Royal Mencap Society

Mencap - West Sussex Domiciliary Care

Inspection report

Community Base
113 Queens Road
Brighton
BN1 3XG
Tel: 01273234759
Website: www.mencap.org.uk

Date of inspection visit: 14 December 2015
Date of publication: 19/02/2016

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

Overall summary

This service provides support to people who require help with personal care. They specialise in supporting younger adults with a learning disability and associated conditions who live in their own homes. Most of the people supported by the service lived in shared accommodation referred to as supported living services. There were 24 people using the service at the time of our inspection.

We inspected this service on 14 December 2015 and the inspection was announced. This was to make sure there would be someone available in the office to facilitate our inspection. This was the first inspection since the registration of the service at the current adress in June 2014. Previous to this the service had been registered at a different adress.

Summary of findings

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 service and was supported by service managers who were allocated a geographical area to manage. Service managers were also responsible for individual parts of the service.For example individual supported living services at which the staff worked.

Staff understood how to protect people from abuse and were responsive to their needs. One relative commented "I think (person's name) is extremely safe and secure." People were protected against the risk of abuse, checks were made to confirm staff were of good character to work with people. There were sufficient staff to meet people's diverse needs and people were supported to take their medicine as prescribed.

Risk assessments and support plans had been developed with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. Staff understood people's needs and abilities and knew people well. A relative told us "I'm very satisfied with the staff and the care. They are a nice bunch and extremely kind."

Staff were provided with training to support the people they worked with. A member of staff told us "The training provided is very good, I really enjoyed it." In relation to staff development theregistered manager told us "We look at people's potential, how they can develop, what they need to do and how it fits in with Mencaps' values."

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. One person told us "I am very well supported by the staff." The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to express their views and opinions about the service provided.

People spoke highly of the management. One relative told us "I have found (Registered manager's name) is very supportive." There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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?
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 and implemented in people's support plans.

People were supported to take their medicines as prescribed.

There were sufficient staff to support people and recruitment procedures were thorough.

Good

Is the service effective?
The service was effective.

People's needs were met by staff that were suitably skilled.

Staff felt confident and equipped to fulfil their role and received training and support to meet people's needs.

Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met.

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.

Good

Is the service caring?
The service was caring.

Staff provided care that was kind and promoted people's dignity.

Staff treated people respectfully and supported people to maintain their privacy.

Staff knew the people they were supporting, including their personal preferences and personal likes and dislikes.

People's personal preferences were met and they were supported to maintain their independence and autonomy. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported.

Good

Is the service responsive?
The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received.

People and their representatives were actively encouraged to be involved in decisions which affected them.

The complaints policy was accessible to people and they were supported to raise any concerns.

Good

Summary of findings

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.

Mencap - West Sussex Domiciliary Care

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 14 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to facilitate the inspection.

This was the first inspection of this service since it was registered at this address in June 2014. Prior to this the service was registered at a different address. The last inspection of the service at their previous adress was undertaken on 27 November 2013 at which no concerns were noted.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service. This included statutory notifications the registered manager had sent us and a provider information return (PIR). A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a safe, effective, caring, responsive and well-led service. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted 15 professionals involved in people's care, including the local authority for feedback.

We spoke with four out of the nine people contacted, 8 people's relatives, the registered manager and 11 members of staff including four service managers and seven care staff. We reviewed records held at the service's office. These included records relating to five people's care, accidents and incidents and safeguarding concerns and complaints. We reviewed four staff files, an overview of the training staff had completed and the supervision they had received. We looked at the systems the provider had in place to ensure that the quality of the service was continuously monitored and reviewed, as well as the local authorities monitoring report for three of the supported living services.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us "I feel safe living here." Relatives told us they felt their family members were safe and were confident that any concerns would be dealt with appropriately. One relative told us "I think (person's name) is extremely safe and secure." Another relative told us "(person's name) feels safe and I know they would let us know if they didn't or were worried about anything."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs that might indicate that a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. When asked what action they would take if they suspected abuse was taking place, one member of staff told us "I would report the matter to the manager, who is very supportive." Another felt that their line manager would take action and told us "I would speak out." A third member of staff demonstrated their understanding of the actions required, explaining that there were critical incident forms that had to be completed, that the incident should be reported to the family, the local authority and CQC. They told us "It is important to keep the person safe." All staff had completed training in relation to safeguarding adults at risk and records confirmed that referrals had been made to the local authority when abuse had been suspected, in line with local protocol.

The provider had taken appropriate action to respond to concerns raised in relation to staff. Disciplinary procedures were in place and procedures had been implemented. For example, a member of staff had been suspended pending an investigation when allegations regarding their conduct towards a person using the service had been received by the provider.

Risks to people had been assessed and plans implemented to minimise any risks indentified. For example, the risk of a person falling, displaying behaviours that can challenge and the risks associated with eating and drinking. The registered manager stated on the Provider information return (PIR) that 'Specific health support plans are in place in relation to choking risks, special dietary requirements, physical intervention, physiotherapy and safe moving and handling. Where we are supporting people with their finances a detailed support plan is in place to record the appropriate level of support, alongside a finance risk assessment'. Records as well asfeedback from the local authority confirmed this. A health care professional fedback to us that they had been "Very impressed with (supported living service name) particularly in relation to (person's name) as they have followed their eating and drinking guidelines without fail and made sure everyone was aware of the risks. They have also contacted the GP and myself to ensure they are supported in the best way possible and to reduce any risk. I have found them receptive to advice and always warm, friendly and professional."

There were enough staff to support and meet people's individual needs. Relatives were happy with staffing levels and told us that when staff took unexpected leave that permanent staff were unable to cover, agency staff were deployed. Staff told us that they either worked in specific supported living houses or regularly supported people who lived on their own in their own home. Relatives and staff commented that staff turnover had improved over recent months. One staff member, who worked at a supported living service, told us they had "Seen a big improvement with a stable core of staff working at the service." A relative told us "Staffing levels are better now than they have been for a long time." There was a 24 hour 'on-call' service for people and staff to use where they could seek advice in case of an emergency. There was Business Continuity Plan which provided staff with guidance on what to do in emergency situations such as fire, flood or reduced staffing numbers.

The provider checked staff's suitability to work with adults at risk before deploying them to work at the service. Staff confirmed they had not started work until the required checks had been completed. These checks included obtaining two references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. Records confirmed that the required documentation was in place.

People were supported to take their medicines safely by staff that were trained to do so. A medication profile was in place for each person specifying the medicine, the dose, the time it should be administered, the route for administration, the reason for the prescription and the possible side effects of the medicine. Assessments had been completed to determine if people needed prompting to take their medicine so that staff could support the

Good

Is the service safe?

person according to their needs. One person's records stated 'Staff will support me to point out the right blister (blister pack containing the medicine) on my self-dispense system. Medication must be administered in my bedroom for privacy.' Another person's care records detailed that 'I have a cream that I use as and when required to treat dry skin. Staff offer the cream to me in the morning and in the evening.' For those people who required support, a medicines administration record was kept in the person's home which staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Any gaps in the medication administration records had been investigated by the service manager and staff responsible for the gaps or errors were provided with additional training and support.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills and experience needed to undertake their role. People we spoke with confirmed that they were happy with the support they received from staff. One person told us "I am very well supported by the staff." A member of staff told us "The training provided is very good, I really enjoyed it."

Staff had the skills they needed to meet people's needs. New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. The induction included the completion of essential training such as safeguarding, medication administration, first aid and privacy and dignity. It also included shadowing experienced staff whilst they got to know people's needs, preferences and choices. The registered manager stated on the PIR 'We ask the people we support and existing staff to provide feedback on their observations of any new staff and this is used during supervision to ensure they work in a caring and effective way.' They also stated 'Probation meetings are held at one, three and six months to gauge performance of new staff. Any failing will be identified and if necessary probation extended or employment terminated.' Staff confirmed this.

New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people. One commented, "The training is very good." Another staff member who had experience of working for other providers said the provider was very supportive in helping them to develop their skills. They told us "Mencap is streets ahead of other places I've worked in. The training is the best I've ever done." A relative told us they felt staff were knowledgeable and skilled. They said, "The care is very good, they know (person's name) very well and understand them."

The provider recognised the importance of staff continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. The registered manager told us "We look at people's potential, how they can develop, what they need to do and how it fits in with Mencaps' values." Staff received support and professional development to assist them to develop in their roles. Training records confirmed that regular training updates were provided. They had access to a range of training to meet the specific needs of people who used the service, such as positive behaviour support and epilepsy. There were formal systems for development including one to one supervision meetings with staff and their manager. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff confirmed they had scheduled supervision meetings with their line manger where they could sit down in private and have a one to one discussion. They told us they had an annual appraisal of their performance and confirmed they felt supported in their role.

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. 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 were being met.

Management and staff understood and worked within the principles of the MCA and had completed relevant training. A member of staff told us that they would always ask for consent before delivering care and that they accessed records for further details about whether people had capacity to make specific decisions. Staff knew about people's individual capacity to make decisions and understood their responsibilities in relation to this.. Decision making forms were in people's care records, such as when people wished to purchase expensive items. This demonstrated that people were supported to make informed decisions, in a way that protected their rights and safeguarded them.

The registered manager stated on the PIR 'Where the people we support cannot advocate on their own behalf we try to ensure that their rights are put forward and that

Good

Is the service effective?

they are treated fairly, that best interest decisions are taken involving key family members and professionals.' They told us about a recent example of a person they supported who was clearly unwell but had been denied relevant health care. They explained within the PIR that staff had raised this issue on the person's behalf with health professionals, care managers and the hospital complaints service. The outcome of which was that a best interest decision had been made and the person had received the treatment they needed.

People's dietary needs were met and specific diets followed in accordance with their nutritional assessments. Professional involvement was sought when required. For example-, one person required a soft diet as they had been assessed by the community speech and language therapist as being at risk of choking. This ensured the person was supported to follow a diet that was suitable for them. There were systems in place for people to have an initial nutritional assessment and their dietary needs and preferences were recorded. Staff had completed training in food hygiene and had access to relevant training and guidance should the need arise.

People were supported to access health care professionals when required. A relative confirmed to us that staff kept them informed of their family members health care needs and contacted the relevant health care professionals when needed. They told us that they or the staff supported their family member to all their health care appointments and that any guidance and advice given was used and added to the person's care plan. Feedback from the local authority was that people's general health and well-being were monitored and their medical conditions were recorded. Records detailed the contact numbers for the health care professionals involved in people's care and a record of appointments had been maintained.

Good

Is the service caring?

Our findings

It was evident that staff had formed caring relationships with people who used the service, some of whom had been receiving a service from Mencap for many years. Relatives told us they and their family members were very happy with the care that people received. One relative told us "I'm very satisfied with the staff and the care. They are a nice bunch and extremely kind." Another relative commented "They (the staff) show a lot of patience and are very kind." A third relative told us "We are absolutely delighted with the care (person's name) is receiving."

People's care was provided in the way they wanted it to be. People and their relatives told us staff regularly consulted with people about their care. They told us the people made their own choices about their care and how they would like it to be provided. Feedback from the local authority confirmed that people's preferences were recorded in their support plans which were centred on the person. People were supported by the same staff on a regular basis and had a named member of staff referred to as a key worker who helped to co-ordinate their care and support needs. The registered manager told us they try to make sure that people are supported by the staff member of their choice, especially if this is linked to shared interests. Relatives told us they felt their family members liked their key workers and had formed good relationships with them.

People's independence was promoted and staff had a firm understanding of the importance of people being encouraged to be independent and make their own decisions. Relatives of people who lived in shared accommodation told us that in the past everyone used to eat the same meal at the same time of day. They explained that since then changes had been implemented so that people were supported to choose, shop for and prepare their own meals at a time to suit them. They also told us how their family members had been supported to gain more independence. For example, by going shopping on their own when previously they would have been escorted by staff. One relative felt people were supported to be independent and told us "Everyone is treated as an individual."

People's privacy and dignity were respected and promoted. Everyone we spoke with confirmed that people were treated with dignity and respect. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community. The registered manager told us that learning about respect and dignity started with induction training and was reinforced through team meetings.

The registered manager stated on the PIR 'All staff undergo annual observations when supporting people with moving and positioning. . This ensures that staff are providing personal care with dignity and encouraging the individual to maintain as much independence as possible.' They also stated 'We emphasise throughout the induction programme and probationary reviews that staff are working in people's homes and must treat the person, their property and choices with respect and dignity. This is covered in person-centred support planning training at induction. If we have concerns that staff are supporting people in a way that is not dignified, not treating people we support with respect, or not placing them in control of their care we address these performance issues directly with staff under the appropriate Mencap procedure e.g. disciplinary, probation or capability.' Records confirmed staff had completed this training and that on occasions where the provider had been made aware that staff had not treated people with dignity this had been dealt with under the relevant procedure.

Staff worked in collaboration with people, their relatives and other professionals involved in their care to ensure their emotional needs were met. One relative told us their family member had been through a period of feeling unsettled and displaying behaviours which challenged. They explained how staff had supported their family member through this time by increasing the number of hours they worked on a one to one basis with the person and helping them to have more structure in their day. They told us this had resulted in their loved one feeling calmer and the frequency of them displaying behaviour that challenges reducing.

Data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Each person had their own care plan which considered their individual needs. Care plans detailed information on the care and support that people required from staff, such as their personal care needs.

People's needs were assessed and care and support was planned and delivered to reflect their individual care plan. Each person had their needs assessed before they used the service. These assessments were then used in the formation of the person's care plan. Care plans included the support people needed for their physical, emotional and social well-being and were personalised to the individual, detailing their daily routines and support needs. One relative told us "We have been so pleased with the care that (person's name) has been given, their abilities are declining but every aspect of their care is looked after and they are so happy." A person who used the service told us "I am well supported." Another person confirmed they had a care plan in place and that staff talked to them about their care, they told us "I am very well supported by staff."

Relevant information was readily available to staff about people's life history, their daily routine and important facts about them. This included people's food likes and dislikes. Records included information that was important to people. They detailed people's preferred daily routines such as times for getting up and going to bed and whether they liked to listen to the radio or watch television. Staff explained they worked with people and their relatives to document people's personal needs and preferences, for example one person's care plan stated 'I sometimes might require staff to prompt me to change my clothes.' This provided staff with a clear overview of the level of support and tasks required.

Mechanisms were in place to review and assess the effectiveness and responsiveness of the care plan and package of care. Individual reviews were held with people and their relatives to ensure that their needs were being met.The reviews considered whether people were happy with the standard of care and if people were happy with the overall service they were receiving, it also considered whether any changes were required. Staff told us the service was very responsive to any changes or amendments they wanted to make. They explained when people's needs changed they informed their line manager and the person's care plan would then be reviewed. Feedback from the local authority and relatives confirmed that people's plans were up to date and accurate. One relative told us, "We have been really, really happy with the level of support." They went on to say "We have regular contact by e-mail and the key worker rings us if they need to let us know about anything that has changed."

Complaints had been investigated and responded to appropriately. People and their relatives confirmed they felt able to express their views, opinions or raise any concerns. Information on how to make a complaint was provided to people when they first started receiving care. The complaints policy was also accessible to people within their homes. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that theyhad.. We saw one complaint had been received and investigated and that feedback had been provided to the complainant. Relatives told us their loved one's would be able to communicate to staff or to them if they were unhappy about anything and felt confident that any concerns would be acted on. One relative told us their family member's verbal communication was "not great" but they would be able to let it be known if they were not happy about something. They explained they had not made any complaints and told us "If I had a problem I would ring (staff members name) or e-mail them, I wouldn't hesitate." People told us they knew who to speak to if they wanted to complain. One person told us "I would go to a member of staff if I had to make a complaint." When we asked another person what they would do if they wanted to make a complaint they told us "I would go to the boss."

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the leadership and felt the service was managed well. One relative told us "I have found (Registered manager's name) is very supportive." Another relative told us "The manager is brilliant, I have nothing but praise for them."

Feedback on the quality of the service provided was sought from people, relatives and staff on an individual and on-going basis. The provider was using internal quality assurance frameworks to govern the running of the service and were completing internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help identify shortfalls in service provision so the provider can take action to drive improvement and promote better outcomes for people. Regular audits were completed in relation to each aspect of the service such as people's medicine administration records, care plans, staff supervision and training. The registered manager told us that service managers were required to record information about events that had occurred in the service, such as how many accidents and incidents there had been and whether any care plans had been reviewed. These were recorded on a weekly basis using the provider's on-line quality assurance system.

They told us the system flagged up any areas of concern to them such as if staff training was out of date, whether a person was due to have a review of their care or whether a safeguarding referral had been made. They explained this information was also analysed by the provider's quality team to enable them to identify any themes or trends which were then fed back to the registered manager for them to take action. The registered manager also undertook regular visits to each supported living service to monitor the service. They spoke to people and staff to gain their feedback and carried out spot checks on records. This enabled the registered manager to have oversight of the service and monitor whether or not they were following the provider's policies and procedures and meeting people's needs.

The provider showed a strong commitment to wanting to continuously improve and had systems in place to assist learning from experience and reflective practice. For example where shortfalls were identified an action plan was implemented which stated what the shortfalls were, what needed to happen to address the issues, who should complete the actions and by when. We saw one action was for staff training certificates to be placed on file and another where the profiles of agency staff needed to be updated. The registered manager explained they monitored the completion of action plans on a monthly basis. They told us that following an incident that had occurred in one of the supported living services the provider's quality team had supported the service to reflect on what had happened, consider what may have led to the incident and what they could do differently in the future. The quality team also gave advice as to how to minimise the risk of the incident re-occurring. This resulted in staff receiving additional specialist training and changes to practices introduced at the service. Feedback from a professional involved in one person's care told us that concerns they had raised at a review had been addressed in a timely manner and impacted positively on the person.

There was a clear management structure in place. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt well supported within their roles and described the management as approachable. One staff member told us "I am very well supported. The manager's door is always open." The registered manager told us they felt supported by the provider. They explained the provider had a dedicated human resources team who could give advice and guidance in all matters relating to managing people and that they and their service managers had attended a selection of the provider's training courses such as having difficult conversations, recruitment and selection and absence management.

It was evident that the registered manager and service managers knew the people who used the service well and were able to describe to us individual's needs and personal histories. They were aware of which people had family involved in their care and who they should contact in emergencies.

Staff were aware ofthe provider's whistleblowing procedures and told us they would not hesitate to raise any concerns they had about poor or unsafe practice. One staff member told us they "Would speak out" and would be confident the manager would act. They explained if they felt they had not been listened to they would go to the local authority with their concerns.

Good

Is the service well-led?

Staff spoke with enthusiasm about their work. One staff member told us they enjoyed their work and felt that "Morale is excellent" they also told us "The team work very well together." Another staff member commented "This is the best job I've ever had. Morale is so good at this service."

All the staff including the registered manager told us people came first and it was apparent from our conversations with people, their relatives and staff that this philosophy governed the day to day delivery of care. One staff member told us "For the service to do well we must put the person at the centre of our thinking, serve them well and look after them properly." Another staff member told us "This is a very good service which is focussed on people and enables them to live the life they would like."