

Royal Mencap Society

Royal Mencap Society - Oxford Domiciliary Care

Inspection report

Suite B, Fountain House, John Smith Drive
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Oxford
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Date of inspection visit:
19 December 2018

Date of publication:
15 February 2019

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 - Oxford are a domiciliary care agency (DCA). The service provides personal care services to people living with learning disabilities in supported living arrangements. At the time of our inspection 15 people received personal care as the regulated activity.

What life is like for people using this service:

People received compassionate support from caring and committed staff. People told us staff were kind and respectful and treated people with dignity and respect. Staff knew what was important to people and ensured people's confidentiality and privacy were respected and their independence was promoted.

People were supported to access health services when required. People complimented the continuity of care provided by skilled and competent staff. Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

People received support that met their needs and was in line with care plans and good practice. People were supported to maintain good diet and hydration. People's rights to make their own decisions were respected.

The provider followed safe recruitment processes. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, assessments were in place and action had been taken to manage these risks. People received their medicine as prescribed.

The service was well run. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

Rating at last inspection:

Good (report published 19 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

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 remains safe.

Details are in our findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service remains responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service remains well-led.

Details are in our findings below.

Royal Mencap Society - Oxford Domiciliary Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Royal Mencap Society - Oxford are a domiciliary care agency (DCA). The service provides personal care services to people with learning disabilities in supported living arrangements. There was 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 18 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted 4 people and three relatives to gather their views about the support received. During the office site visit we looked at records, which included six people's care and medicines records. We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. We also spoke with the registered manager, four service managers, an administrator and four care staff.

After our site visit we contacted commissioners to obtain their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. No people or relatives we spoke with raised any concerns around any aspect of safety.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such as their mobility, skin integrity or medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns.
- The provider had safeguarding policies in place and copies of both the local authorities' (they worked with) safeguarding procedures were available in the office, the team reported concerns accordingly.

Staffing levels:

- People were supported by consistent, reliable, punctual staff and praised the continuity of care received. One person said, "Staff are punctual".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- People continued to receive their medicines safely and as prescribed. One person said, "Staff are good (at making sure I take my medicines)".
- People's care records contained lists of people's current medicines.
- The register manager ensured people's medicine records were completed accurately.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. People told us staff washed their hands and use disposable gloves and aprons where required.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to enhance the service for people and for staff.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

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

- The provider ensured people's needs were assessed prior to the commencement of the service to ensure these needs could be met and individual care plans put in place.
- People and relatives, if appropriate, told us they were fully involved in assessment and care planning process. One person said, "They are very good (at involving me in my care)".

Staff skills, knowledge and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff were well supported in their roles and had regular one to one meetings with their line manager. One staff member said, "I feel 100% supported".

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People benefitted from staff that knew how to meet people's needs well. One person said, "The carers are good at (understanding my needs)".
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.

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

- People's rights to make own decisions were respected and people were in control of their support. One person said, "They give me choices".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- The provider had systems in place to record people's capacity assessments related to specific decisions, if that was required.

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 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.

Is the service caring?

Our findings

The service remained caring and people told us they were treated with compassion and dignity and respect.

Treating people with kindness, compassion and respect:

- All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. One person told us, "Staff are kind and good". A relative told us, "The staff are really good, they are very caring".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.
- The management had very much a hands-on approach, this meant they led staff by example so the staff remained highly motivated to deliver excellent care. One staff member said, "From the bottom to the top we are all involved. It is great".

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

- The staff discussed with people and helped people explore their needs and preferences in relation to the support people needed.
- All people told us they were involved in decisions about their care and support. One person said, "They are good (at involving me in decision)". A relative told us, "They involve [person] as much as they can".
- Where required, information was provided to people in a format that was accessible to them, for example, we saw people had access to important information such as the complaints procedure in a large print.
- People's communication needs were assessed and recorded in their care plan. For example, one person's care plan said, 'Be patient, give [the person] enough time. They will answer you'.

Respecting and promoting people's privacy, dignity and independence:

- All people and relatives we spoke with told us staff respected people's privacy and dignity. One relative told us, "They are very warm and loving people who treat [person] with dignity".
- People were supported to be as independent as possible, which was in line with their individual goals and outcomes that stated people wished to remain at their own homes for as long as possible.
- People's care plans highlighted the importance of respecting privacy and dignity.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone in the same way. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. Staff told us how they supported people's diverse needs. One member of staff said, "Everyone is entitled to decide how they wish to be treated and live their lives. It's a fundamental human right".
- The provider ensured people's confidentiality was respected. People were fully involved around the recent changes to data protection legislation. A staff member said, "We are up to date with all the changes".

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

How people's needs are met, personalised care:

- People were supported in a way that met their needs and achieved good outcomes. One relative said, "They support her to maintain her activities".
- People and relatives praised the responsive nature of the team. One relative said, "They were very responsive with helping [person] with an ongoing medical condition".
- People's needs were identified, assessed and recorded. This included needs relating to protected equality characteristics, and people's choices and preferences. The care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. Relatives told us any concerns were dealt with immediately. Comments included, "They listen", "I have had a couple of niggles, but have always felt listened to" and "They are receptive to ideas and they take any complaints seriously".

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. However, the registered manager was able to identify where the service would look for support to ensure people received appropriate care if the need arose.

Is the service well-led?

Our findings

The service was well-led, the leadership and management assured person-centred care and a fair, open and transparent culture.

Leadership and management:

- People and relatives told us the service was well run. One person said, "The managers are good". A relative said "We have met with all the managers and they all seem very nice".
- Staff told us the registered manager and the provider were very supportive. One staff member described a difficult personal situation and told us, "I never thought I would get back to work, but they supported me all the way. I have never had managers who have been so supportive. They push you to strive and achieve more. They have been amazing". Another staff member said, "Mencap care for their staff as well as the service users".

Plan to promote person-centred, high-quality care and good outcomes for people:

- People and relatives praised the service received and how the service was run. People we spoke with felt the service was well managed and open.
- The registered manager promoted an open culture which contributed to staff work satisfaction. There was good team work and staff morale. One staff member said, "I have worked here 10 years. It's a nice place to work, I love coming to work".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included, care plans, risk assessments medication and the day to day running of the service. Additional audits were carried out by the provider.
- Findings from audits were analysed and actions were taken to drive continuous improvement.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the team work.

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional said, "The service is person centred, and the knowledge of support workers are invaluable".

