additional responsibilities to oversee people's care and support, but these were not really in place due to frequent changes of staff. This meant people's needs were not reviewed and updated as often as they use to be.

Continuous learning and improving care: Working in partnership with others

- Staff were not adequately supported, and spot checks were not routinely carried out to help ensure staff supported people appropriately and in line with their training. Staff development and opportunities to progress were poorly established and there were no staff champions across the service despite having some highly skilled staff who could thrive in specific roles.
- Partnership working was important and in place to ensure people's needs were met holistically and the service continued to work with other agencies, stakeholders and wider networks of support to ensure people's needs were met.