

Royal Mencap Society

Mencap - North Hampshire 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 ●

Summary of findings

Overall summary

About the service

Mencap North Hampshire Domiciliary Care Agency is a domiciliary care agency providing care and support to people in supported living houses across the north of Hampshire. The service predominantly provides support to people with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

At the time of this inspection the agency was providing a personal care service to 38 people.

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

People and their relatives thought the service provided safe care. Staff were aware of risks associated with people's needs and these were assessed with plans developed to mitigate these. People received their medicines as prescribed although some improvements were needed with medicine records. Staff knew how to safeguard people from abuse. There was enough staff to meet people's needs. However, agency staff were used to cover vacant hours which caused concern with some relatives and staff. A recruitment drive was in place to address this. Staff were recruited safely.

People's needs were holistically assessed prior to the person using the service. People were asked about their protected characteristics to inform people's care and support non-discriminatory practice. Staff were supported through supervision and training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access a range of healthcare professionals and other professionals to meet their needs and people's nutritional and hydration needs were met.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported by staff who were kind, caring and compassionate.

Improvements were needed to ensure people and their relatives had their concerns and complaints resolved and we have made a recommendation about this. Staff were knowledgeable about people needs, care was person-centred and individualised. People enjoyed a range of activities that met their needs.

An effective system was in place to monitor the quality and safety of the service. People received person-centred care and staff put Mencap's values into practice on a day to day basis. Relatives and staff had mixed views about the management of the service. The service worked in partnership with other agencies to promote and support people's wellbeing.

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

Rating at last inspection The last rating for this service was Good (published 23 February 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mencap - North Hampshire 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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in 16 'supported living' settings covered by six service managers, so that they can live as independently as possible. 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 the service 24 hours' notice of the inspection visit because we wanted to be sure the registered manager was available to speak with us.

Inspection activity started on 6 August 2019 and ended on 14 August 2019. We visited the office location on 6 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office where the service was run from and we visited one supported living location. We spoke with three people who used the service. We spoke with six relatives about their experience of the care provided and a further relative provided us with emailed feedback. We spoke with six members of staff including the registered manager, service managers and care workers. A further five care workers provided us with a response to our questions via email.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found which was received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicine records.
- Some people were prescribed creams to alleviate skin conditions. Some topical medicine administration charts lacked guidance for staff. We discussed our concerns with the registered manager and a service manager who began to address this at the time of the inspection.
- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, protocols to guide staff were not always detailed and personalised. This meant staff did not always have appropriate guidance as to when people may need these medicines. However, only staff who knew people well administered these medicines which mitigated the risk of people not receiving these medicines in the most effective way. The registered manager confirmed they would ensure all PRN protocols were personalised.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment.
- Arrangements were in place for obtaining, safe storage, administering and disposing of medicines in accordance with best practice guidance.
- Relatives and staff told us people received their medicines safely and as prescribed.

Staffing and recruitment

- Feedback about staffing varied according to which service people lived in. For most services, relatives and staff were positive about staffing levels. One member of staff told us, "People are funded for the right amount of hours, we have time to spend with people and take them out if they want to go." However, for other services, staffing was described as "a challenge". One member of staff told us, "We (staff) are thinly stretched."
- To cover vacant hours, agency staff were used. Some relatives and staff voiced concerns about the use of agency staff. For example, one relative told us, "Agency staff are used a lot, they don't know the people's needs as well as regular staff."
- We discussed this feedback with the registered manager who told us they were in the process of recruiting permanent staff but said, "Recruitment is our biggest challenge." They confirmed that people were supported by agency staff approximately ten per cent of the time and ensured that they worked alongside permanent staff to reduce risks for people and ensure continuity.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and monitored. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills or enjoy experiences such as accessing community services.
- Environmental risk assessments were carried out to consider and mitigate any risks to people and staff.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and relatives told us they felt the service provided safe care.
- Most staff had completed training in safeguarding adults and were aware of the action they should take should they identify a safeguarding concern. Staff were confident that any concerns would be acted on by the management team. Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Learning lessons when things go wrong

- Accidents and incidents were documented and investigated. A system was in place to monitor these and was overseen by the organisations senior management team. This ensured appropriate actions had been taken to support people safely. We saw that some incidents were responded to by updating people's risk assessments and any serious incidents were reported to relevant organisations such as the local authority and CQC.
- Staff were supported to learn from incidents by undertaking reflective practice, discussion in supervision or at team meetings. One staff member told us, the registered manager had recently attended a staff meeting following an incident and this was beneficial in their learning.

Preventing and controlling infection

- Staff received training on infection control and were provided with personal protective equipment such as aprons and gloves.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Although three staff told us they did not feel they received regular supervision, records confirmed these were conducted in line with the providers policy. We shared the staff feedback with the registered manager.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training relevant to their role and people's needs.
- Staff were positive about the training they received and felt this equipped them to support people effectively. One member of staff told us, "Mencap have helped me progress, there's such a good ethos and encouragement in Mencap in developing staff. They are very supportive in that sense."
- Relatives told us they thought the staff were well trained. One relative told us, "[Name] has just come out of hospital needing oxygen, training was given to the staff, so they knew how to use it which is good."

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

- People's needs were assessed before they began using the service. Once this information was gathered, it was used to develop people's support plans and risk assessments.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Technology was used to help manage people's health conditions. For example, an epilepsy mat was placed under the mattress for one person, this alerted staff if the person experienced a seizure and meant they could be helped promptly.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met, and people were involved in choosing their meals. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.
- Eating and drinking support plans were personalised; they included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.
- People were encouraged and supported to help with meal preparation to maintain independence and learn new skills. For example, one person wanted pancakes for lunch and a staff member supported them to make them.

Adapting service, design, decoration to meet people's

- People had tenancy agreements in place and the landlord had the overall responsibility for the maintenance and decoration of the properties. However, people could personalise their rooms as they wished, and we saw people's rooms reflected their individual preferences.
- Contracts were in place to ensure equipment was safe and well maintained.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to achieve good outcomes for people and people were supported to access healthcare services and support appropriately.
- Support plans detailed any support people needed with their health care needs and relevant professionals' advice for staff to follow. Records confirmed that staff followed the guidance that had been given.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- Relatives, with the exception of one, felt their relatives were supported to live a healthier life. One relative told us the service had not supported their relative to exercise. We discussed this feedback with the registered manager who told us they would work with the person to reach a satisfactory outcome.

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

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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People and relatives confirmed that their rights to make their own decisions was respected.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had completed training and demonstrated a good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.
- The registered manager was aware of how to access advocates and when others may be required to help people make decisions should this be required. We saw an example of when this was actioned to help a person make an important decision.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People and relatives spoke positively about the support they received from staff, who they described as kind and caring. One relative told us staff had recently demonstrated "exceptional" care when a person was admitted to hospital. Another relative told us, "Carers genuinely love the residents in an appropriate way, they are what makes the service great."
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and supported them in a patient, good-humoured way. All interactions observed were positive for the people involved.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010.
- Staff told us they promoted equality and wanted people with a disability to have the same rights as all people. A service manager told us about a time where one person was discriminated against by a member of the public and said staff supported the person "above and beyond".
- The provider had arranged 'What Matters Most' workshops for staff in one of their services. A service manager told us, "The aim of this is to increase staff's understanding of delivering person centred care and to ensure people receive a great quality of life."
- Staff told us they enjoyed working with the people they supported. For example, one staff member said of one person, "[Name] is a real joy to be with." And another staff member told us, "The best thing about working here are the people we support, I love seeing them achieve something."

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff showed a good awareness of people's individual needs, preferences and interests. Support plans included information about people's life histories, their preferences and what was important to them.
- Records showed people were involved in review meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- We were provided with numerous examples of how people's independence had been promoted. For one

person, staff had adapted equipment and the environment to enable them to carry out household chores. Another person was supported to achieve their goal of cooking their own meal, and for a third person, they had begun accessing the community on their own. These examples ensured people were enjoying their independence and achieving good outcomes.

- Relatives told us people were treated with dignity and respect. We observed that staff spoke to people in a respectful way.
- People's right to privacy and confidentiality was respected. For example, staff were consistent in knocking on doors before entering people's flats. People's private, confidential information was stored securely.
- Staff understood how to promote people's privacy, dignity and independence and treat people in a respectful way. For example, one staff member told us, "We always knock on people's doors before we go in, we make sure doors and curtains are closed when helping with personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- One relative told us they had made a formal complaint but felt this had not been resolved in a satisfactory way. We discussed this feedback with the registered manager who told us this complaint had "slipped through the net" due to leave. They assured us they would work with the relative to resolve the complaint.
- We viewed the complaints file which demonstrated other complaints had been addressed in line with the organisations policy.
- Two relatives told us their concerns were not adequately resolved at the time they were raised. This led to one relative escalating these concerns to a formal complaint. We discussed this with the registered manager who told us these concerns had been considered as feedback by the service managers and had been dealt with as such. They went on to tell us that concerns or feedback were not always recorded. This meant there was no system in place to understand any emerging themes or patterns of people's concerns across the service. The registered manager was also unaware of the concerns raised.
- The registered manager told us the provider was in the process of reviewing the feedback, complaints and compliments process with the aim of making improvements.

We recommend the provider monitors the new complaints process to ensure concerns and complaints are satisfactorily resolved for all people.

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

- Four out of the six relatives we spoke with felt their relatives were supported in line with their needs. One relative told us, "They [staff] really understand [Name's] needs." However, two relatives felt their relatives needed more support. We discussed this feedback with the registered manager who told us they were working to address this whilst promoting people's independence.
- People's care plans and risk assessments continued to be person-centred and clearly detailed what people could do for themselves and what they required support with.
- Information was available about people's life histories, past interests and preferred activities. This information helped staff to understand each person's personality and history and ensured that people were treated as individuals.
- People's care needs were reviewed as required and people were involved in their reviews.
- During the inspection, staff demonstrated that they knew people well, including their support needs and

preferences. For example, a staff member told us about the type of diet a person required while another staff member told us about how different types of music could impact on a person's well-being.

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.

- Care records detailed how people preferred to communicate and how this could be promoted. For example, one person's support plan stated, 'Communicates with eye pointing'. Staff had a good knowledge of people's differing communication methods and were able to tell us how they put this into practice with good outcomes.
- Information was shared in different accessible formats to promote understanding, for example, using photos and pictures. This demonstrated the provider was complying with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with the opportunity to participate in a wide range of activities that met their individual needs. These included, attending a day centre, partaking in a sport, cooking, gardening and trips out.
- Activities were planned according to the needs and preferences of each person. For example, a service manager told us, "[Name] kept talking about swimming, we did a health referral and now she goes, and absolutely loves it. "
- People were supported to maintain relationships that were important to them. Where people did not wish to maintain relationships, this was also respected, and staff worked with people to achieve a good outcome for all concerned while respecting people's rights.
- We observed in one service that people were supported to make friends with each other. This helped people to feel connected to those who lived nearby, and people told us they enjoyed these friendships.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 supported by six service managers who each had the responsibility of the day to day running of a number of supported living locations. The registered manager told us they went into each location approximately every three months. They told us they achieved a good oversight of what was happening in each service by gaining information and reports from the service managers. The service managers we spoke with told us they felt well supported by the registered manager.
- There were systems in place to check the quality of the service including reviewing support plans, medicines management systems and health and safety. When actions for improvement were identified these were carried out and checked for completion. All information was recorded on an electronic quality assurance system and could be accessed by the senior leadership team. This gave a good overview of the service and ensured support was given when needed.
- The registered manager acted in an open and transparent way and ensured that the relevant agencies were notified of accidents and incidents and conducted appropriate investigations when required. They demonstrated a good understanding of duty of candour.
- The home's previous inspection rating was displayed in the office and the previous report was also on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout our inspection we saw a person-centred culture and a commitment to providing high quality care and support for people. People were supported to have maximum choice and control of their lives because the staff team understood how to implement person-centred care that promoted people's health, safety and well-being.
- A service manager explained the values of Mencap, these included being; Inclusive, trustworthy, caring, challenging and positive. They told us they were proud of these values and were confident these were put into practice on a daily basis. The staff and people we spoke with echoed this.
- Relatives had mixed views about the management of Mencap North Hampshire Domiciliary Care Agency. One relative said, "I've never been overly impressed with the management." A second relative said, "She [service manager] is approachable and deals with issues well. She understands, and we have a good

relationship." A third relative told us, "There have been a lot of managers, some have talked the talk but not put actions into place, I think this one will be better." Most relatives and staff told us they did not see the registered manager often.

- Staff told us they were supported by their service managers. However, some staff felt that service managers were "very busy" and "not always visible enough". This was because service managers divided their time between a number of services. The registered manager explained that some services required a higher management presence due to various factors but hoped service managers time would be split more equally between services in the near future.
- Staff felt they were valued by their service managers although some felt this could be improved from managers who were "higher up". The registered manager told us a recognition system was in place for staff who went the extra mile but would take these comments "on board".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in monthly reviews where a discussion took place about their care and support needs. The registered manager told us people were sent surveys in an accessible format, so they could share their views of the service. They were waiting for the results to come back at the time of the inspection. The registered manager explained they would then analyse the results and act on areas where improvement was needed.
- Some relatives told us they were not always given the opportunity to provide feedback about the service or the support their relative received. One relative told us, "They have never asked me for feedback, it would be nice if they did." The registered manager told us all relatives had been sent a survey to provide their views on the service and could not understand why the relatives we spoke with had not received this. They went on to say they would check to ensure the surveys had been sent out and consider how relatives could feel more involved.
- Staff told us they felt able to contribute ideas about the running of the service. One member of staff told us, "I make suggestions all the time. My suggestions are taken on board by my manager and changes have been made from my suggestions."

Continuous learning and improving care

- The registered manager and service managers demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.
- The provider was involved in a number of research projects with the aim of improving care for people with a learning disability. For example, they were working with a company to design and test an app to enable people to be more independent living in their own homes.

Working in partnership with others

- The service had good links with other resources and organisations in the community to support people's preferences and meet their needs. For example, close links were maintained with the local authority, community nurse teams, GP's, physiotherapists and speech and language therapists.
- People were also supported to engage with organisations in the local community such as day centres and the church.