

Royal Mencap Society

Mencap Derbyshire and Derby City Domiciliary Care Agency

Inspection report

96a Douglas Road
Long Eaton
Nottingham
Nottinghamshire
NG10 4BD

Tel: 01159721874
Website: www.mencap.org.uk

Date of inspection visit:
28 July 2016

Date of publication:
12 September 2016

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

We inspected this service on 28 July 2016 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our last inspection in August 2013 there were no breaches in the regulations we looked at. There were 23 people in receipt of personal care support at the time of this inspection visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager oversaw the running of the full service and was supported by three service managers who were allocated a geographical area to manage. Service managers were responsible for individual parts of the service, for example support to people in a supported living unit or support to people living with their family or alone.

Sufficient staff were available to meet people's needs and people received calls from a consistent group of staff. Staff had knowledge about the support people needed to enable it to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed. Following risk assessments equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff were provided with training to support the people they worked with and they received supervision, to support and develop their skills. Staff knew about people's individual capacity to make decisions and understood how to support people to make their own decisions. When people were unable to consent mental capacity assessment and best interest decisions had been completed.

People's needs were assessed and support plans were developed with people and directed staff on how to support them in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to access healthcare services.

The delivery of care was tailored to meet people's individual needs and preferences. People were enabled to develop and maintain hobbies and interests within the local community to promote equality and integration.

There were processes in place for people to express their views and opinions about the service provided and to raise any concerns they had. The provider had systems in place to monitor the quality of the service to enable them to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded. People were supported to take their medicines and there were sufficient staff to support people. Recruitment procedures were thorough to ensure the staff employed were suitable to work with people.

Is the service effective?

Good 

The service was effective.

Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good 

The service was caring.

Staff supported people in a kind and caring way and encouraged them to maintain their independence. People were treated with respect and their dignity and privacy was maintained.

Is the service responsive?

Good 

The service was responsive.

The support people received was tailored to meet their needs and preferences and was updated when changes were identified. People were supported to access activities and interests within the community. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good 

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and drive improvements .

Mencap Derbyshire and Derby City 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local

authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We visited three people who used the service and spoke with the relatives of 10 people by telephone. We spoke with the registered manager, two service managers and an acting service manager and five care staff.

We reviewed records held at the service's office, which included three people's support records to see how their support and treatment was planned and delivered. We looked at how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

We saw that people were comfortable with the staff that supported them. One person told us that they had support from staff when they were at home and this included throughout the night as needed. They told us, "The staff sleep in so they are here if I need them in the night." This person also told us about a scheme known as 'safe place' which they could go to in their local area if they were out alone and needed support. This is a scheme to provide safe places in the community where people with learning disabilities can go if they get into trouble or feel unsafe, frightened or bullied. The person told us about their local safe place and said, "The cheesecake shop is where you can go to." This enabled people to maintain their independence with the assurance that safeguards were in place to support them when needed.

People's relatives confirmed that staff supported their relations to maintain their safety. One relative told us, "I know [Name] is safe and happy. The staff speak to [Name] very nicely and they are really nice." Another relative said, "[Name] is very safe with the staff and at ease and relaxed with them. She likes them very much."

Staff we spoke with understood their responsibilities to protect people from abuse. One member of staff told us, "I would report any concerns and I have done so in the past and my manager made a safeguarding referral." Staff told us that they were provided with training to support their understanding in safeguarding adults. One member of staff told us, "The initial training for new starters is quite intense and this is followed by refreshers with scenario type training in work books, which is good as it helps you to think about different situations."

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise the risk, for example one person due to their complex needs used specialist equipment to support them and assessments were in place regarding the use of this equipment. Staff had been trained in providing therapeutic intervention to this person as part of their daily routine, to reduce the identified risk to their health. We saw that a detailed plan was in place to support staff in providing this intervention. One member of staff told us, "All of the staff that support [Name] know how to do this procedure, we have all practiced on each other, it is actually quite enjoyable."

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported them to understand the actions that would be required through the use of photographs and pictures. One member of staff said, "We have fire talks with tenants to check they know what to do if there is a fire and we do a weekly health and safety check in people's homes and ask them if everything is working properly."

The people we visited were supported by staff over a twenty four hour period when they were at home and had a regular group of staff that supported them. One person showed us their rota, which confirmed to them which member of staff would be supporting them. They told us, "I know who is working with me, it's all

written down."

People and their relatives confirmed that their support was provided by a consistent staff team which they preferred. Staff told us that they supported people on a regular basis. One member of staff told us, "I have a particular group of people that I support. That way I get to know people and they get to know me, it works really well. Another staff member told us, "It's important that people have a stable staff group that support them. Over the years I have worked in most of the schemes, so I do know most people that we support." This enhanced people's experiences of care, as the support they received was consistent.

We saw that the staff support was dependent on the level of support each person required. This varied from 24 hour support which was generally for people who required support with all of their care needs to a few hours a week for people who were supported with shopping or budgeting. All of the people we spoke with and their relatives confirmed staff were available to support them as agreed. One person told us, "The staff help [Name] to be nice and smart and they have pictures to remind him to have a wash and they encourage him to take showers and have a haircut." Another person said, "It's all about what [Name] wants and puts them at the centre of their care. It's also very reassuring for me. They can say what they like and dislikes as they use Makaton sign language. So they can make their choices known about everything, such as food, clothes, where they go and their life. They have a good social life and go on holidays and have become more confident."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I have just renewed my DBS we have to do it every three years." We saw that all the required documentation was in place. Staff told us about the recruitment process and confirmed that the second stage of the interview included spending time with people. People that used the service were involved in the interview process. One member of staff told us, "[Name] has a set of questions they have developed to ask people at interview and they are really good questions that make people think about how they would support [Name] in different situations."

We looked at how staff supported people to take their medicines. We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their level of need. For those people who required support a medicines administration record (MAR) was kept in the person's home and we saw that staff signed when people had taken their medicine. One relative told us, "The staff give [Name] their medications and they keep good records and they give me the MAR sheet when they come home, so I can check it is all correct. The times have to be right." This demonstrated that staff ensured a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff. Relatives told us that staff were professional in carrying out their duties. One relative said, "[Name] has severe needs including epilepsy but I know they are safe with the staff." Another relative said, "The staff treat [Name] like an adult and with respect. Their life skills have improved and they have gained confidence."

Staff told us they received the training they needed to support people. One member of staff told us, "The training we get is ongoing. It starts with very detailed training at induction and then we have updates and new training as it comes along like the mental capacity act." Staff we spoke with confirmed that they were provided with specific training to meet people's individual needs. One member of staff told us, "I work with a person who has bipolar disorder and I have had mental health awareness training to help me to support them. I also work with a person who has epilepsy. They haven't had a seizure for years but we have asked for training to support us." This member of staff was asked what they would do if the person had a seizure and they told us, "They have a detailed support plan around seizures so we have clear guidance to follow." The member of staff was then able to discuss the actions they would take and we saw this corresponded to the information in the person's support plan. Another member of staff told us, "I have recently had autism awareness training which has given me a greater understanding of the people I support."

Discussions with staff confirmed that a thorough induction was in place. One member of staff told us this included reading care plans, they said, "Part of the induction is reading care plans and spending time getting to know people and that's before the training." One of the service managers confirmed this and told us, "After the training we undertake spot checks on staff and ask them questions about people's support needs. This is to make sure they understand people's needs and are supporting them in their preferred way." We saw that new staff completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care.

Staff confirmed and we saw that they were provided with ongoing monitoring and support by their line managers. A document called 'shape your future' which was a performance appraisal record was used throughout the year. This was used to keep an ongoing record of the staff performance review conversations and for them to set objectives to enhance their knowledge and skills. One member of staff told us, "I have regular reviews with my manager and discuss all sorts really, training, support and any other issues. I feel supported in my job and I love what I do."

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 people 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. The service managers confirmed that some of the

people supported required support to make some decisions. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People told us and we saw that they were involved in discussions about care. Staff told us they obtained people's consent before they supported them.

Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff confirmed they were provided with training to support their understanding around the Act. This consisted of a three day training course and the service had appointed 10 staff champions to promote people's understanding of the MCA. One of the staff champions told us that a DVD had been created to enhance staff's understanding around the Act for the people they supported. Another MCA champion told us, "It is all very new, I am waiting for my pack which has all the information in. The idea of the champions is that we will be the 'go to' people if staff have any questions about a person's ability to make decisions. Everyone has had the training so this is just extra support for staff if they need it."

Some people were supported by staff to purchase and plan their meals. People used their preferred communication method; this was based on their preferences and dietary needs and the level of support they needed. One person told us about the support they received with their meals and told us about their healthy eating plan which had helped them to lose weight. Their relative told us, "[Name's] health has improved and their diet is now healthier." Another person's relative said, "[Name] has proper meals and they discuss meal choices together each week and the staff support them to go food shopping." This showed us that staff encouraged people to maintain their skills and empowered them to take control of their nutritional needs.

The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's support plans. Professional involvement was sought when required, such as referrals to specialists. For example one person had been assessed as being at risk of aspiration. We saw that a meeting with all relevant professionals had been undertaken to determine how best to support this person in minimising this risk, whilst ensuring they maintained some choice regarding their diet. Discussions with staff and information in this person's daily records showed us that staff followed guidance from this assessment and worked with the person to ensure their meals and drinks met their dietary requirements and preferences.

Discussions with relatives, staff and records seen demonstrated that staff supported people to maintain their health care needs and seek medical support and advice when needed. One relative told us, "[Name] seems very healthy. If they pick up anything that needs the doctor the staff tell me and they get the doctor or other appointment and they support them to attend like the dentists. [Name] has had a long term thyroid condition and this is all checked up and it's all done." A member of staff told us, "The person I support can't verbalise if they are in pain, so we have to monitor their general well-being and if they seem to be in discomfort ask them if they have any pain, as they can point to the part of their body that hurts. Recently they were limping a little so the GP got them an x-ray but nothing showed up so we are going back to see what other tests can be done."

We saw that information regarding people's method of communication and the level of support they required was recorded in their support plans and within their health profiles. This provided staff with information about the person's health time line, such as the support they needed to take medicine and their capacity to consent to taking medicines. It also included any health conditions and how they demonstrated

their consent to health care treatments. We saw that grab cards and other documentation was in place to support people when they attended health care appointments or needed hospital interventions. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way.

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their method of communication and their values and aspirations. This included people's cultural and religious beliefs and goals they had set for themselves to achieve. One person told us how they sometimes liked to go to church on a Sunday and confirmed they were supported by staff to do this. They had set themselves goals with staff support and told us about their weight loss achievement. This person told us that they enjoyed swimming and said, "I will go swimming next week, I would like to go before then but I haven't got time because I have planned other things to do this week."

Staff understood people's method of communication and this was recorded in their support plans, which provided information on how to communicate with them. One member of staff told us, "[Name] can say yes and no and because they have good comprehension they can understand questions. They also use objects of reference and pictures to communicate." Another person had no verbal communication and staff told us that they communicated through gestures and facial expression. The service manager told us, "The staff have got to know [Name] well and so they usually know what they want. If they don't want something they will look away or push the object away. "We saw that this person had detailed information within their support plan that guided staff on how this person communicated decisions and choices. Another member of staff told us about a person they supported with no verbal communication. They told us, "There is a lot of information about how this person communicates and because the staff get to know them they soon pick up what certain things mean. For example when [Name] wants a hot drink they give you a mug and a beaker for a cold drink. They use a lot of eye contact and pointing at things to communicate with us."

People confirmed that staff supported them to maintain their dignity. One relative told us, "My relative's support is provided with dignity and care." We saw that staff supported people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

People told us that they were supported to maintain relationships with significant people who were important to them. One person told us how they had been supported to see their relative more often and told us, "I can decide how often I see them." Information in people's support records showed us that each person had their own circle of support. This included family members, friends and other significant people who were important to them. Plans also included care staff and other professionals that were involved in that person's life and the support they received. One person's relative told us, "The staff welcome my input and they are lovely with my relative."

Is the service responsive?

Our findings

People and their relatives confirmed that the support they received from staff met their individual needs. One relative told us, "The staff promote my relatives well-being, for example when running the bath they check the temperature of the bath water. They ensure [Name's] safety. They have had no bumps or accidents in the last year. The staff will alert us of the need for the doctor and I do the appointments and go with them. They accompany them to get out and about and go on holidays, to the theatre and shopping. [Name] has a good social life."

We saw and people told us that they were supported to maintain their interests and hobbies. For example swimming, art classes and access to support their football team. One person told us how they put money aside every month to buy a season ticket to support their team. Another person had written a cookery book of their favourite recipes and staff had supported them in getting this book printed by a local company. A member of staff who supported this person told us, "They have 10 copies of the book; they can't sell them as some of the recipes aren't their own, so they are giving them away and people have donated money. [Name] is donating the money to the Tree Top Hospice as it's their chosen charity. They are now planning on writing their autobiography." This showed us that people were supported to develop new skills and achieve their goals.

Staff told us about the development of a social group that meets every Friday known as Friday friends. Linked to Friday friends was a programme called round the world challenge to promote wellbeing. Each participant received a 'passport' with a challenge to count nautical miles as exercise. One the service manager told us, "It has been really successful and encouraged people to exercise and be part of a local group. The staff have taken part as well."

Staff had the relevant information required to support people appropriately. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff had access to current information to ensure that people were supported properly and safely. The care records we looked at had been signed by people or their representative to demonstrate their agreement.

Staff told us that any complaints or concerns made to them would be reported to their line manager. One member of staff told us, "If we receive or have any complaints there is a procedure that we follow and everything is recorded." Another member of staff said, "Most of the people I support wouldn't be able to verbalise any concerns but we would be able to tell if they weren't happy." This member of staff was able to give us an example, "One person appeared quite sad and distant and we didn't know what was wrong. We checked if anything had happened at their day service and found out that one of the staff they spent time with had left. We were then able to reassure and comfort them." This showed us that staff recognised the importance of supporting people that were unable to raise concerns verbally.

Relatives we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. Relatives confirmed that any complaints they had made

were addressed. A complaints procedure was in place and this was included in the information given to people when they started using the service in a pictorial format to support their understanding. We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

People and their representatives told us that they felt the service was managed well. Relatives we spoke with told us they were actively involved in the support provided and that there was a willingness from the management to address issues and seek continuous improvement. For example one relative said, 'All the staff are brilliant when they are with [Name] and they are happy to work with me. They are well trained and they just do it right because they want to do it right.' Another relative said, "It's good. They look after my relative very well and they are happy. It's a nice place and it's kept clean and I would know if [Name] was unhappy." They added, "I know they are very safe with the staff and are at ease and relaxed with them. They like the staff very much."

Information within the PIR confirmed that the registered manager was based at the office with the service managers that they line managed. This enabled them to provide ongoing support as needed. They registered manager told us, "I am available to staff when they require support and guidance and ensure that I attend local team meetings to show presence and provide just the right amount of guidance." The care team confirmed this and the service manager's spoken to confirmed they felt supported by the registered manager.

Staff were provided with a comprehensive supervision and appraisal system called 'shape your future'. The PIR stated that this involved having meaningful conversations with staff about their day to day job and how they were contributing towards the organisations goals and how they demonstrated the values of Mencap. We saw this had happened. The staff we spoke with understood their roles and responsibilities. One member of staff told us, "All of the service managers are really supportive. If my line manager isn't available I speak to one of the other service managers, there is always someone to go to." Another member of staff told us, "We are supported with our professional development. I have just gained more responsibility as I am supporting the manager, by completing health and safety checks on forms which cover incidents and other assessments. I am also the go to person to ensure any extra shifts are covered." Staff confirmed that team meetings were held on a regular basis and told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

People using the service and their relatives were clear who the service manager was for their team of staff and confirmed that they could speak to them when they needed to. One relative told us, 'I've no concerns at all. It has been eight years. I've been involved in the care that is set up and we have a lot of involvement. We do speak to the manager and we see them very regular.'

Reviews were completed with people that used the service and people that were important to them such as family and friends. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw that people were encouraged to express their views through a range of methods. These included tenants meetings in the supported living schemes, one to one meetings and by completing satisfaction questionnaires. We looked at some of the comments made and saw that people felt they were supported well by staff. For example one person had written, 'The staff help me to keep in touch with my family and friends.' Another person wrote. 'I get help and reassurance when things

don't go as planned.'

Some of the people supported by the service lived alone and had little opportunity to socialise with their peers. We saw that people were given the opportunity to achieve this through events such as the Friday friends group which included local community events, guest speakers, quizzes, craft activities and trips and meals out.

We saw that people were supported to be part of the wider community by encouraging them to take part in local events. One person that used the service had taken part in a 'race for life' run. Some people that used the service, with staff had supported their local round table at Christmas with the Santa sleigh event in their local area. One member of staff told us, "It was good fun, everyone enjoyed it and we were given a percentage of the donations to fund other events."

An on call system was available for staff and people who used the service. People were provided with information on how to contact the office and the contact number was in the documentation they had been given.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with CQC's new fundamental standards and associated key lines of enquiry to promote good practice.

We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks of people's homes and health and safety checks were undertaken. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. A national quality team also supported the registered manager in driving improvement through audits and inspections.

We saw that information kept at the office base ensured only authorised persons had access to records. All information relating to people and staff were kept securely.