Care Quality Commission

Royal Mencap Society

Royal Mencap Society - Domiciliary Care Services - West London

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 3 and 13 February 2015 and was announced. This was the first inspection since this service registered with CQC on 17 September 2014.

Royal Mencap Society - Domiciliary Care Services - West London specialises in providing personal care and support for people with learning disabilities or autism. Some people had communication and physical health

Summary of findings

needs in addition. The service supports 25 people in seven supported living schemes as well as 10 people in their own homes. The supported living schemes were in the boroughs of Sutton, Merton, Kingston, Wandsworth and Hillingdon.

The service had a registered manager. 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.

Risks were generally managed well, except risks in relation to epilepsy for one person. Their support plan did not sufficiently consider how staff would manage risks should the person have a seizure at night time to keep them safe.

Systems were in place to review accidents and incidents to identify patterns to make sure the right support for people was in place.

People felt safe and were supported to understand how to stay safe. Staff received training with more advanced training in place for managers to help them understand their responsibilities in safeguarding people. The registered manager ensured safeguarding procedures were followed in keeping people safe.

Recruitment procedures were robust in checking staff were suitable to work with people at risk. Staffing numbers were sufficient to provide the right level of support to people. The induction for new staff, including the manager's induction, was effective, as was the training programme in place. Staff felt supported and received regular supervision and appraisal.

Medicines management was safe with checks in place to ensure medicines were administered as prescribed. Medicines management was regularly audited by the manager and only staff assessed as competent administered medicines.

Staff understood issues of consent and the Mental Capacity Act (MCA) 2005, with decisions being made in people's best interests, in line with the MCA when they lacked capacity. The Mental Capacity Act 2005 is in place for people who are not able to make some or all decisions for themselves.

People had a choice of food and could eat when they wanted to. Staff knew people's likes and dislikes and provided them with support in relation to eating and drinking when necessary. People's health needs were met and they were supported to access the health services they needed.

Staff were caring and respected and involved people in their care. People's views were sought and reflected in their care plans. People were supported to access educational and social activities and to develop and maintain relationships that were important to them. People were also encouraged to participate in campaigns to promote the rights of people with learning disabilities.

An internal team, separate to the supported living schemes, investigated complaints, ensuring they were responded to appropriately.

People and staff were involved in the running of the service. People were involved in interview panels and a staff forum enabled staff to be consulted on regarding initiatives in the organisation as well as to put forward concerns or suggestions.

The registered manager, scheme managers and staff were aware of their responsibilities and professionals told us the schemes were well-led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Although most risks were well managed, the risks of a person not receiving the right support at night time in relation to epilepsy seizures were not being well managed.

Accidents and incidents were analysed to identify patterns. Staff knew how to safeguard people at risk and they received regular training in this, with more advanced training for scheme managers.

Recruitment procedures were thorough in checking staff were suitable to work with people using the service. Staffing numbers were suitable to provide people with the right level of support. Medicines management was safe with procedures in place to check medicines were given as prescribed.

Is the service effective?

Good

The service was effective. People were able to eat the foods they liked at the times they wanted. People received the right support in relation to eating and drinking as well as with their health needs.

Staff induction, training and supervision were effective for staff to perform their roles. Staff understood the Mental Capacity Act 2005 and made decisions in peoples' best interests when they lacked capacity.

Is the service caring?

Good

The service was caring. Staff were kind and caring and treated people with respect. They understood the people they were supporting, knowing their preferences and personal histories. Staff understood people's communication needs. People felt listened to and some people took part in self-advocacy groups to empower them to air their views. People were also encouraged to participate in political campaigns promoting the rights of people with learning disabilities. People's independence was promoted.

Is the service responsive?

Good

The service was responsive. People were supported to access social activities, educational opportunities and work, and to develop and maintain relationships with people important to them. Care plans detailed how people preferred their care to be delivered and people were involved in planning their care. People and their relatives were encouraged to raise concerns and an effective complaints system was in place.

Is the service well-led?

Good

The service was well-led. Royal Mencap Society had clear vision and values focusing on equality for people with learning disabilities. The registered

Summary of findings

manager, scheme managers and staff were aware of their responsibilities and were supported to meet expectations of them. People and staff were actively involved in developing the service. A range of audits were in place to check the quality of service provided to people.

Royal Mencap Society - Domiciliary Care Services - West London

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

This inspection took place on 3 and 13 February 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in. It was undertaken by one inspector.

Before the inspection we reviewed information we held about the service and the provider. We also contacted a contracts and quality assurance officer and a senior care manager at two local authorities to ask them about their views of the service provided to people.

During the inspection we visited two supported living schemes. We observed how staff interacted with the people who used the service. We spoke with four people who used the service, two relatives, the registered manager, two scheme managers and five support workers. We looked at four people's care records, three staff files and records relating to the management of the service.

After the inspection we spoke with two social workers and a general advocate.

Requires Improvement

Is the service safe?

Our findings

Although risks were generally well managed, for one person a risk had not been fully assessed with suitable management plans in place. One person was at risk from epileptic seizures. We did not find a support plan relating to epilepsy at the time of the inspection and when we asked staff, they could not locate one. This meant that staff might not have all the necessary information in place to support the person should they have a seizure. A risk assessment was forwarded to us soon afterwards. This detailed how staff should support this person when they had a seizure. However, at night time there was a risk staff would not be alerted when they were having a seizure and so would be unable to follow this support plan, including administering epilepsy medicine or calling an ambulance. There was a system in place for the person to alert staff they were about to have a seizure. However, staff told us the person was not always able to use this system effectively. As staff slept at the scheme they may not be made aware the person was having a seizure. When we raised this matter with the scheme manager, they told us they would review the systems in place, seeking urgent advice from professionals about how this risk would best be managed.

Arrangements were in place for reviewing accidents and incidents. Accident and injury reports were reviewed by the relevant scheme manager. The registered manager reviewed accident and injury reports during monthly meetings with other registered managers to ensure the right action had been taken to support people. A staff member centrally also analysed all reports across the organisation to look for patterns and trends, informing the regional managers of their findings.

One person told us, “I feel safe, I’ve lived here a long time.” Another person told us, “I like the staff and I feel safe.” We asked them what staff had told them about keeping safe and they told us, “When I go out I don’t talk to strangers.” People had been supported to understand how to stay safe and staff had used pictorial guidance to help people to understand better.

Scheme managers received safeguarding training for managers and knew how to respond appropriately to allegations of abuse, including reporting to, and working with, the local authority safeguarding teams. The registered manager reviewed safeguarding issues at their monthly team meetings to share best practice and learning from incidents. They also ensured CQC was notified of such allegations, as required by law. Staff also had a good knowledge of their responsibilities to safeguard people because they received comprehensive safeguarding training during their induction, with regular training thereafter. A senior care manager and a contracts and quality assurance officers from two local authorities had no concerns in relation to safeguarding in the schemes in their local authority.

Recruitment was robust in checking staff were suitable to work with people. Checks of staff identification, full work history, references, criminal records checks, health conditions and right to work in the UK were consistent. Managers received training on safe and effective recruitment and selection as part of their induction.

There were enough staff to support people. We observed staff spent much time engaging people in activities in the home or talking with them, staff were not rushed. Staffing numbers were flexible, being increased when necessary, such as when people had appointments outside the home. At one scheme rotas were arranged so people could have personal care from a person of the gender of their preference.

Medicines management was safe. We confirmed medicines had been administered to people as the Medicines Administration Records (MAR) in one scheme showed by checking stock balances against the expected amounts. Staff checked the remaining balance of medicines they administered and recorded this. This meant there were systems in place for checking regularly that medicines had been given appropriately to people. Only staff who had successfully passed a medicines competency assessment administered medicines.

Good

Is the service effective?

Our findings

One person told us, “I like to eat fruit and I like cake.” A different person told us, “I like Shepherd’s pie and mash and I eat it here.” People had a choice of what they ate and when. Menus were created based on the food they liked to eat. Staff understood the types of food people liked to eat while also encouraged people to eat healthily.

Staff understood and provided support people needed relating to eating and drinking. This included support with specific nutritional needs, such as to lose weight where this has been advised by a health professional. We also observed specialist cutlery was provided to a person to help them to eat independently.

People received the necessary support with their health needs, including keeping fit to be healthy. One person told us, “I go to [a local college] to do keep fit. If I’m ill I go to the GP and I have a dental appointment next week.” People saw health professionals when they needed to and clear records were kept of the appointments and outcomes, meaning there was an audit trail to show people were receiving the right support. The scheme manager and area manager kept track of when people were due for reviews on an electronic spreadsheet which they reviewed each month. People had health action plans in place. These are plans about how people can remain healthy and who they need to see to do this. They were reviewed regularly by an external health professional to check people’s health needs, agreeing actions with the person and staff to ensure people’s needs would be met.

Staff felt well supported. One staff member told us, “The [scheme] manager is approachable, I can call her and she listens.” Staff received regular supervision and appraisal from their line manager. Staff spoke highly of the training they were provided. All staff completed a five day induction when they started work. This included safeguarding, fire safety, medicines management, communication skills and understanding challenging needs. A programme of training was in place to help staff to understand their roles better. After each training session staff completed competency assessments to check they had learnt the required information. The organisation supported staff to access more in-depth training and several staff were starting a diploma in health and social care. Specialist training was provided to staff to enable them to meet needs specific to individuals. For example, in one scheme staff received specialist training in administering a particular medicine to a person for their health need.

Staff’s training needs were monitored electronically, with a colour coded system indicating when training was due and scheme managers booked the necessary training. As a further reminder, scheme managers regularly received spreadsheets from a central department highlighting which staff were due for training renewals. This meant there were systems in place to monitor and ensure staff received the required training at the right interval.

Staff had a good understanding of their responsibilities under the Mental Capacity Act (2005). Staff told us of situations when they had been involved in assessing people’s capacity, and records showed these were recorded for more significant decisions. When people were assessed to lack capacity best interests decisions were made on their behalf, involving relevant people.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring, and our observations of staff interactions supported these views. One person told us, "I like living here…staff paint my nails and I choose the colours. They take me to the hairdressers and help me choose my clothes." Another person told us, "I like the staff." A different person told us, "The manager is nice she listens to my problems." One relative told us, "The staff are very caring, they're very nice to him even when [his behaviour challenges the service]." An advocate told us they were happy with people's care. We observed staff spending time talking with people, asking questions about how they spent their day and their plans for the evening and engaging the in activities people enjoyed, such as singing and dancing.

One person told us, "Staff understand me." A relative told us, "The staff absolutely know my [family member]." Discussions with staff showed they understood people's preferences and had knowledge of their backgrounds.

Staff communicated well with people who had communication difficulties because they understood people's communication needs. Staff were able to convey information clearly by choosing their words and phrases carefully, using repetition where necessary and using questions to check understanding. When a person used Makaton, a basic form of sign language, staff understood what they were expressing and acted on this. A social worker told us how staff communicated very well with their client who had particular communication needs.

Staff listened to people and acted on their views. There was a keywork system in place. A keyworker is a member of staff who works closely with a person, ensuring their needs are met in different areas of their life. One person told us, "I'm happy I've got [a certain member of staff] as my keyworker…she got me into college." Another person told us, "My keyworker helps me a lot." At least once a month people met with their keyworker so staff could listen to their views and act on them. Keywork sessions followed a loose format which included staff asking how the person was feeling and what made them happy this month. Some people also attended self-advocacy meetings regularly to empower them to put their views forward.

The organisation encouraged people to participate in campaigns promoting the rights of people with learning disabilities. People using the service recently visited the Houses of Parliament to speak to MPs as part of the 'Hear our voice' campaign. This campaign was about ensuring people were registered to vote and were supported to understand the necessary information to vote. A person told us, "Last year I was involved in the 'Stay up late' campaign. This was about promoting the rights of people not to have to stick to a schedule and stay up late whenever they wanted to. The person told us sometimes they liked to stay up and could do this.

Staff interacted with and spoke with people in a way that was respectful. Staff valued what people said in everyday conversations, asking them questions about their views. Respect was shown through knocking on people's doors and waiting for a response before entering. People were also supported to maintain good personal appearance.

People were encouraged to maintain their independence. One person told us, "I baked a cake today by myself." Another person told us, "I help to cook." We observed one person doing their laundry. Another person made hot drinks for themselves and others. Information about people's skills and how staff should support them to build and retain their skills was contained in care plans which guided staff.

Good

Is the service responsive?

Our findings

Staff supported people to follow their interests and take part in social activities, education and work. One person told us, "I have a job working [with children]…I enjoy it…I also go to a [gardening project]". A different person told us about their weekly activity programme and said, "I am busy." People had individual activity programmes based on the activities they liked to do and we observed staff supporting people on individual activities such as a trip to the cinema and shopping. People went on holidays of their choosing, and a person told us how they recently enjoyed a trip overseas.

Staff valued people's personal relationships and supported them to develop and maintain these. One person told us, "My boyfriend comes here." Another person told us, "I go to stay [with my partner] at the weekends." Staff explained how they welcomed partners in the home and supported people to spend time with their partners elsewhere. We observed a person being supported to communicate with a relative over the phone. One person had been supported to join a website for people with learning disabilities to get in touch with similar people. The organisation ran some events for people to make new friends such as a Valentine's ball, which was held last year, and other events based around music and food.

People's support plans detailed how people preferred their care to be delivered, such as their preferred routines for personal care, their background and activities they enjoyed. Support plans were kept in people's rooms to give them ownership of these. However, staff confirmed they were still able to access these support plans to ensure they knew the necessary information about people. A social worker told us all the needs of a person they worked with were met and all the information they needed was always up to date and on file. A senior care manager told us the care plans were very focused on the individual as a person.

People contributed to the assessment and planning of their care as much as they were able to. For example, in keywork session's people set goals for things they wanted to achieve and staff provided the necessary support to do so. Progress in achieving these goals was reviewed at the next keywork session. Relatives confirmed they were involved in the assessment and planning process where appropriate and they were asked for their views on their family members' care. One relative told us, "I'm asked for ideas and involved in discussions."

People knew how to raise concerns. When asked what they would do if they had concerns, one person told us, "The manager listens, I'd tell the manager." The complaints procedure was presented in a pictorial, accessible format and staff supported people to understand how to make complaints. Relatives had been sent out information about how to make a complaint within "family packs" last year. A relative had not made a formal complaint in recent years but knew how to raise concerns, speaking with the manager in the first instance. Complaints were investigated and responded to by a central complaints team to maintain impartiality as far as possible.

Good

Is the service well-led?

Our findings

Royal Mencap had a clear vision for a world where people with a learning disability are valued equally, listened to and included. The Mencap manifesto, developed by people using the service and their families, includes to be treated as equal citizens and have control over their lives and having opportunities to lead fulfilling lives. Staff were aware of the vision and values and confirmed they received class-based training on these as part of their induction.

The registered manager had been registered for several years and was an experienced manager. They, and also scheme managers and staff, understood their responsibilities. A social worker told us for one scheme the management and staff were brilliant, they always updated them on any changes to the person they worked with, and listened to their suggestions. A senior care manager told us the scheme they had contact with was well-run and paperwork was always provided when necessary. An advocate told us about a different scheme that communication had improved with the new scheme manager.

The provider had suitable support systems in place involving regular supervision and peer support with monthly meetings. New scheme managers received an induction specific to their role which included management-level training in safeguarding, managing people's finances and health and safety. They completed tasks in a work-book covering different aspects of managing a scheme, with the support of the registered manager. They spent time with key people in different department of the organisation, such as HR and finance, to build relationships and gain a shared appreciation of the key challenges each faced. This meant systems in place supported managers, including new managers, to understand their role in the wider organisational context and meet expectations of them.

People were actively involved in developing the service. People were involved in selecting staff as part of interview panels. Their views were gathered during monthly keywork meetings and, in some schemes, during house meetings. Annual survey of people views about the quality of the service was carried out with the results analysed to show how the organisation could improve.

Staff were also actively involved in developing the service. Staff from each scheme attended an employee forum to bring forward staff issues, share ideas and be consulted on initiatives in the organisation. Recently staff forums had been involved in promoting the launch of the organisations new strategy. Key people from different departments also attended the forums so that the key messages discussed could be heard across the organisation. Annual staff surveys gathered staff views with the findings being analysed so that improvements could be made at an organisational level.

Systems were in place to recognise and motivate high performing staff. As part of the appraisal system staff who performed especially well were recognised as "top talent" and offered additional development opportunities. These included having a mentor, extra training and additional responsibilities.

A range of audits were in place to check quality. These included visits to schemes by the registered manager to review aspects of the service such as observing staff interactions, checking care plans and whether people's health needs were being met. Scheme managers audited medicines and financial management as well as care plans and staff training, amongst other areas monthly. Their findings were logged on a spreadsheet which the registered manager reviewed. Action plans were put in place where schemes were not meeting the required standards and additional support from the internal "quality team" was accessed when necessary to support the scheme and registered manager to make the necessary improvements.