Royal Mencap Society

Mencap North East (Durham,Gateshead,Darlington,Northumberland South & South Tyneside) DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding ☆
Is the service caring?	Good
Is the service responsive?	Good

Is the service well-led?	Good

Summary of findings

Overall summary

Mencap North East (Durham, Gateshead, Darlington, Northumberland South and South Tyneside) is regulated to provide personal care and support to adults with learning disabilities living in their own homes. Some people lived in their own individual home and some in 'supported living' settings, so that they could live in their own home 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. Not everyone using Mencap receives 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 take into account any wider social care provided. At the time of inspection there were 60 people using the service.

At our last inspection 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.

There were two registered managers in place who had worked together for over ten years and demonstrated strong oversight of the service. 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 were protected from harm by staff who were aware of the risks they face. These risks were individualised, well documented and assessed, with clear preventative plans in place.

There were no concerns regarding the safety of the service raised by relatives or external professionals. Clear protocols were in place for when staff encountered problems out of hours or when a support visit was missed.

Medicines and finances were managed safely, with all staff receiving appropriate training and annual competency assessments, as well as audits by the provider's quality assurance team.

Specific training was implemented as a result of national audits which identified areas where people who used the service may be at particular risk, for example choking.

Where incidents or accidents occurred, the registered managers ensured lessons were learned and appropriate action taken to improve the service in future.

All staff were passionate about people who used the service getting access to the health care they needed and achieving outstanding quality of life outcomes. People who used the service and their relatives provided unanimously exceptional feedback about how staff helped them stay healthy. We saw consistent evidence of significant improvements in people's health and wellbeing thanks to the support of staff.

Technology was embraced to ensure people and their relatives could play as full a role in the planning and delivery of their care as possible. Outcomes included relatives abroad being involved in weekly discussions, where previously they had felt isolated, and people using devices that enabled them to more fully engage in conversations.

People's nutrition was prioritised by staff who regularly found inventive ways to ensure people could improve their health and wellbeing through healthy eating. People who wanted to lose weight had done so and people who were at risk of malnutrition were supported successfully to regain weight. Where people had particular religious beliefs in relation to food, staff spent additional time becoming knowledgeable in this area to ensure they were respectful at all times.

Staff were extremely well supported by way of a comprehensive array of training the provider considered mandatory as well as regular supervision meetings with the line manager. The registered managers embraced new training which was based on recognised best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Best interest decision making adhered to the Mental Capacity Act 2005 (MCA) code of practice and the need for consent was embedded in the culture. Staff used the principles of the MCA to ensure people's best interests were supported fully and without restriction. We found these assessments have been completed to a high standard and were extremely person-centred.

People received support from familiar and consistent staff they had built strong relationships with. People who used the service and relatives consistently praised the caring and positive attitudes of staff.

Staff respected people's religious and cultural beliefs and valued their individuality.

People were supported and encouraged to pursue a range of activities meaningful to them. Staff were proactive in supporting people to socialise more and achieve goals such as trying new sports and attending further education.

Reviews, surveys and tenant meetings were in place to ensure people who used the service had a voice in the planning and delivery of their care.

Care files were detailed and, whilst on occasion needed updating in relation to people's planned goals and achievements, were person-centred.

Complaints procedures were easily accessible and all people who used the service and their relatives knew how to raise concerns.

The registered managers led the service well, ensuring staff were well equipped to provide high standards of care to people. The provider had in place a range of national auditing and training frameworks, which the registered managers accessed for the benefit of staff and, ultimately, people who used the service.

Local oversight of the service was strong with all staff praising immediate line managers and the registered managers. Morale was high and the culture was focussed on ensuring people could achieve outstanding health and wellbeing outcomes as independently as possible.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has improved to Outstanding.	**Outstanding** ☆
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 10 and 11 July 2018 and made further phone calls on 13 and 16 July 2018. The inspection was announced. Because staff and people were often out in the local community, we gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our

inspection.

During the inspection we spoke with five people who used the service and seven relatives. We observed interactions between staff and people and spoke with 11 members of staff: the two registered managers, four service managers, four support workers and an administration assistant. We looked at five people's care plans, risk assessments, medicines records, staff training and recruitment documentation and quality assurance systems. Following the inspection we contacted a further three external health and social care professionals.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

All people who used the service we spoke with confirmed they were made to feel safe by staff, who never rushed them and ensured they were well looked after. People told us, "The staff are great, no problems," and, "They always look out for you." Relatives told us, "They are well looked after – I have no concerns at all," and, "They are happy in themselves and staff keep it that way – they feel comfortable." External professionals raised no concerns about the safety of people who used the service.

Staff kept people safe by adhering to well documented risk assessments regarding particular areas of risk people might face, for example choking or falls. When we spoke with staff they demonstrated a strong awareness of these risks. We saw assessments and plans were up to date. When incidents occurred, staff responded appropriately and the provider ensured lessons were learned. For instance, after an incident whereby someone had food lodged in their throat, after making the person safe, staff reflected on what more could be done to reduce such risks, and sought further involvement from the Speech and Language Therapy (SALT) team.

The provider was also delivering additional training specifically to increase staff awareness of particular areas of risk, for example Sudden Unexpected Death in Epilepsy (SUDEP) and Positive Behaviour Support (PBS) training. PBS is a means of supporting people who display or are at risk of displaying behaviours which challenge, through understanding the reasons behind such behaviours and planning better quality of life outcomes with them.

Safeguarding training was in place and all staff were aware of their safeguarding responsibilities. Service managers were on call should staff have concerns out of hours, and staff confirmed this system worked well. Safeguarding incidents were promptly acted on and reported to the relevant agencies, with a register in place so that the registered managers could identify any trends. The same was in place for other incidents and accidents.

Medicines were safely managed with appropriate training in place and annual competency assessments of staff. We found no errors in the medicines administration records and people's support plans accurately described the medicines they required. Some plans regarding medicines to be taken 'when required' needed updating and we fed this back to the registered managers.

Pre-employment checks continued to be in place, for example Disclosure and Barring Service (DBS) checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults.

Staffing levels were appropriate to the needs of people who used the service and the rota was well planned by service managers. There was a contingency plan in place for a missed call but people we spoke with confirmed they had never experienced this.

Outstanding ☆

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service had improved, specifically with regard to helping people achieve excellent quality of life outcomes. The service has improved to Outstanding in relation to this key question.

Staff worked creatively to encourage a healthy approach to eating and diet. For instance, one person wanted to lose weight but was reluctant to join a slimming club. A member of staff offered to join the club with them in order that they felt supported. This proved extremely successful, with the person losing weight and the bond between the staff member and them strengthened. Another person had an extremely limited diet when staff began supporting them and was at risk of malnutrition and self-neglect. Staff gradually increased the range of options they would offer the person, based on their known previous preferences and within a carefully managed weekly timetable, and encouraged them to improve their diet. This was in conjunction with supporting them with all aspects of their wellbeing and the person was enjoying three varied meals a day at the time of our inspection. Their relative told us, "It's absolutely brilliant what they've done. The improvements in the last year have been amazing and [person] has flourished. [Person] is a different person healthwise and so much more relaxed in themselves. The fact it's all planned as part of a timetable has really helped." This demonstrated staff were committed to helping people achieve exceptional quality of life outcomes.

Religious preferences with regard to nutrition were well understood and proactively embraced by staff. For example, two new staff ensured they understood the date and relevance of a particular religious festival and associated ceremony. They set up the person's dining room, with their involvement, to ensure they could celebrate the festival in the appropriate manner. Likewise, they adhered to the food preparation requirements of the person's religious belief. A social care professional who had worked with the service for 18 months stated, "[Person's] parents especially are overjoyed with the support in place and the lengths which staff have gone to help them, and to learn about their specific cultural needs. [Person] has repeatedly stated how happy they are with the support - their new flat and more freedom is exactly what they wanted." Where other care provider's had failed in the past, Mencap staff successfully enabled this person to move from a long-term hospital stay into an independent living environment, whilst always respecting the thing most important to them, their religious beliefs."

The 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.

We checked whether the service was working within the principles of the MCA, and saw evidence of consent being sought throughout the inspection and also in care planning documentation. Consent and autonomy was clearly embedded as part of all care reviews and people were as fully involved as they were able. Where best interest decisions were made, these demonstrated full involvement by those who knew the person's needs and preferences best, and also comprehensively assessed the possible benefits and risks of taking a

particular decision for someone in their best interests. For instance, one person had previously displayed a keen interest in getting a dog. Staff had raised the possibility of supporting the person to get their own pet.

Staff worked exceptionally well with external agencies and family during this process to ensure all risks and potential benefits were considered, and the person's best interests could be acted upon. The outcome was the person now had a dog which they relished looking after. Their relative told us, "It's made a huge difference to them – they have an outlet and much more independence. They were quite bad at one point but they are so relaxed now. I was amazed." They now walked the dog regularly, which had led to them feeling more physically able and independent. All best interests decisions we reviewed were in line with the MCA Code of Practice (2007).

We found people were achieving some outstanding health and wellbeing outcomes thanks to the support they received from extremely well trained, well supported staff. For instance, one person had returned home from hospital with significant health problems, including weight loss. This person had since put on a stone in weight with the support of staff and was no longer distressed by the need to have meals via a Percutaneous Endoscopic Gastronomy (PEG) tube. A PEG is a tube inserted into the stomach through the abdominal wall when oral food intake is not possible. Staff received specific training in this area of care and had helped the person regain weight as well as become more confident in their environment. Given the person could no longer enjoy meals orally, and this was an ongoing source of anxiety, staff ensured they did not eat in front of the person or cook meals, instead having meal breaks in the sleepover room.

One person had previously loved to smoke but, due to the risk of choking and previous medical interventions, could no longer do so. Staff involved them, their relative and healthcare professionals in exploring the best and least restrictive way to help them. The solution was a low-vapour e-cigarette, which minimised any risk to the person but enabled them to enjoy something they had always done. We visited them and they told us they enjoyed using the e-cigarette. They now enjoyed sitting outside and 'smoking' in the sunshine, where previously they had got increasingly anxious due to cravings.

Staff embraced technology to ensure people who used the service and their relatives could be fully involved in the planning and delivery of their care. For instance, one relative who lived abroad told us how they attended review meetings by Skype. They said, "Given the distances involved I can honestly say that I now am more involved with their life and better informed that I have ever been in the past. This has been possible because we now live in the digital age. I have a regular weekly meeting with [person] and the staff to discuss how they have been doing and what the plans are coming up. Given [person] is not a talkative person my time with the staff and being able to actually see them assists me greatly." This meant staff ensured one person, who was not vocal in their wishes and preferences, was regularly supported by a family member who lived abroad through the use of technology. One outcome that positively impacted on their wellbeing was the decision to by a Motability car. They and their relative discussed this with staff at length before they decided it was what they wanted to do. They now go on various outings in the car, the use of which has improved their independence and wellbeing.

One person had previously used an iPad to help them communicate. This required them to type each letter of a word and they found it too time consuming to be effective. They also found it difficult to hold the iPad. Staff liaised with the Speech and Language (Team) team and another specialist. The person was now trialling a device the size of a mobile phone, which they felt was much more accessible. This system also allowed them to pre-populate the system with favourite words and phrases, which would save them time when communicating. The impacts of this new technology were yet to be established but staff hoped it would make communication more immediate and less frustrating.

Sometimes staff contributed significantly to helping people overcome significant challenges to their wellbeing. Sometimes staff found solutions to smaller problems that had a significant positive impact on people's wellbeing. For instance, staff had noticed a person hiding their medicine rather than taking it. They explored this with the person, who disclosed they did not like the colour. With their permission, staff liaised with the pharmacy to see if the medicine was available in the person's favourite colour, which, after some follow-up from staff, proved to be the case. The person was now taking the medicine with no concerns.

People and their relatives were encouraged to be involved in their own care planning and review. Each person had an annual health check planned, a health action plan and a hospital passport in place. The provider had recently launched the 'Treat Me Well' campaign nationally to try and improve the experiences of people with learning disabilities who go to hospital. Staff were keenly aware of the campaign and demonstrated they already actively spoken up for people who used the service when supporting them to health appointments, for instance in circumstances where a healthcare professional had asked them rather than the person using the service about their wellbeing. This was in line with the one of the provider's key values: 'challenging.'

People who used the service were keen to tell us about and show us the improvements staff had helped them achieve. One person was proud of the amount of gardening they were enabled to do and another the holidays they had planned. Another person was extremely pleased with the fact they could remain at the place they considered home after a return from hospital. The provider had liaised with the landlord to explore and implement changes to make the person's home more accessible. This involved, with discussion and agreement from all other tenants, converting a downstairs dining area into a bedroom with adjoining wet room.

People who used the service confirmed staff supported them extremely well. One person said, "They help me a lot. I get on well. They'll water my plants when I'm away." Another smiled and displayed affection towards the member of staff who supported them. Relatives said, "I'm there every week and we have formal meetings about the care side regularly." Another relative told us, "I can't speak highly enough about the staff and the lengths they go to. [Person] is much more independent and healthy than I though they would be and that's thanks to staff."

Training and induction were comprehensive and informed by current best practice, for instance by the National Institute for Health and Care Excellence (NICE) and the British Institute of Learning Disabilities (BILD). External professionals we spoke with praised the knowledge of staff and their level of training. One told us, "They are all well versed in the main areas – behaviour, mental health, autism and epilepsy. I'm always impressed with them. They've used the Active Support Model really well in the past." Active Support is a method of enabling people with learning disabilities to engage more in their daily lives and promotes independence.

New staff shadowed experienced staff until they were comfortable and competent. All staff received a range of training the provider considered mandatory and included areas such as epilepsy awareness, first aid, diabetes awareness, autism awareness and manual handling. The registered managers and provider were keen to build on the range of knowledge staff already had by embracing best practice and new developments. Positive Behaviour Support (PBS) training had been delivered to the registered managers and the plan was to roll this out to support staff. PBS is a means of supporting people who display or are at risk of displaying behaviours which challenge, through understanding the reasons behind such behaviours and planning better quality of life outcomes with them.

Staff received formal support from their line manager in the form of 'Shape Your Future' supervision

meetings and annual appraisals. These ensured staff could raise any other areas of training they may want to pursue, and allowed the provider to ensure staff received important messages from their managers on a face to face basis.

People who used the service were involved in the recruitment process. Where a new management member of staff was due to be interviewed, a panel comprised of people who used the service were involved in their interview.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

We observed people being treated with kindness and compassion. People who used the service confirmed, "They are all lovely," and "They are canny – they let me get on with things and always help me." Relatives we spoke with gave unanimously positive praise about the commitment and attitude of staff. One said, "I am extremely happy because they are. They are totally at home and staff are fab."

Continuity was a theme from all the relatives we spoke with. This was reflected in the interactions we observed, which showed people to be at ease with their support workers, having built trusting relationships. Staff new to providing support to a person were formally introduced and the service managers 'matched' staff to people's needs and preferences. Relatives confirmed, "Some support staff have been with [person] for 8 or 9 years. They're very happy."

People's independence was encouraged and respected on a day to day basis. Staff showed a good understanding of, and records documented, a positive approach to risk taking. This meant people's ambitions and preferences were not limited by the risks they may face, but that staff and people accepted those risks and did what they could to minimise them. One relative said, "They get the balance right. They do more than we would because they know what the risks are but know people have to find their own way too. [Person] is as independent as they can be." We found a range of examples of people becoming more independent following support from staff, for example to pursue new sporting and leisure interests and to attend further education.

People's rights were respected and upheld, for example their right to vote was encouraged through easy read leaflets. One person's right to religious beliefs led two new staff to research those beliefs in order that they could better understand their importance for the person, and also to avoid instances where they may unwittingly cause offence.

Staff valued the things that were most important to people, whether that was the activities they enjoyed, or their relationships. People were supported, for example, to visit a relative in a care home, or to more regularly receive visits from a family member they had previously lost touch with.

Recruitment was values-led, meaning the registered managers ensured prospective staff demonstrated caring values in line with the ethos of the organisation prior to any employment. Where a member of staff did not demonstrate the caring ethos of the service, their probation period was ended.

Staff communicated well with people who used the service and adhered to detailed communication plans. Where someone did not or chose not to communicate verbally we saw there was clear guidance in place to help staff ensure they could articulate their preferences. Where advice had been sought, for example from the Speech and Language Therapy (SALT) team, this had been incorporated into care planning and acted

on.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People's needs had been assessed prior to using the service and then at intervals via monthly, 6 monthly and annual reviews. On occasion we found the monthly reviews did not document the changes in people's lives. For instance, they stated, "No change" over a number of months when in fact that person's needs had changed significantly for the better. We fed this back to the registered managers. We acknowledged that, whilst there were a small number of support plans to update, there was an array of evidence of good outcomes for people in terms of increased socialisation and independence. The provider was introducing a new 'What Matters Most 'scheme at the time of inspection to help services focus on meeting the most important goals for people. We found in practice this happened at the service already, but the documentation of how these goals could be planned and reviewed on an interim basis would benefit from review.

Staff took an interest in people's individualities and ensured their desire to learn new things and go to new places was supported. This was often done in a creative way. For instance, one person was not allowed a cat in their service where they lived but had always loved cats. This was known and reflected on by their support workers, who had supported them to visit a 'cat café' in Newcastle, where customers can pet cats and have a cup of coffee. They had also arranged for the person to be able to pet a neighbour's cat on a regular basis. The person confirmed they were extremely happy with this.

People and their relatives were regularly asked for their views on the service, whether through care reviews or more informal contact with staff. Additionally, the service undertook surveys and, where people lived in services alongside other people, tenant meetings. This meant there was ample opportunity for people who used the service and their relatives to provide any feedback to staff and the registered managers. The complaints policy was accessible and people we spoke with were comfortable raising concerns if they had to. No one we spoke with raised any concerns about the service. Relatives said, "If there's anything urgent they're onto it. We have regular meetings and we sit down around a table and sort anything that needs sorting." Another said, "We get invited and involved in decisions."

There was an organisation-wide focus on socialisation. We saw numerous examples of staff ensuring people had the opportunity to engage meaningfully in activities in their community and, where they wanted, to meet new people. For instance, one member of staff had started a bi-weekly bowling group, which had become more popular and meant a number of people who used the service met at this event. Another member of staff had started a regular walking group. Again, this had proved popular and meant people met others with shared interests they otherwise may not have.

Whilst all people had been asked about their choices and plans regarding end of life care, staff respected their decision not to discuss the subject if they chose. This was appropriately documented and the registered managers were able to tell us about people they had previously supported at the end of their

lives, with involvement from external nurses.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

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.

Both registered managers had been in post for a number of years and demonstrated a comprehensive understanding of the service and the needs of people who used the service. They worked well together and, whilst the service had two separate teams who provided support to people across two geographical areas, the registered managers worked together to deliver training and to provide an on-call system.

All staff we spoke with were complimentary about the level of support they received from their immediate line managers and from the registered managers. One staff member told us, "You can go to them with anything. They are really supportive. If we think of something that might benefit someone but might need a bit of extra funding, they always try their best. It's about making people's goals happen." Another staff member said, "My service manager is great and [registered manager] is really involved. It's a close knit group."

There were strong systems of governance in place, with a range of support from the national provider. For instance, there had been a national choking audit which had led to recent new training in the risks of choking, as well as the planned Sudden Death in Epilepsy (SUDEP) training.

The provider had recently introduced the 'Manager's Assurance Tool' (MAT), an intranet-based system whereby all service managers and registered managers updated key information about each service user and undertook regular checks. This system automatically reminded managers when, for example, an annual health check or a medication review was out of date. Feedback about the system was generally positive although there was a concern raised that it could lead to senior staff spending excessive time conducting data entry. We agreed the system had a range of useful functions but that it did not necessarily focus on the quality of a check in place, but rather that it had been done. Monthly file audits were still in place and we fed back to the registered managers that qualitative audits of support plans still needed to take place.

The registered managers ensured the service was well placed to react to and to implement areas of best practice. Staff had received recent training in the General Data Protection Regulation (GDPR). The GDPR is a law regarding data protection and people's private information. We asked staff about the provider's 'Treat Me Well' campaign and they were all knowledgeable on this subject. The registered managers had received Positive Behaviour Support (PBS) training and planned to roll this out to all staff. PBS is a means of supporting people who display or are at risk of displaying behaviours which challenge, through understanding the reasons behind such behaviours and planning better quality of life outcomes with them.

The focus was therefore on continual development and improvement of the service.

Another new system was in place to enable staff to more easily request leave and record sickness absences. Staff were also in the process of being assigned MENCAP email addresses, meaning they could log on remotely to review information pertinent to their role, such as policies. This was viewed as a positive by all staff we spoke with.

The registered managers had begun to use the provider's staff reward and recognition scheme. For instance, formally thanking a number of staff who had helped people who used the service to move house.

The atmosphere in the office was positive and focussed on continual improvement, specifically in terms of the outcomes for people who used the service. One of the service managers ran a local forum where people who used the service could attend and raise any areas of concern or possible improvement in a safe space. This group also took an active role in coming up with ideas for fundraising and developing those plans.

The culture of the service was in line with the key values of the organisation: 'Positive, Caring, Inclusive, Challenging and Trustworthy.' Staff demonstrated these values in providing support to people who used the service and achieved some outstanding quality of life outcomes for people who used the service. The service was well-led and well placed to build on these outcomes in future.