

Royal Mencap Society

Mencap - Dorset Support 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

About the service

Mencap Dorset Support Service is a supported living service. The agency specialises in providing personal care and support for people with a learning disability or mental health condition living in the community. The service was currently supporting eight people receiving a regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was providing support with personal care to eight people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they felt safe, happy and well cared for by Mencap Dorset Support Service. Relatives spoke positively about the care their family members received and the difference it had made to their lives. Staff knew what signs and symptoms could indicate people are experiencing harm or abuse. Staff felt confident management would listen and act if they raised concerns.

The service had robust recruitment processes to ensure people were supported by staff with the necessary skills, experience and character. There were enough staff to keep people safe and meet their individual needs. Staff had a good understanding of people's individual risks and how they could work with them to minimise the risks.

People were supported by staff who had received mandatory and specialist training to help them meet their diverse and changing needs. Staff said the training was good. Staff competency was monitored on an ongoing basis through formal observations, supervision and performance appraisals.

People's support needs, abilities and desired outcomes were identified, assessed and monitored in personalised care plans. People's needs were reviewed with their involvement. When required, staff ensured people had timely access to healthcare services in order to maintain their health and wellbeing. This included GPs, physiotherapists, diabetic nurses and dentists. Relatives told us they were listened to and involved.

The service consistently applied the principles and values of Registering the Right Support and other best

practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. One person told us, "You can choose what you wear, who you go out with, you're not restricted here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people there. This provides protection for people who do not have capacity to make decisions for themselves. Staff consistently sought people's consent before offering to support them with their daily lives.

Staff treated people with respect and kindness. Interactions were warm, natural and punctuated with appropriate humour. Staff had been given time to get to know people well including how they wished to spend their time, who they wanted to spend time with and their preferred means of communication. People's right to privacy and dignity was respected at all times.

People were encouraged and supported to maintain relationships with relatives and friends and be active participants in their local community. People were encouraged and supported to engage in meaningful activities that matched their tastes and abilities. This enabled people to lead full and active lives. Activities included supported holidays abroad, gardening, quiet time, day services, volunteering, painting and attending sporting events.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff had created opportunities for people to maximise their independence and life skills. This had enabled people to develop their confidence and embrace new challenges.

Staff told us they enjoyed their jobs and felt supported by their colleagues and the management. One staff member expressed, "The other staff are great to work with. They all really care about the people." Quarterly engagement days were held to give staff an opportunity to speak with area and regional managers and share their views about the service.

A range of audits and checks helped ensure service quality was maintained and areas for improvement identified. In addition, annual surveys and reflective events were undertaken to determine what the service was doing well and where it could make improvements. Feedback was analysed and used to create service action plans.

Staff felt recognised and praised. The registered manager said, "I'm proud of my staff team and the work we do, [and also] the adaptability and flexibility of the staff and managers." Equality and diversity was actively considered for people and staff. Reasonable adjustments had been made to support staff with health conditions, family and study commitments. This was helping to ensure retention of staff and consistency of care for people supported by the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mencap - Dorset Support Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 January 2020 and ended on 17 January 2020.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also contacted commissioners and a local authority safeguarding team for information. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We also spoke with five members of staff including the registered manager, service manager and three support workers.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including quality assurance audits, supervision matrix and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us additional information on request including: a service action plan, two positive case studies, staff meeting minutes and a business continuity plan. We spoke with three relatives by telephone about their experience of the care provided. We contacted one professional for feedback but did not receive a response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported by staff who have a good understanding of the signs and symptoms that could indicate they are experiencing harm and abuse. People told us they felt safe and well supported. A relative told us, "I absolutely feel [name] is safe."
- People had personalised risk assessments which detailed clear control measures and guidance to help keep them safe. These covered areas of their lives including dietary intake, swallowing, accessing the community, exposure to the sun and managing specific health conditions such as diabetes.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.
- The property was owned and managed by a local housing association. We saw evidence that timely referrals were made when issues arose with the property, such as the need for repair, refurbishment or decoration.
- Accidents, incidents and near misses were recorded appropriately and analysed to identify trends. All analysis was done by the registered manager. Learning was shared with the provider, staff and the people affected to help prevent a re-occurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. On occasions people required an increase in staff support hours timely discussions took place with local authority commissioners.
- Staff told us they were given enough time to read people's care plans and get to know them well. Our observations confirmed people were supported by staff who were attentive and unrushed. A staff member said, "We are given time to read the care plans and we always have enough time to get to know [the people]."
- There was a robust recruitment and selection process. Recruitment processes helped ensure people were supported by staff who had undergone background checks and who had the necessary skills, experience and good character.
- Staff rotas were compiled in a way that ensured people received their assessed hours of support. In the event of staff sickness or annual leave the service had the option of using relief staff. Management told us they do not use agency staff. This meant people were supported by a consistent group of staff that understood and could meet their needs. A relative expressed, "We have a good team [of staff] and have had them for years."

Using medicines safely

- Medicines were managed and administered as prescribed. People's medicines administration records were complete and legible and included details of allergies.
- Medicines were stored safely in locked cabinets in people's rooms. Daily temperatures were taken and recorded to ensure medicines stayed within temperatures that did not affect their effectiveness.
- People were supported with their medicines by staff who had received the necessary training and competency assessments. People were supported and encouraged to be as involved with their medicines as possible.
- Where people were prescribed medicines that they only needed to take occasionally (referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. On occasions where these types of medicines were not having a positive effect staff contacted the person's GP for a review.
- The service worked in partnership with local GPs and consultants to regularly review people's medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

Preventing and controlling infection

- Staff understood their responsibilities in this area and told us they had a plentiful supply of personal protective equipment such as gloves and aprons.
- People lived in environments that were visibly clean. People were encouraged to clean their bedrooms to help maintain their independence and had decided to employ a cleaner to keep communal areas clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a comprehensive pre-assessment which supported their move to the service. This captured their needs, abilities, preferences, desired outcomes and, where people lived in shared accommodation, the potential impact they could have on other people currently supported by the service. Where compatibility issues arose, the service sought timely input from relevant health and social care professionals.
- People had a key worker who spent time with them to help ensure their needs were identified and met.
- Care and support was planned and delivered in line with current legislation and good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a comprehensive induction which included shadowing more experienced staff and practical observations by management. A staff member told us, "It gave me a good grasp of the service and people." Another staff member said, "It was great. I shadowed fully qualified staff."
- Staff received training which enabled them to meet people's diverse needs with competency and with confidence. Training included: safeguarding adults, moving and handling, maintaining dignity, food hygiene, medicines and fire safety. A staff member expressed, "Training is very good." A relative said, "The staff are very committed and competent in what they do. They have an in-built common sense."
- Staff received supervision and performance appraisals which provided opportunity for reflection on their practice, people's changing needs and professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in line with their identified eating and drinking needs. People were encouraged to have a healthy and varied diet. Everyone had the opportunity to prepare and cook for other people if they wished to.
- An area of the garden had been set aside to grow vegetables with these then used as ingredients in people's meals.
- People chose whether they ate alone or with others and had free access to a kitchen where they could make themselves snacks and drinks. We observed people using this independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who understood the importance of timely liaison with health and social care professionals to help maintain people's health and wellbeing. For one person, this had meant they now had a new, more comfortable catheter which enabled them to return to day services. Another person had

muscle weakness and was being encouraged to use an exercise bike to help improve their strength and mobility.

- People were supported with visits to and from healthcare services such as GP surgeries, speech and language therapists, dentists, diabetic nurses and opticians. Each person received an annual health check from their GP. One person had been supported and reassured by staff to the extent they accepted the need for an operation on their cataracts. This had resulted in the person no longer needing to wear glasses.
- Staff encouraged and supported people to maintain their oral health. This included promoting regular brushing with prescribed toothpaste, check-ups and choices around healthier foods and drinks. A staff member commented, "A couple of people have a very sweet tooth but have capacity [to decide]. They all go to the dentist regularly."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in the MCA and demonstrated a good understanding of how it applied when supporting people. One staff member explained, "If someone makes a bad decision it doesn't mean they don't have capacity. We can all make bad choices. We're here just to guide people."
- People had decision specific mental capacity assessments. Best interest meetings had taken place where people were deemed to lack capacity. This included for decisions around personal care, medicines and urgent dental treatment. Best interest's paperwork was being improved to make it clearer who had been involved in these meetings.
- Each person at the service had their finances managed by the Court of Protection. Applications made to this body had been authorised.
- The registered manager told us no one receiving a regulated activity was being deprived of their liberty at the time of our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect and kindness. Interactions were warm, natural and punctuated with appropriate humour; often initiated by people. People told us staff treated them well. One person said, "It's nice here because it's happy. Staff make it happy." Another person said, "I enjoy it here." Relatives told us the staff were kind and that they felt their family members were well cared for. One relative expressed, "Oh my gosh, [name]'s definitely looked after there. It's peace of mind that [name]'s well looked after. [Name] loves it there!" Another said, "[Name] has some nice people looking after [name]. They [staff] are kind and caring."
- Staff knew people well and understood how to support their emotional needs for example around trying new activities, dealing with health issues and providing support with medicines.
- People's bedrooms were personalised with their belongings, such as furniture, fish tanks, family photographs and items with sentimental value to help them feel at home. Bedrooms were decorated in a way that reflected their gender, age and interests. People showed us their bedrooms, which they held a key for, and told us they had been involved in choosing the layout and the decoration. A relative said, "They told [name] from the start that [name] could decorate [name's] own room."
- People were encouraged and supported to express their individuality and be comfortable with who they are and how they preferred to live their lives. This included how this related to their gender, sexual orientation or how they wished to dress or spend their time. One person's plan noted, 'I like my own quiet time alone in my room or in the garden when the weather is good.'

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and make decisions about the care and support they received. Relatives were included in these decisions where appropriate including where people had given informed consent. One person said, "The staff listen to me perfectly alright."
- People had access to a local independent advocacy service. This ensured people who required or wished to have an independent representative to speak on their behalf had this option.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's right to privacy and dignity. Care plans and our observations confirmed this approach was taken at the service.
- People were encouraged and supported to be as independent as possible and develop new skills. Care plans identified people's abilities, interests and aspirations. One person told us, "You can do whatever you want here. I might have a pint at the pub later." Another person said, "You can choose what you wear, who

you go out with, you're not restricted here."

- People were supported to maintain their interests and develop new life skills. For example, over a period of time, staff had helped a person reach their goal of attending sporting events and concerts. The approach taken by staff had helped the person steadily build their social skills and confidence. A staff member said, "Our job is to empower people, not de-skill them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although people's care plans were very detailed, and person centred they had not always been regularly reviewed. We spoke to the registered manager and service manager about this. They immediately scheduled a review meeting for the key worker and the person concerned. There had been no impact on the person.
- People's plans were written in a respectful way and from their perspective. Plans included what people were great at, what they needed support with, what they sometimes found difficult and what was important to them. One person's plan noted, 'It is important to me that I show people around my house. It's the first time I've had my own home and I'm proud of it.'
- Relatives spoke positively about the service their family members received. Comments included: "We've been very happy with the support. It's been great. They [staff] are very care centred" and, "[Name] is doing rather well. [Name] is really enjoying life. I think staff have brought [name] back to where [name] used to be."
- Relatives told us they felt consulted and involved. One relative said, "We have reviews here and I make the coffee." Another relative commented, "I come down for the reviews and I definitely feel listened to. Everything I have brought up they [staff] have taken note of."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their support plans and known by staff. Barriers to communication were known and staff worked with each person to minimise these. One person's plan noted, 'When I am happy I may play act and do funny gestures and noises. If I am in a good mood this is a good time for me to phone [name of relative] for a chat.' A staff member told us, "[Name] speaks in a whisper so you need to get up close." We observed staff practicing in the ways outlined in people's plans.
- People's preferred methods of communication were shared with health and social care professionals when required using communication and hospital passports.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain contact with those important to them including family and friends. Events were held which encouraged people to socialise. The garden was refurbished in 2018 which provided a safe space for relaxation and enjoyment.

- Staff had supported people and their relatives to identify personal goals and aspirations and actions needed to achieve these. This had included helping a person feel more confident in crowded public places and, for another person, a trip of a lifetime to New Zealand.
- Staff supported people to enjoy a wide range of activities both in the home and the community. People did activities that reflected their interests. This included painting, day services, gym, arts and crafts, holidays, BBQs, going to the pub, volunteering at a stable and attending sporting events.

Improving care quality in response to complaints or concerns

- The service had a complaints policy with an easy read version displayed for people to look at should they wish to raise a concern. People said they would speak to the staff or a manager if they wanted to complain. One person expressed, "I feel staff would help if I was concerned."
- There were no live complaints at the time of our inspection.

End of life care and support

- The service did not currently support any person with end of life care needs. However, staff had supported people to explore their advance care wishes where they wished to.
- Where people had expressed a wish to their easy read end of life plan included details such as who they would like to visit them when ill, who they would like invited to their funeral and what they wanted placed on their coffin to represent their interests, achievements and people close to them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although regular audits were carried out covering areas such as people's finances, support plans and medicines they had not identified the issue we found with one person's plan not being regularly reviewed. When we raised this with the management they immediately put an action plan in place to give improved oversight.
- The service culture was relaxed and friendly atmosphere with staff consistently working alongside people to empower them and help them reach their potential. One staff member told us, "I love working here."
- Staff told us they enjoyed their jobs and felt supported by colleagues, the registered manager and service manager. One staff member said, "The other staff are great to work with. They all really care about the people. I enjoy my job." Another staff member said, "[Name of service manager] is open, honest and very flexible. [Name of service manager] manages staff well, deals with staff brilliantly." The service manager told us, "I feel supported by [name of registered manager]. [Name of registered manager] does a very good job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff understood their roles and responsibilities. There were clear descriptions of expectations and 'what good looks like.' Leadership training was promoted to staff. One staff member confirmed this when telling us, "I'm doing a management training programme that [name of service manager] put me on."
- Staff felt recognised and praised. Records confirmed this. Notes from a staff meeting stated, 'It is important to recognise the great work you've all done with [name] and supporting the other people here.' The service manager told us, "I'm very proud of my staff team. I think they're brilliant and work extremely hard." The registered manager said, "I'm proud of my staff team and the work we do, [and also] the adaptability and flexibility of the staff and managers." A staff member commented, "They are always complimenting us on what we do. We can nominate colleagues for recognition certificates via Mencap's [internal social media platform]."
- The registered manager said they felt supported by the service manager, operations director and regular meetings and email communication with the regional manager. In addition, the registered manager told us they regularly met with other registered managers within and external to Mencap where guest speakers delivered sessions on care industry developments.
- All required notifications had been sent to external agencies such as the local authority safeguarding team

and the CQC. This is a legal requirement.

- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be, "Open, honest and transparent in every aspect of our work. We have to explain what has gone wrong, what we are doing to put it right and prevent it happening again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual surveys and reflective events were undertaken to determine what the service was doing well and where it could make improvements. The most recent reflective event had been attended by people, staff, friends, family members, personal assistants and the registered manager. It had been used as an opportunity to recognise and celebrate people's achievements.
- Individual meetings were held with people to obtain their views on the service they received. These views were then incorporated within service action plans.
- Area and regional operations managers held quarterly engagement days with staff and used a range of social media platforms to communicate with them directly. There was an emphasis on senior managers talking to all staff on service visits to provide meaningful engagement and an opportunity for staff to contribute to service decisions.
- Where staff had disclosed issues with their health, personal circumstances, or were undertaking a course of study the service had made reasonable adjustments by providing flexible and family friendly working arrangements that supported their needs at this time.
- The service worked in partnership with other agencies to provide good care and treatment to people. This included establishing and maintaining good working relationships with community nurses, GPs and day service staff.