

Royal Mencap Society

Mencap Community Support

Inspection report

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Tel:

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 25 August 2015 and was announced. Our last scheduled inspection at this service took place in January 2014 when no breaches of legal requirements were identified.

Mencap Community Support Doncaster provides personal care to people living in their own homes. Support packages are flexible and based on individual needs.

The service had a registered manager in post at the time of our 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.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and spoke about them in staff meetings. We saw records which showed staff had received training in safeguarding people from abuse.

Summary of findings

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with a person's

care. We saw risk assessments had been devised to help minimise and monitor the risk.

The provider had appropriate arrangements in place to manage medicines. We looked at prescribed medication and medication records for five of the people that were supported by the service and found them to be correct.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they would speak to the registered manager if they needed any further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. We spoke with people who used the service and looked at their support plans and found people were involved in menu planning, shopping and preparation.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

On the day of our inspection we saw staff interacting with people. We saw staff supported people who used the service from a very professional and caring perspective. It was clear that the people who used the service had developed good and strong relationships with staff.

Interviews with members of the care staff supported the evidence that they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. All of the staff that were interviewed by us had a very good understanding of the individual needs of the people who used the service and also of how they chose to have their care delivered.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. Support plans clearly identified the area of support along with aims and objectives the person wanted to achieve.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

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.

The provider had appropriate arrangements in place to manage medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and spoke about them in staff meetings.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We found staff were available when people needed support. Staff were deployed based on the individual assessment and allocated hours given to each person.

The service had robust arrangements in place for recruiting staff.

Good



Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We observed staff working with people who used the service and spoke with nine staff, and found the service to be meeting the requirements of the DoLS.

People were supported to eat and drink sufficient to maintain a balanced diet. We spoke with people who used the service and looked at their support plans and found people were involved in menu planning, shopping and preparation.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



Is the service caring?

The service was caring.

We saw staff were aware of people's needs and the best ways to support them. Staff enabled people to remain independent and were very good at respecting people's privacy and dignity.

We saw care provided was very person centred and individualised to support people's needs. Plans of care were very flexible to allow for any changes in the persons behaviours, or needs.

The service worked with people to ensure their individual goals were met. The service had a strong person centred culture and helped people to express their views.

Outstanding



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

People told us about a variety of activities they were involved in including gardening, college courses, swimming and dancing. This was confirmed by talking to the care staff and looking at individuals care plans.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement.

Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

Good



Mencap Community Support

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

The inspection took place on the 25 August 2015 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting

domiciliary care agencies. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to

prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with eight people who used the service, and two relatives of people who used the service. We visited three supported living schemes.

We spoke with nine care workers, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement

Is the service safe?

Our findings

We spoke with people who used the service and they told us they were happy and felt safe.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and spoke about them in staff meetings. We saw records which showed staff had received training in safeguarding people from abuse.

The registered manager showed us a log of safeguarding incidents which had been reported to the local safeguarding team and to the Care Quality Commission. The log contained a section about lessons learned.

The provider had appropriate arrangements in place to manage medicines. We looked at prescribed medication and medication records for five of the people that were supported by the service. All the records we looked at were up to date and the administration had been accurately recorded. The service had recently introduced a new system of a second member of staff witnessing the administration of medication. This was introduced to minimise any risk of medication not being administered, or the wrong medication being administered to an individual. This process has improved their system and since its introduction there had not been any medication errors recorded.

All the medicines we saw were stored in locked cupboards in the room belonging to the person that the prescription was made for. The medication system also has a clear audit for ordering new stock and for returning unused medication to the pharmacy.

Support plans we looked at contained information about how the person liked to be supported to take their

medicines. Staff responsible for administration of medicines, did so following training and assessment of their competencies. This was undertaken on an annual basis.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to four staff and found the recruitment policy had been followed effectively.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. Staff were deployed based on the individual assessment and allocated hours given to each person. However, we spoke with the registered manager who told us if they needed more hours they would be in touch with the appropriate professionals to review the package of support.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw assessments had been devised to help minimise and monitor the risk. For example one person had a risk assessment in place for traveling. This required staff to ensure the wheelchair brakes were on while travelling. This showed that risks were managed.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they told us they thought the staff were competent and well trained to meet their or their family member's individual needs. One relative said, "I understand the training they (the care workers) get and how they support people, it is much better than where they were before."

We spoke with staff who told us they received good training which helped them to carry out their role effectively. One care worker said, "We get a lot of training to understand our roles." Another care worker said, "It's good to work here and there are opportunities to progress."

Staff we spoke with told us they received formal and informal supervision, and also attended staff meetings to discuss work practice and the support that they provided to people who used the service. We spoke with the registered manager and we saw that staff completed three annual work based competency tests. These were for finance, moving and handling and medication, and included an observation and questions about their role. This ensured that staff were competent to work in these areas.

Staff we spoke with confirmed that they had attended regular training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. This included adult safeguarding, DoLS, learning disability and challenging behaviour.

We saw certificates and a training matrix which confirmed training had taken place. We saw that each training session was followed by a course reflection, which was completed by the staff member. This was also discussed with their line manager and it was used to identify any training gaps.

We saw a computerised system which identified when staff were due to receive supervision sessions, appraisals and training. Staff each had a document called 'Shape your future.' This encompassed training, supervision and appraisal and was linked to what the staff member wanted to achieve.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to

report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We observed staff working with people who used the service and spoke with nine staff, and found the service to be meeting the requirements of the DoLS. The staff that were interviewed were very aware of safeguarding protocols and the DoLS, they could identify what was identified as possible liberty difficulties and stated that all these issues had been reported to the local authority to complete full assessments for DoLS for individuals who used the service. This included the use of lap belts on people's wheelchairs and access to and from their homes. We saw the documentation that supported this.

We looked at the care records belonging to ten people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example, we saw people had consented to the use of photographs on their care plans and evidence also identified that where people that used the service had limited capacity, their family or a representatives had been involved in their care plans.

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and looked at their support plans and found people were involved in menu planning, shopping and preparation. Some people required support from other professionals in relation to their dietary needs. Appropriate referrals had been made, for example one person had involvement from the Speech and Language Therapist as they had swallowing difficulties.

Where possible, the service encouraged people to prepare their own meals with any support that they required and people with more complex care needs could have their meals provided to them by the care staff.

People were supported to maintain good health, have access to healthcare services and received ongoing

Is the service effective?

healthcare support. People's care records showed that their day to day health needs were being met and people

had access to their own GP. Records identified that individuals also had access to the tissue viability nurse, hospital appointments and other professionals as necessary.



Is the service caring?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People who used the service and their relatives stated that the staff were 'very good' and had all the skills and knowledge to carry out their duties. A person that used the service said, "Staff are great, they take you out more than other places, they're the best staff ever, they help you to go on holiday." A relative said, "The care here is great and the staff are lovely and very caring."

On the day of our inspection we saw staff interacting with people. We saw staff supported people who used the service from a very professional and very caring prospective. It was clear that the people who used the service had developed good and strong relationships with the staff. A member of staff said, "We always work in the same area for most of the time. This means that the service users have consistent staff and that means that staff can look after people fully understanding their needs, likes and dislikes."

We looked at copies of ten people's assessments and care plans. They gave a clear picture of people's needs and identified the support that they required. The plans had been developed in a person-centred way. This included people's preferences about their likes and dislikes in relation to food and leisure activities. They also recognised the support that the individuals needed from their families and other professional services, including GP's and hospital specialists.

Interviews with members of the care staff supported the evidence that they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. All of the staff that were interviewed by us had a very good understanding of the individual needs of the people who used the service and also of how they chose to have their care delivered. The service had a strong person centred culture and helped people to express their views.

The service had developed a very supportive system to support individuals in the areas of sexuality and adult relationships. People were involved in choosing different living arrangements based on their expressed views. Recently two people who used the service had married with the support of the care staff and their own families.

In one of the supported living services we visited, an arrangement had been made for a second bathroom to be built to meet the needs of a person who had difficulty in sharing a bathroom with other people. In the period before the new en-suite bathroom was built the staff had identified positive approaches to working with the person, which included diversion and distraction, such as music and dance in the person's room with disco lights. when other people were using the bathroom. This reduced the person's anxiety and helped them to deal with the situation in the interim period.

Speaking with people who used the service, staff members, managers and family members provided us with evidence that people's quality of life had improved since receiving support from the service. The staff were dedicated to support people to meet their goals. This included people with complex needs who, with support from the staff, had become more independent with dressing themselves, taking their clothes to the laundry room and bring their clean clothes back to their own rooms the following morning. This had made a positive impact on one person and they had begun taking more interest in their personal appearance.

Another person struggled with anxiety and did not like going out. Staff worked with this person to try to ensure they did not miss out on opportunities in their life. They had noted that the person was keen on a particular television programme and had worked at taking the person to see where it was filmed. This was achieved and the person had progressed to enjoy going to other places. This had made a huge difference to the person's life.

These examples showed that staff were highly motivated and offered kind and compassionate support. This meant that care being provided was very person centred and individualised to each person's support needs. Staff knew people well and worked hard at overcoming any boundaries to ensure people lived as full a life as possible. Plans of care were very creative and flexible to allow for any changes in the person's behaviours, or needs. Plans were focused on reaching goals at the pace of the person they were supporting. Staff worked hard to ensure the person was at the centre of making decisions about their own life.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included areas such as healthcare, communication, personal hygiene, mobility and activities.

Support plans clearly identified the area of support along with aims and objectives the person wanted to achieve. For example, one support plan aim was to transfer the person comfortably by trained staff using the appropriate equipment. The plan indicated what equipment should be used and gave clear instructions for staff to follow.

We found that people's care and treatment was in general regularly reviewed to ensure it was up to date. There was one file out of ten that we saw where it was difficult to find that the care had recently been reviewed.

People had the opportunity to discuss their support plan, with staff, on a regular basis. This was to look at what went well over the past month and to set further goals. Staff we spoke with felt people were consulted about their plan and were able to contribute. One relative said, "The staff are very approachable and if I wanted to make any points I know that they would understand."

People told us about a variety of activities they were involved in including gardening, college courses, swimming

and dancing. This was confirmed by talking to the care staff and looking at individuals care plans. Tenants' meetings were held every month and people told us that they attend them so that the staff know how they felt about the services that they received. Staff also felt these meetings helped to identify how the service could improve what they offered to individuals

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively. We spoke with the registered manager who said, "We recognise and respect people's feedback and use comments to develop the service." The procedure was available in an 'easy read' version. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out.

The service kept a log of complaints received along with the actions taken and any lessons learned. For example, three complaints were received in January 2015 all identified poor communication. The service had taken action to address this and they now had a rota manager who had a specific role in ensuring support was covered and communicated to the relevant people.

We spoke with people who used the service and their relatives. One relative said, "The staff are always open to listen to you whether it's a concern, or just wanting to have your say."

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives about the management of the service. One relative said, “The management are very approachable and take notice of what you say, the staff understand everyone that they are working with.” Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of service managers who were responsible for the day to day running and management of the supported living schemes.

We saw audits had taken place to make sure policies and procedures were being followed. The service had an electronic system known as the ‘compliance confirmation tool’ (CCT). This was designed to monitor aspects of supporting people, staffing, systems and environment. Service managers were responsible for completing these audits and reporting their findings in the CCT. The system generated an action plan which the service managers were responsible for implementing. The registered manager was responsible for checking the CCT and visited each supported living service every 12 weeks. This was to check progress with the action plans and to confirm the accuracy of the reports.

The registered manager had a monthly accountability meeting with his line manager and held accountability meetings with each service manager.

There was evidence that people were consulted about the service provided. We saw that tenants’ meetings took place to discuss things such as meals, events, and concerns. We saw that their opinions about the service were sought and respected. In addition to this each person had a specific person centred review known as ‘What matters most.’ This was designed to identify what was important to each person and to capture outcomes for each person. Each supported living service then held a reflection event looking at all the outcomes and how they could be achieved.

The service had key values which were embedded in to all they did. These were about being inclusive, caring, trustworthy and positive. The staff programme, ‘Shape your future,’ gave staff the opportunity to look at the values and how they could be achieved in each service.

Staff meetings took place and staff were able to contribute ideas and suggestions to develop the service. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.