

Harpenden Mencap

# Harpenden Mencap Domiciliary 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

This inspection took place on 15 January 2019 and was announced.

Harpenden Mencap Domiciliary Service is a domiciliary care agency. The service provides personal care and support for 11 people with learning disabilities who lived in individual flats in a modern purpose built building. The service also provided support for six people who lived in the local community.

Not everyone using Harpenden Mencap Domiciliary Service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had been trained about safeguarding people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and managed in the least restrictive way possible. Enough staff were available to meet people's needs. People were supported to take their medicines safely. Staff had received training in infection control practices and personal protective equipment was provided for them. The management used incidents as a learning tool to help further ensure people's safety and wellbeing.

Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink enough to maintain their health and wellbeing. The staff and management team worked in partnership with external professionals and families to help ensure people's needs were identified and met.

People had a stable team of staff to support them which helped to ensure continuity and enabled people to form bonds with the staff. Staff understood the importance of promoting people's independence and respecting their dignity. People's care records were stored securely to help maintain their dignity and confidentiality.

People had been involved in developing care plans that addressed all areas of their lives. Staff were matched as far as possible with the people they supported in terms of gender, interests and skills. The registered manager had not received any concerns or complaints from people who used the service or their relatives in recent times but had appropriate processes in place to manage these.

There was a range of routine checks undertaken by the registered manager which were effective in

identifying shortfalls. The registered manager was committed to providing good care and support and demonstrated an in-depth knowledge of the staff they employed and people who used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Harpenden Mencap Domiciliary 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 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 15 January 2019, was announced and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We had not requested a provider information return (PIR) at the time of this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We visited the office location on 15 January 2019 to meet the registered manager and to review care records and policies and procedures. We spoke with three people who used the service and two staff members to gather their views about the support provided.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People felt safe receiving care and support from Harpenden Mencap Domiciliary Service. One person said, "I feel very safe, everything is locked at night and we have CCTV. It feels secure and it is important to feel secure."

Staff supported people to take positive risks. This helped to support and promote people's independence. For example, a person with speech difficulties wished to be independent and live their life the same as their peers. Staff supported the person, gradually enabling them to become more independent. The person was now able to go out freely on their own enjoying independence with shopping, banking and their social life.

Potential risks to people's health, well-being or safety were assessed and regularly reviewed. This included a person not being able to hear a fire alarm, people at risk from overspending leaving them not able to pay their monthly bills, people getting lost when out and about and road safety concerns. Risk assessments gave guidance on how to reduce or remove the risk elements and were kept under regular review to help ensure people's needs continued to be met.

Staff received training in safeguarding people from harm and were knowledgeable about the risks of abuse. Staff knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Some people who used the service attended training alongside staff and learned about the different types of abuse and safeguarding. One person told us, "Safeguarding training helps me understand how I should be treated and I know to talk to trusted staff and [name of registered manager] if I am worried about anything." This showed the provider had taken steps to identify the possibility of abuse and prevent it happening.

There were enough staff available to meet people's needs. Staffing levels were determined by the amount of support people wished to have and were funded for. Staff and people who used the service told us that there were enough staff deployed to meet their needs. A staff member told us, "We don't use agency [staff], people were clear they did not want us to. Luckily we retain enough part time and casual staff to cover for annual leave and sickness." A person who used the service told us, "No agency staff. I prefer it that way, you know who is doing your support."

Safe and effective recruitment practices helped ensure staff were of good character and physically and mentally fit for their roles. People were encouraged to be part of the interview process and express their opinion about the candidates. The registered manager told us, "It is important to put the right staff with people for the right reasons."

There was an on-call system for people to request help during the night when no staff were in the building. People were independent and knew how to deal with emergencies. The registered manager told us that in the event people could not phone for help during the night they only had to use their call button which would alert staff living nearby. People said they were comfortable with this arrangement and gave us examples of when they would call for support.

People were supported to take their medicines independently. People requested their own prescriptions and staff supported them to take their medicines at the correct time. People's capacity to take their own medicines was regularly assessed and reviewed by staff who had been trained in safe administration of medicines as a precautionary measure in case people needed additional support at any time. A person told us, "I do my own medicines. Staff used to help me but they don't need to now. I can always ask for help if I need it."

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management used incidents as a learning tool to help ensure people's future safety and wellbeing. For example, a person was fearful and needed staff support to enable them to access health professionals. An incident occurred where staff arrived to support the person to an early morning health appointment to find they had left the house and were nowhere to be found. This meant the person missed their health appointment. To address this, future health appointments were scheduled for later in the day and staff set off early to spend time with the person prior to the appointment. This resulted in the person attending further health appointments as planned.

The fire precautions in place were suitable to keep people safe. For example, a person who was hard of hearing had a device they slept with under their pillow that would vibrate if the fire alarm sounded. A person told us, "In the event of a fire I have to walk down the stairs and wait outside."

## Is the service effective?

### Our findings

People were positive about the skills, experience and abilities of staff who supported them. People told us they appreciated the support provided which enabled them to live as they wished to. One person said, "I really like the staff here, they know what they are doing and are good and kind. I can do what I want without any restrictions."

Newly employed staff completed an induction programme during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. This helped to ensure staff were skilled and able to carry out their job roles effectively.

Staff received training and regular updates in areas such as moving and handling, food hygiene, medicines, first aid and safeguarding. The registered manager was aware that further training may be needed for staff as people's health conditions deteriorated as part of the ageing process.

Staff told us they felt supported by the management team and were able to have their say about any concerns they had and how the service operated. Staff attended regular meetings and discussed issues that were important to them together with regular face to face supervisions and annual appraisals where they discussed their performance and future development. One staff member told us, "The registered manager is very supportive both work wise and outside work. We can always go to them for advice and guidance if needed."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack 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. Where they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working in line with the principles of the MCA. People told us staff always asked their consent to the support they received. The registered manager said, "We give people the information they need at a level they can understand. Simple choices wherever possible."

Staff helped people to buy groceries and cook their own meals. Staff were knowledgeable about people's nutritional needs and the registered manager told us of an instance where staff had noted a person had lost weight. They had supported the person to see their GP and a dietician, an eating plan had been developed and the person had regained some weight and was eating healthily. One person told us, "I do a menu plan and a shopping list. Staff help me to do the shopping and will sometimes help me to cook if I need them to."

People received care and support to meet their healthcare needs in a safe and effective way including annual health checks, GP, dentist, optician and chiropodist appointments. Staff were knowledgeable about people's health and welfare needs. One person told us, "I have a purple folder that has information about my health. I take it to appointments with me." Another person said, "I make my own health appointments. If it is really important staff will come with me."



## Is the service caring?

### Our findings

People were supported in a kind and compassionate way by staff who knew them well. One person told us, "Staff are kind and caring, nothing is too much trouble for them." Another person said, Staff are excellent. They always come in on time and help me a lot."

Staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. They had developed positive and caring relationships with people they supported. One person told us, "I have known [staff name] for a long time, we get on well. We have been to a spa together a few times."

It was clear that staff had talked with people about their care and support needs and had involved them in decisions about how their needs would be met in the best way for the individuals. One person showed us their care plan and said, "I sat with staff and we made my care plan so that we know all my needs are met. We go through it every month together to make sure nothing has changed."

Each person had a key worker who was responsible for ensuring that the care plans were updated to reflect people's changing needs and personal circumstances. The management and staff team provided regular updates for people's relatives and consulted them about their progress and developments where appropriate to do so.

Staff said they would access independent advocacy services if people needed somebody to represent them. (Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights. Someone who helps you in this way is called your advocate.) However, the registered manager told us that people had their own self advocacy group. The group had initially been set up by a care worker from a sister service, the group had flourished and now ran smoothly independently.

The staff and management team maintained people's confidentiality and promoted their privacy. Information held about people's health, support needs and medical histories was kept secure.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took account of their background, history and personal circumstances. People's support plans provided detailed information and guidance for staff about how to care for people in a person centred way, based on their preferences and individual health and social care needs. This included information about people's preferred routines, preferred communication, relationships that were important to them and the support people needed for preferred activities.

Each person had a plan for each day of the week and what this meant for them. This included when people liked to get up, their breakfast routine, their personal hygiene support needs, activities and appointments.

People told us the support provided was person centred and met their needs. One person told us that when they had needed to go into hospital for an operation a staff member had accompanied them to all appointments. The staff member accompanied them to hospital on the day of the operation and took them home again the next day. The person said, "I was anxious and it really helped me, I thought that was very nice."

Opportunities for meaningful activity and engagement were provided for people both at their home and out in the community. For example, one person told us they attended athletics training, went to a healthy eating and weight management group, went for lunch with neighbours, attended social clubs and did some voluntary work which they were proud of.

People were helped to plan holidays. The registered manager told us that some people had said they wanted to take holidays independent of staff support. The first year staff went with them to provide support if needed but now the people went independently and kept in touch with staff by phone to promote their safety.

People were consulted and updated about the services provided and were encouraged to provide feedback about how the service operated. For example, regular meetings were held for people to talk about anything they wished in relation to how the service operated. People frequently stopped by the registered manager's office to chat with them informally and told us they found the registered manager to be always very approachable.

The provider had a complaints policy and procedure to help ensure people would be able to raise anything that concerned them. The registered manager advised that there had not been any complaints raised with them in recent times. The registered manager had developed a 'Grumble' book to capture any minor dissatisfaction however, there was little recorded. People told us they did not have any issues of concern. One person said, "I have never had to make a complaint. I would go to [name of registered manager] and then I could contact [name of Director of Service] if that wasn't enough." The person went on to say, "There is nothing to improve here though, it is really good here."

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and relatives were all positive about how the home was run. Staff and people complimented the management team saying that they were supportive and well organised. One person told us, "[Name of registered manager] is a very good manager." A staff member told us, "It is a well run service, we are all supported both in work and out of work."

The management and staff were knowledgeable about the people who used the service, their needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "We have such a stable staff team which I think is the key. We get to know people really well."

Staff felt valued by the provider organisation. Staff told us they had received a Christmas gift from the provider which they appreciated and made the whole team feel valued.

The registered manager worked with other organisations to create opportunities for people to try different leisure activities. These included a care providers association, health professionals, day care services and work placements.

The registered manager carried out regular checks and audits in a number of key areas, for example health and safety, staffing, supervisions and support plans. These checks ensured any issues identified were actioned and completed in a timely manner to confirm the service was safe. Records were kept up to date and reflected the support people needed and received.

The registered manager encouraged and valued feedback from people. A local care provider association had carried out a survey on behalf of the provider and gathered feedback from various groups; people using the service, relatives, visitors, social and health care professionals. The registered manager advised that responses had now been received and they were awaiting the report to assess if any actions were needed.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.