

Royal Mencap Society

Royal Mencap Society - Rotherham and Sheffield Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Royal Mencap Society - Rotherham and Sheffield Domiciliary Care Agency is a domiciliary care agency which provides personal care to people living in their own homes in the community. 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 this inspection the service was providing personal care to 68 people.

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

People told us they felt safe whilst being cared for by staff. Relatives agreed their family members were safe. One relative said, "We are really happy because [name] is really happy". We saw people were happy and trusted the staff.

There were systems and processes in place to minimise risks to people. These included making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner. Recruitment checks were completed prior to staff being employed which helped make sure staff employed were of good character. People, relatives and staff all said managers had dealt with the pandemic very well. One relative said, "The way they dealt with the pandemic was marvellous. [Name] stepped out of her routine, and they didn't let it affect her."

People were supported to receive adequate food and drink to remain healthy. People chose what they wanted to eat and drink. Staff received regular training, supervision and appraisal so they were skilled and competent to carry out their role. 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.

Staff knew the people they were supporting and provided a personalised service. Support plans showed how people wished to be supported and people were involved in making decisions about their care. Staff treated people with respect and people's dignity and privacy was actively promoted.

Staff were proactive in engaging people with individual activities of their preferred choice. People told us about their social calendars and how busy they were. Systems were in place to deal promptly and appropriately with any complaints or concerns. The registered provider treated complaints as an opportunity to learn and improve.

The service was led by an experienced registered manager and management team. The registered provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements. Staff were motivated to perform their roles and worked to empower people to be as independent and as possible. People, relatives and staff were encouraged to provide feedback about the service, and it was used to ensure continuous improvement. Most staff felt they were listened to by senior

managers and changes made to improve the service and their job satisfaction. However, some staff said they had not seen any changes or improvements made in response to their suggestions and concerns.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People's choice was maximised, and they were supported to develop more control and independence.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.

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 the service under the previous provider was good, published on 5 October 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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.

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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 two inspectors and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the registered manager short notice of the inspection. This was because we needed time for the agency to request permission from people for us to contact them by phone to gain their views of the service. We also wanted to gain permission to visit people in their homes.

Inspection activity started on 9 September 2021 and ended on 13 September 2021. We visited the office

location on 13 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke in person or over the telephone with nine people who used the service and 18 relatives. We e-mailed all staff to ask a range of questions, 20 staff replied to us. We spoke with 13 staff in person, including area operations managers, an administrator, service managers and support workers. We visited the office location to review written records. We looked at four people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

After the inspection

We continued to ask for further information from the registered manager to validate evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were being used effectively and safeguarding concerns were being recognised and reported.
- People told us they felt safe in the care of the staff. One person said, "Staff are always around if I need help with anything." Relatives told us, "Yes, [name] is safe. I think it's an absolutely terrific service, [name] loves it and she loves the staff," and "I have complete trust in the staff and service manager."
- Staff had received training in safeguarding and recognised and responded to safeguarding incidents appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from harm. Risk assessments identified potential harm being caused to people and were being followed. For example, staff told us a person was unsafe to cross the roads on their own and needed extra support when out in the community. This was recorded within a risk assessment.
- Risks associated with people's care and treatment were identified and managed safely. For example, one person was at risk of having a seizure whilst bathing. They were supported in line with recommendations from healthcare professionals and the staff who knew them well.
- Accidents and incidents were effectively monitored and analysed to ensure actions were taken to reduce the risk of incidents happening.

Staffing and recruitment

- The registered provider had a policy for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- Staff were employed to work in specific supported living services and people's homes. Staff told us they had been employed by completing application forms, attending interviews and providing the required employment checks before they could work in a service.

Using medicines safely

- Medicines were safely managed. People had individual medication administration records to ensure they received their medication as prescribed.
- People and relatives spoken with said staff supported them to take their medicines as prescribed and raised no concerns about medicine administration. One relative said, "It's absolutely correct. [Name] used to self-medicate, but I'm not sure she always remembered, and I'm grateful they've taken that responsibility."
- Staff told us they had received training in the safe handling of medicines and had a competency check

completed on an annual basis, or before if required.

Preventing and controlling infection

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

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

- Support plans gave staff enough information to keep people safe while helping people to be as independent as possible.
- People were supported by hospital consultants and doctors to make sure their health and wellbeing was kept under review. One staff member told us how they were supporting a person whose mental health had deteriorated throughout the pandemic and periods of isolation. The staff were working closely with the consultant to improve the person's ability to socialise in the community.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs.
- Staff were able to access service specific training for example; occupational therapists were available to support people's mobility safely.
- A service manager told us staff attended a comprehensive induction before working shadow shifts. A probationary period was used to assess the required qualities and skills required to support people who used the service.
- Some staff said they had received less individual supervision time, team meetings and appraisals during the pandemic. This was discussed with senior managers who agreed to investigate this and address.

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

- Support plans detailed how people were supported to eat and drink in line with their assessed need.
- Staff had good knowledge of people's nutritional needs. Staff told us about one person who required extra supervision throughout their meal as they had been identified as a choke risk by the speech and language therapist. This was documented in their support plan.
- People were supported to help with meal preparation and were able to access drinks safely with the support of staff. One person told us, "The food they cook is lovely, they cook a proper meal."
- Relatives told us people received good support with nutrition.

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

- Health action plans for people were detailed. Accurate records relating to health were maintained and regularly updated.
- People saw medical professionals when needed. One relative told us, [Name] sees the GP and whoever he

needs to see, and it seems to be handled really well as they let us know."

- Support plans contained information about people's health so staff could provide appropriate support.
- Relatives told us support workers helped people access health appointments and often attended appointments with them to provide information about the person.

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.

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.

- There was a record of DoLS applications that had been received and followed up where necessary.
- Staff had received training in DoLS and had awareness regarding the MCA.
- One staff member told us, "I have recently been asked to give my opinion on a best interests' decision for a person who I support."

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

- Staff were kind and caring and positive interactions were seen. From people's reactions it was clear staff had good relationships with people who used the service.
- Staff were skilled in recognising when people were not feeling well or when they were happy or sad. A relative said, "[Name] is reliant on staff who know him well. They [staff] have extra skills, for example, they recognise when he is in pain."
- Relatives told us, "We are absolutely thrilled with care workers," and "The care workers are great. Staff know how to deal with [names] behaviours. For example, in the morning she is grumpy. They take her a cup of tea, and don't speak to her until she has time to wake up. They were very sensitive in the pandemic, trying to explain to her in language she understands."

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

- People and relatives were involved in decisions around care and support.
- People told us staff listened to them. One person said, "I can talk to the staff about anything. If I'm worrying, they help me sort it out."
- Staff were respectful of people's wishes. They encouraged people to make decisions about things. Relatives told us "I have been involved every step of the way. I attend reviews," and "Staff involve me. Any problem, they contact me. I felt included in the decision to use an aid to help [name] walk."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a discreet and dignified manner.
- Staff supported one person in a discreet way when they started to undress inappropriately. They were respectful and explained to the person they were there to assist the person to dress appropriate while maintaining their dignity.
- Relatives told us, "[Names] opinion is important to staff. Staff are attentive, she laughs and jokes with them, they have a good understanding."

Is the service responsive?

Our findings

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

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.

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

- Staff supported people to have control of their lives. One person told us they had chosen the colour of their bedroom which was to be redecorated. Another person said they had chosen their seat at the football stadium where they watched their favourite football team. Staff supported the person to attend the matches.
- A relative told us, "Moving there was the best decision and in [names] best interest. She has blossomed in both personality and independence."
- Some staff raised concerns about low staffing numbers, causing people not to be given their full allocation of one to one time. This was discussed with senior managers who agreed to investigate this and address.

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.

- Support plans contained information on how people communicated. This assisted staff on how to best meet people's needs, specifically when they presented behaviours that may challenge others.
- Information was available to people in accessible ways. One person had signs and pictures in place to use to enhance communication.
- Staff used Makaton (a language programme that uses signs with speech and symbols, to enable people to communicate) We saw this happening in practise, to inform people it was time to take their medicines.

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

- Staff supported people to engage in a wide range of activities and to try new things.
- We saw activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities and attendance at day centres.
- One staff member told us how the pandemic had helped one person become more involved in their local community, get to know their neighbours better and join in with such things as a local walking group.

Improving care quality in response to complaints or concerns

- The provider responded to complaints. They had a record of complaints and the outcome to the complaints in line with their policies and procedures.
- Relatives told us where they had raised any issues, they felt they had been listened to and actions taken to

resolve their concerns.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- In the main feedback from people and relatives about the management team was positive. Relatives said, "It is a well-managed service, and I know the layers of management," and "Managers are very good at communicating. I'd give them all a gold star as we've no complaints at all and would recommend them to anybody."
- Most staff said their service managers were approachable and available should they need to raise any concerns. One staff member said, "[Service manager] is a good team player, responsible, and keeps the service running smoothly. She listens to our needs as well as the people we support. We couldn't wish for better manager."
- Some staff felt less supported and said they did not have regular contact with managers. They cited the lack of supervision, appraisals and team meetings as the cause of them feeling unsupported however, they did acknowledge the effects of the pandemic had made this more difficult. This was discussed with senior managers who agreed to investigate this and address.

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 provider fulfilled their responsibilities to notify us of certain events such as allegations of abuse, and serious incidents.
- Relatives felt they had been informed of incidents in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had good oversight of the service. The management of safety, risk and governance was effective.
- Quality assurance systems were robust. Audits completed by managers identified shortfalls with showed action taken to address shortfalls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who used the service, relatives, and stakeholders had been asked to feedback on how the service was being run or what could be done better to drive improvements.
- Most relatives told us communication with staff and management was good. However, some relatives said

this could be improved. Some relatives said they would like to know who their family members key worker was so they had a named person they could speak with for updates etc. One relative said, "It would be good to have a keyworker, so we don't get different views from five or six staff."

- Feedback from staff about how involved they were in improving the service was mostly positive. Staff told us about 'Shape Your Future' meetings to appraise the skills and knowledge of staff and 'The Big Listen' event to talk about the complaint's procedure. Staff said as a result of them being listened to they had received an increase in pay. However, some staff said they had not seen any changes or improvements made in response to their suggestions and concerns.
- Feedback from professionals was that the service had effectively worked in partnership with them to adopt or make strategies to improve.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- Staff received support from hospital consultants and health workers to review and monitor such things as PRN (as and when required) medicines.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.