

Royal Mencap Society

Mencap - Taunton Deane Support Services

Inspection report

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Date of inspection visit: 4 and 14 August 2014
Date of publication: 24/10/2014

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At our last inspection in February 2014 we did not identify any concerns. This inspection was announced at short notice.

Mencap – Taunton Deane Support Services provides support with personal care to people with a learning disability who live in their own individual homes, as tenants, in the community. At the time of our visit there

Summary of findings

were seven people receiving personal care from the service in line with the hours commissioned by the local authority. People's homes are within Taunton and the Chard area.

When we visited 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 and has a legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety. Measures to manage risk were as least restrictive as possible to protect people's freedom. Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Care files were not always presented in an orderly and easy to follow format. However, staff did not express any concerns and were able to confirm that they knew what people's current needs were.

People received personalised care and support specific to their needs and preferences. They were encouraged to prepare their own meals to develop their skills and to promote their independence. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements, which included recruitment, were specific to people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

People's views and suggestions were taken into account to improve the service and the organisation recognised the need to increase social inclusion for people with a learning disability.

Staff spoke positively about how the registered manager worked well with them and encouraged team working.

A number of methods were used to assess the quality and safety of the service people received.

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.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety.

Staffing arrangements, which included recruitment, were specific to people's individual needs.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Good



Is the service effective?

The service was effective.

Staff informed us they received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

There was evidence of health and social care professional involvement in people's care on an on-going and timely basis.

Good



Is the service caring?

The service was caring.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people's specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences.

Care files were not always presented in an orderly and easy to follow format. However, staff did not express any concerns and were able to confirm that they knew what people's current needs were.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through on-going discussions with them and staff and members of the management team.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment.

People's views and suggestions were taken into account to improve the service and the organisation recognised the need to increase social inclusion for people with a learning disability.

A number of methods were used to assess the quality and safety of the service people received.

Mencap - Taunton Deane Support Services

Detailed findings

Background to this inspection

We visited the service on 04 and 14 August 2014. The inspection team consisted of an inspector and an expert by experience who had experience of learning disability care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

At the time of our visit there were seven people receiving personal care from Mencap – Taunton Deane Support Services. We spoke with four people using the service, two relatives, five members of staff and the registered manager. We reviewed three people's care files, four staff files, staff training records, a selection of policies and procedures and records relating to the management of the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled

us to ensure we were addressing potential areas of concern. At our last inspection in February 2014 we did not identify any concerns. Following our visit we sought information from health and social care professionals to find out their views of the service provided to people. We received feedback from one professional, a social worker.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People said they felt safe and supported by staff. This was confirmed by the relatives of one person. People said that if they had any concerns they would initially raise these with one of their care staff. If it was about a member of staff, one person said they “Would talk to the organisation that provided their care” and another said they would “Talk to their parents.”

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff told us they had received safeguarding training. We confirmed this by looking at staff records. We saw safeguarding training was renewed on a regular basis to ensure staff had up to date information about the protection of vulnerable people.

The provider and registered manager responded appropriately to any allegation of abuse. For example, they contacted the local authority safeguarding team to discuss any allegation or event which had taken place which affected people in their care. We saw a copy of the organisation’s policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

One person told us about a mental capacity assessment they had been involved in. Staff received training on the Mental Capacity Act (2005) which enabled them to be confident when assessing the capacity of people to consent to treatment. The Mental Capacity Act provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff demonstrated a comprehensive understanding of the Mental Capacity Act (2005) and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people’s human rights are protected.

People’s individual risks were identified and assessments were carried out to help keep people safe. For example, we saw risk assessments for physical health, managing anxiety, medicines management and choking. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included methods such as distraction techniques when a person was becoming distressed.

The registered manager told us the number of staff on duty always matched the support commissioned by the local authority and skill mix was integral to this to suit people’s needs. People told us they were never left without the support they needed to stay safe. Where a person’s needs increased, staffing was adjusted accordingly and was agreed with health and social care professionals and the local authority. One person said they felt comfortable with all their care staff who looked after them twenty-four hours a day as commissioned by the local authority. Staff confirmed that people’s needs were met promptly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular or bank staff would be arranged to meet people’s needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. We looked at four staff files and saw that completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring (DBS) checks completed. Disclosure and Barring (DBS) has replaced Criminal Record Bureau (CRB) which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation’s policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Is the service effective?

Our findings

People commented: “They (the staff) work as a team, no one does anything differently” and “My needs are met and the staff know what they are doing.”

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person’s physical health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people’s health and wellbeing. For example, how people preferred to be supported with personal care. Staff that worked with each individual felt that people’s care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported by their individual staff member’s help to prepare and shop for their own meals to develop daily living skills and to maintain their independence. For example, a person was ordering her meals on the internet with staff support. Where people were at risk of choking they had detailed care plans and risk assessments. These outlined the support which needed to be provided by staff and other health and social care professionals. For example, some people had been assessed by the speech and language therapist team in the past. As a result, they were prescribed specific diets. Speech and language therapists worked closely with people who had various levels of speech, language and communication problems, and with those who had swallowing, drinking or eating difficulties.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. When we asked about dental care one person said “A carer arranges it and goes with me.” A relative told us they and a staff member accompanied their relative to doctor and dental appointments. We saw evidence of health and social care professional involvement in people’s individual care on an on-going and timely basis. For example, GP, social worker, epilepsy nurse, speech and language therapist and dentist. These records demonstrated how care workers recognised changes in each person’s needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the registered manager could assess staff competency and suitability to work for the service and were suitable to work with each person.

Staff informed us they received a range of training, which enabled them to feel confident in meeting people’s needs and recognising changes in people’s health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Comments included: “We get lots of training which is very good” and “Mencap have one of the best training programmes compared to others”. We saw that staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, medicines management, first aid, food hygiene and a range of topics specific to people’s individual needs. This showed that care was taken to ensure staff were trained to a level to meet people’s current and changing needs.

The organisation used a training tool where they could view staff training records. The tool used a traffic light system which acted as a visual aid to highlight when staff were due training. This enabled the management team to ensure their staff were receiving training on a regular basis and kept up to date with safe and effective practice methods to support individuals.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager and the wider team. Staff commented: “The management team are always available” and “Management are supportive and encourage team working.” Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Is the service caring?

Our findings

We visited people in their homes and saw staff supporting them to make decisions. We spent time talking to people and observing the interactions between them and staff. We also spoke with people on the telephone. Comments included: “Yeh, all my carers know how to look after me”; “I go to church every Sunday, yes a carer goes with me” and “I get on alright with my carers.”

Staff told us how they maintained people’s privacy and dignity when assisting with personal care, for example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. We saw staff adopted a positive approach in the way they involved people and respected their independence. For example, a person’s specific plans for their holiday and what they wished to do while away. Another about a person’s wish to get more appropriate shoes due to on-going problems with their feet. We saw that as a result of these specific plans holiday choices had been discussed and agreed with the person and health professionals had been consulted, for example a podiatrist.

We heard and saw staff supporting people in their own homes and they demonstrated empathy in their conversations with people they cared for and in their discussions with us. Staff showed an understanding of the need to encourage people to be involved in their specific care. For example, how one person wished staff to communicate with them. One person commented that they chose how they were supported.

Staff showed commitment to working with people in imaginative ways, which meant that people felt consulted,

empowered, listened to and valued. For example, staff had listened to a person’s request to be more involved in the administration of their medicines. This meant they stamped their own medicines record when staff signed the formal documentation. Staff spoke of the importance of empowering people to be involved in their day to day lives. For example, supporting and encouraging people to recognise personal goals. They explained that it was important that people were at the heart of planning their care and support needs. For example, how people wanted personal care delivered, such as a bath or shower.

People were encouraged to express their views and be actively involved in making decisions about their care, treatment and support. For example, we read and heard that care plans were developed with people and where appropriate family members. This was achieved through the use of a range of individual communication methods, including pictures, signs and symbols and face to face.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. We saw how staff were observant to people’s changing moods and responded appropriately. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Is the service responsive?

Our findings

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.

We read three people's care files, which gave information about their health and social care needs. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing. For instance, one person wanted to devise their weekly meal planner with staff support to ensure healthy eating and another wanted support to look after their own car.

Care files were kept in people's individual homes. They were not always organised in an orderly and easy to follow format. For example, both historical and current information were present which made it harder to see which information should be followed. However, staff said that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. They did not express any concerns about the files and were able to confirm that they knew what people's current needs were. We raised the issues with the care files to a member of the management team. They acknowledged that the files were in need of being reorganised and they would attend to this as a matter of importance.

Care files did include personal information and identified the relevant people involved in people's care, such as their social worker and GP. We saw that care files included

information about people's history, which provided a timeline of significant events which had impacted on them. We saw evidence of people's likes and dislikes being taken into account. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. Care plans were detailed. Alongside care plans, we found information and guidance was available for staff to refer to and understand how particular conditions affected people and how to manage specific situations, such as if someone had a seizure. Staff told us that they found both the care plans and additional information helpful and were able to refer to it at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people who use the service and people that matter to them to raise issues, concerns and compliments. This was achieved through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. We saw a copy of the complaints procedure, which was also available in an easy read format. It set out the procedure which would be followed by the provider and included contact details of the provider and the Care Quality Commission. Where a complaint had been made, there was evidence that it had been appropriately followed up by the management team, for example additional support and training for staff. People commented: "If I had any concerns or complaint I would talk to a member of staff" and "My carers respond well to issues and these are not left unresolved."

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: “We have monthly meetings where we are kept up to date on new information” and “The manager is always available and supportive. There is that personal touch.”

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. We saw meeting minutes which showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

Manager meetings occurred on a regular basis. These were an opportunity to exchange local and disseminate organisational information. Members of the management team recognised the importance of these meetings and how the information fed into local team meetings. This enabled staff at varying levels to remain up to date on issues which affected them directly and indirectly.

People’s views and suggestions were taken into account to improve the service. For example, people were asked their views about a new member of staff during their induction to ensure they were suitable to work with them. In addition, a newsletter had been developed which kept people up to date on changes both locally and nationally within Mencap.

We saw surveys had been completed by people using the service, relatives, health and social care professionals and staff. As a result an action plan had been developed to address any issues in line with the values and behaviours of the organisation. For example, we saw that the development of a team culture was seen as important, with staff feeling able to challenge each other to ensure people were receiving a service which met their individual needs. The organisation also ran an annual support worker day, where staff from across the region shared best practice stories and asked the management team any questions. We were told that the event had been so well received that it had been decided to run it twice a year as of 2015. This demonstrated that the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

Mencap stated their visions and values are centred around the people they support. One of the ways this was achieved is through ensuring they have a skilled workforce. We saw that staff members had completed or were working towards a specialised programme designed to support their career development within Mencap. The programme focuses on both theory and practical learning with the support of a mentor. The overall aim of developing up to date knowledge and skills in order to provide people with a service in line with current learning disability best practice.

We saw the organisation’s strategy for 2013 through to 2018. One of the key priorities was a campaign that promotes the rights of people with a learning disability to vote at the general election next year. The campaign encourages people to work together and get politicians to listen to what matters to people and their families. This showed that the organisation recognised the need to increase social inclusion for people with a learning disability.

We saw the service worked with other health and social care professionals in line with people’s specific needs. We saw that liaisons took place with the local authority and Care Quality Commission. People, their relatives and staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, the GP and epilepsy nurse. Regular medical reviews took place to ensure people’s current and changing needs were being met. A social worker commented how they felt able to feedback any concerns or comments and found a specific member of the management team good to work alongside.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. We looked at the incident records and we saw that actions had been taken in line with the organisation’s policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people’s plans of care and treatment, and liaison with the local authority where necessary. Staff confirmed they were aware of the organisation’s whistleblowing policy and the procedure in place if they felt they needed to raise concerns due to unresolved problems. They added that to

Is the service well-led?

date they had not had to follow the procedure because issues had been dealt with appropriately by the management team. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

We saw an audit was completed on a monthly basis. This was a tool used to assess the quality and safety of the service. A variety of approaches were used, including desktop reviews, visits to the service, attendance at team meetings, discussions with people, reviews of staff files and

reviews of paperwork. The audit was carried out at least every three months by the registered manager and sampled by a member of the organisation's quality team. For example, the audit reviewed people's care plans and risk assessments and staff training and support. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, we saw that these had been followed up. For example, care plans reviewed.