

Royal Mencap Society

# Mencap - North West Surrey SL Service

## 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

Mencap - North West Surrey SL Service provides a supported living service for people with a learning disability, autistic spectrum disorder and physical disability. People receive personal care and support in their own homes. The service was supporting nine people in three supported living properties, six of which are shared with other people and three people were supported in properties that they lived in on their own.

The inspection was announced. We told the provider three days before our visit that we would be coming. This was to ensure that the people we needed to talk to would be available.

There was a registered manager in place who was present on the day of the inspection. 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.

People's needs were met safely because there were enough staff at the service. Accidents and incidents were recorded and action was taken to minimise the risks of further incidents. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were followed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training specific to the needs of people and their competencies were regularly assessed.

People were supported to eat healthy and nutritious meals. People at risk of dehydration or malnutrition had effective systems in place to support them. People had access to a range of health care professionals, such as the GP, opticians and dentist.

Relatives told us that the staff were caring, respectful and treated their family members with dignity. People and relatives, where appropriate, were involved in planning their care. We saw that care plans had detail

around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to people and supported them to maintain their interests.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed, staff were providing the most up to date care. People were supported to take part in activities which they enjoyed.

Relatives told us that they knew how to make a complaint and there was procedure in place for people to access if they needed to. This was in a pictorial format for people to understand. We saw that complaints were investigated appropriately.

The service was managed well. Staff said that they felt supported, valued and listened to. Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

## 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.

There were enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving their medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

### Is the service effective?

Good 

The service was effective.

Mental Capacity Assessments had been completed to determine whether or not people lacked capacity. Applications for DoLS authorisations had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date service mandatory training specific to the needs of people. Staff had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them with appropriate assistance to eat their meals.

People's health needs were monitored and people were able to access health care professionals.

### Is the service caring?

Good 

People were treated with care, dignity and respect and had their privacy protected.

Relatives told us that staff interacted with people in a respectful and positive way.

People were supported to be independent.

### Is the service responsive?

Good ●

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. People's needs were assessed and reviewed regularly to ensure that staff provided the most appropriate care.

We saw that people were supported to be involved in activities.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

### Is the service well-led?

Good ●

The service was well-led

Relatives said they thought the service was well managed.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, valued and listened to in the service.

# Mencap - North West Surrey SL Service

## **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.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service and 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. An expert by experience telephoned four representatives of people before the inspection to gain their views.

The inspection was announced. We told the provider three days before our visit that we would be coming. This was to ensure that the people we needed to talk to would be available. The inspection team consisted of one inspector.

During our inspection we spoke with the registered manager. We looked at three care plans, three recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the inspection we spoke with one member of staff and two social care professionals.

The last inspection of this home was in 21 April 2014 where no concerns were identified.

# Is the service safe?

## Our findings

Relatives of people told us they thought their family members were safe. One told us "X is treated well, If I felt X wasn't then I would speak to the manager." Another said "Yes X is safe, staff are always around." Whilst another told us "Yes, X is safe and safeguarding is adhered to." They all told us that they would not hesitate speaking to the registered manager if they didn't feel their family member was safe.

People were protected from the risk of abuse. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said "I would report my concerns straight to the manager; I would remove any immediate danger and make them (the person) safe." They told us that they knew people well and would pick up on signs if people were uneasy or uncomfortable about something or someone. There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office and in each property if they needed to refer any concerns about abuse. In addition people were provided with an easy read guide on how to report any abuse.

People who lived on their own at the service had been given a telephone number to ring if a member of staff was late or had failed to turn up. There was an on call system in place for people to access during the day and out of hours. All of the people who lived on their own were able to call the office independently. One person had a key safe that was only used if staff were concerned about the person. Staff told us that the code to the safe was changed when staff left the service and the registered manager confirmed this. One relative said their family member was encouraged by staff to check who was at the door before they answered.

There were sufficient numbers of staff to keep people safe and meet their needs. Relatives of people felt that there were enough staff. One told us "Staff are always available to help X" whilst another told us "Help is always available." " Another told us "Staff can get to X within minutes if they are needed." One social care professional told us that the registered manager would never take on another 'client' if they felt that there were not enough staff to meet their needs.

Each supported living property had a core team of staff and any gaps in staffing numbers were filled with agency. In addition to this there were additional staff that provided support to the three people that lived on their own. One member of staff told us "We struggle with recruiting staff but we always have the right amount of staff, we never work with less than we should because we can use agency staff, we manage this by using the same group of agency staff." We reviewed the rotas and saw that there were always the correct numbers of staff on duty in each property. We saw that there had never been occasions where staff had not turned up to provide support to people who lived on their own.

Medicines were safely administered and people received their medicines in the way that had been prescribed for them. One relative told us "Staff discuss X's medication with me, X is able to take her medication with supervision (from staff)." Each care file had clear and detailed instructions for staff on whether the person was to be administered medication as part of the care plan. Individual care plans

provided clear instruction to staff on how to administer medicines and highlighted any allergies. The care plans also detailed what people were able to do themselves in relation to their medicine. The registered manager undertook audits of the medicines charts to ensure that these were completed correctly. The medicines charts were complete and accurate. We saw that there was PRN (as and when required) medicine guidance for staff to ensure that people received PRN medicines when they needed them. The registered manager told us that staff's medicine competencies were checked each year and this was confirmed by the training records.

Risks to people had been assessed and managed appropriately to keep people safe. Each care plan detailed whether people were aware or not of the risks to themselves. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of personal hygiene, slips, scalding and swallowing. One care plan stated that the person was at risk of scalding, there were guidelines for staff around checking the temperature of the water beforehand. One member of staff said "X has concerns with their dental hygiene and we support them to keep on top of this." They told us that another person had to ensure that they kept up with their walking to reduce the risk of their feet swelling. The member of staff said that they would always assess and reassess risks to people. They felt that one person's shower was not safe for them and took steps to get this replaced.

Accidents and incidents with people were recorded in each person's care plan and on the service computer. The information included detail of what happened, who was involved, who had been informed and what actions were taken. The registered manager told us that they would look at the information and analyse trends to see if action needed to be taken. They had not been any recent significant incidents with any of the people who used the service. One member of staff was able to tell us the process of dealing with any accidents or incidents and how they were managed.

In the event of an emergency, such as staff shortages or bad weather, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans. The registered manager told us that agency staff and relief staff would be called upon to support people if needed.

People were supported to remain safe. Appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment files included records of any cautions or conviction, references, evidence of the person's identity and full employment history.



## Is the service effective?

### Our findings

People were supported by staff that were knowledgeable and supported in their role. One representative said "Staff are skilled and experienced." Another told us "I believe staff are skilled and I'm aware that they have been on training courses." We saw that staff's competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training needs the member of staff may have. Staff were kept up to date with the required service mandatory training which was centred on the needs of the people who lived at the service. One member of staff said "The induction here is very good, there is good supportive training, we went on a two day Makaton course because we knew this would benefit people." Training also included challenging behaviour, autism, and moving and handling.

People's human rights were protected because the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. Staff understood their responsibilities under the MCA and DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We saw that where necessary applications for DoLS authorisations had been submitted.

Staff had attended MCA and DoLS training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions. We read that people's capacity was assessed around their personal care and their capacity to choose the care they received. One member of staff said "We have had training; we have undertaken assessments where people are non-verbal to ensure that they understand." The member of staff understood that best interests meetings needed to take place if someone was assessed not to have capacity. We saw evidence of a best interest meeting around one person's medicine and their finances. Each care plan had information for staff on how to ensure that they gained consent from people before they provided care.

People were supported at mealtimes to have food and drink of their choice and staff supported people to make healthy choices. One relative said "X does his own cooking but staff support X with this." Another told us "There is a communal area where the residents all eat together, X does eat enough and has put on weight" whilst another said "X cooks for herself but the staff do encourage healthy eating." Where appropriate staff supported people to make their meals. Staff were given guidance on people's dietary requirements including whether they needed a soft diet, if they had any allergies or were at risk of choking. There was guidance to staff on how to support people to eat their meals.

People were supported to remain healthy. People had access to a range of health care professionals, such as the GP and diabetic nurse. One representative told us "X's health needs are met, X gets to see the doctor, dentist and optician, they ask me about her health, staff keep X as well as possible." Another told us "Medical appointments are always dealt with (by staff)." We saw references in people's care plans to appointments with health care professionals.

## Is the service caring?

### Our findings

Relatives of people who used the service told us that staff were caring. Comments included "My view of the staff is they know X well and they do a very good job, they are patient and caring, they talk, listen and spend time with her", "The staff are good and do a good job, they are caring" and "The staff are trustworthy, polite, respectful and follow the care plan." One social care professional told us that staff were "Brilliant and very good to work with." One member of staff told us "I love working here; I think the world of them."

People's privacy and dignity was maintained. We asked representatives whether they felt their family members were treated with dignity and respect. Comments included "X is helped to remain private, when they go to her door they knock and wait before they go in"; "Staff are always trustworthy and polite." One member of staff told us "I would make sure people have their own space, these are their own homes, I'm respectful of people and I put myself in their shoes."

Relatives told us that they did not feel they always needed to be involved in the care planning because their family member may not have needed this or wanted this. However those that needed to be involved, were. Comments from relatives included "I feel informed but I don't contribute", "I have all the information I need and I am encouraged to give my views" and "The staff have a chat with me to help me understand the care."

People were involved and the care plans were written in a person centred way. Care plans detailed what the person wanted to achieve and how they wanted their care to be provided. One care plan stated that the person wanted staff to write down information for them around any appointments that they had and we saw that staff were doing this. Care plans detailed information about the person's background, what their likes and dislikes were and what was important to them. Staff were able to explain the needs of people they supported. They understood about people's life history and family. One member of staff said "One person wanted to have towels placed over the floor whilst showering and we made sure we did this."

Staff communicated with people in an individualised way and according to their needs. We saw that staff were trained in Makaton for those who were unable to communicate verbally. One relative said "They (staff) talk to X in a way that suits her." The registered manager told us that people communicated in lots of different ways. They said that one person communicated using an electronic tablet. There was guidance for staff in each care plan around the best way to communicate with people.

People were supported to develop their independence. One relative told us, "X is helped to make their own choices (by staff), there are no rules." Another told us "X is encouraged to be independent; he walks down to the centre by himself." The care plans were very detailed around what the person could do and what they needed encouragement to do. One care plan stated that the person could brush their own teeth but that staff needed to encourage them to do this.

We were aware of one person being involved with an advocate where a specific decision needed to be made. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

# Is the service responsive?

## Our findings

Staff were given appropriate information around people's needs. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Social care professionals told us that a detailed pre-assessment of people's needs was undertaken by staff at the service before any decision was made about whether they could meet their needs. The registered manager told us that they visited the person beforehand to discuss their care needs and to establish if these could be met by staff.

Care plans were detailed with information readily available in a good order. Care plans gave specific information regarding people's medical conditions, care needs and what type of support was needed. For example, there were care plans for people who required additional support around their personal care. These care plans had been written in a way that recognised each person as an individual with their own specific support needs. Care plans also contained information on people's medical history, what they were 'great at' and what people 'sometimes had difficulty with'

Each care plan had a single page summary of what was needed for each person on each visit and at what time. These forms were then used by staff to complete their daily records which gave clear documentation of care delivered and how each person was during that visit. This ensured that accurate information was available to care workers so that they could meet the needs of the people they supported.

Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. Where it had been identified that a person's needs had changed, staff were providing the most up to date care. One member of staff told us that any changes to a person's needs would be communicated on these notes, by a telephone call to them and at staff meetings. One social care professional told us that any concerns with people were followed up "In an impressive way" by staff at the service.

From care records and speaking with relatives and staff it was clear that each person had the opportunity to be occupied both in their homes and outside. People had access to activities that were important to them and had individual activity plans where appropriate. One person wanted to be supported to go to college and we saw that this was happening. Comments from relatives included "X can choose how to spend her days as she goes out to the centre shopping", "X can spend the day as he wants to."

People and relatives were given information about how to make a complaint if they wanted to. Complaint procedures were in an easy read format for people to help them understand. Comments from relatives included "I have had no need to make a complaint but would know how to" and "I haven't had to make a complaint but I would go to the manager and I believe I would be listened to." Complaints were recorded with detail around how they were responded to. The last complaint to the service was in 2014.

## Is the service well-led?

### Our findings

Relatives felt the service was well managed. Comments included "I know the manager and I always get a chance to talk to them" and "The manager and staff are very approachable." One social care professional told us that the service as "Very well led, well managed and provides a good service." Staff also felt the service was well managed. One told us "I feel valued, my manager talks through things with me, reassures me and is very supportive, I get told that I'm doing a great job."

Staff meetings took place regularly and were specific to the property that each member of staff worked in. Discussions took place around training needs, the people who used the service, policies and any events that were taking place. The registered manager told us about events that took place that placed importance on specific areas and that these were themed. We saw that these events included 'Raising Awareness and Changing Attitudes', 'Culture' and 'Improving Health'. These events involved staff and people to look at ways of improving the lives of people who used the service.

Staff understood the values of the service. One member of staff said "I love seeing the changes in services users' lives, finally seeing a difference, it makes me really happy, I love it so much." They told us that they wanted to see people progress and become more independent.

Systems were in place to monitor the quality of the service that people received. The operations manager visited the service to complete audits every other month. These audits looked at various aspects of the service including the care plans, policies, paperwork and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address it and when this needed to be done. In addition to this, staff undertook internal audits which included infection control, fire safety, food hygiene and supporting people with their finances. We saw that it had been identified that more detailed notes were required for one person who used the service and this was implemented. We saw that records were maintained well and kept securely in the office.

The provider gained feedback from people and their relatives through periodic meetings and surveys. The survey completed in 2015 identified that on the whole people were happy with the way they were supported. There was an action plan to address areas needing improvement. For example one person asked if they could have a member of staff's number so that they were able to contact them to find out what time they were coming and this was addressed. Relative's comments included "I do get asked to complete surveys, I wouldn't change anything", "I can't think of anything that would make it (the care) better" and "I am happy with the way X is treated and he gets the service he deserves and expects." All of the relatives confirmed that they were asked to complete a survey.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We saw that the registered manager had informed us of events in good time.