

## Andover and District Mencap

# Opportunities for Adults and Children

### Inspection report

The Wellington Centre  
Winchester Road  
Andover  
Hampshire  
SP10 2EG

Tel: 01264321840

Website: [www.andovermencap.org](http://www.andovermencap.org)

Date of inspection visit:

16 September 2019

19 September 2019

25 September 2019

Date of publication:

31 October 2019

### 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

Opportunities for Adults and Children is a domiciliary care and supported living service which is registered to provide personal care. The office operates from the Wellington Centre in Andover and is run by Andover and District Mencap. They specialise in providing care and support to people with a learning disability. At the time of the inspection the agency was providing a service to ten people living in their own homes and to 21 people living in six supported living houses. People living in three of the supported living houses received 24 hour support from the agency. People living in the other three houses received support at key times of the day. Some people in the supported living service had received care from the same service for many years. They had grown older and so had different needs due to their changing physical capabilities.

The service was safely managed. People felt safely cared for. Personal and environmental risk was assessed, and action was taken to mitigate identified risks. There were sufficient numbers of safely recruited staff to meet the needs of people the agency supported. People received their prescribed medicines as they would expect. Infection control procedures were good.

Staff supported people well and had a good understanding of what their needs and preferences were. Staff had a range of training to help to ensure they could provide the support required to a good standard. They worked well with other agencies so people could experience effective healthcare. 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 treated people with kindness dignity and respect. Staff knew the people they supported well and interactions we saw were caring and positive. They ensured they included the views of people and their families in the support they provided.

Plans of care focussed on people's abilities. People were supported to pursue their hobbies and interests. People made good use of the Wellington Centre which provided employment opportunities for some as well as social and therapeutic activities. The agency responded appropriately to complaints and worked cooperatively with health and social care professionals to continue to develop the service.

The agency had clear vision and values and there was a positive culture which was open and inclusive. Staff felt valued and supported. There were clear governance arrangements in place to drive improvement within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (March 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 reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Opportunities for Adults and Children

## **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 is a domiciliary care agency. It provides personal care to people living in their own houses. The service also provides care and support to people living in six '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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 September 2019 and ended on 11 October 2019. We visited the office on 16 September and 25 September 2019.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. 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.

#### During the inspection

With people's permission we visited four houses which provided a supported living service and spoke with five people and one relative receiving the service. We observed staff interaction's with people who were receiving the service but who were unable to tell us verbally their views. We looked at care and support records for five people and other documents such as staff recruitment and training records, incident and accident records and quality assurance documents. We met with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with eight staff.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives of people receiving the community service and with two professionals who were involved with the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safely cared for. One relative said "We have had a marked improvement in the past year." Another said they had "Absolutely no worries." One person demonstrated an alert device they wore on their wrist which they could activate if they needed urgent assistance from staff, for example if they had a fall. Staff responded quickly when they raised the alarm.
- There were effective safeguarding systems and policies in place and safeguarding concerns were managed promptly.
- Staff were trained in safeguarding matters. They knew what to do and were comfortable to raise concerns about their own or others safety.

Assessing risk, safety monitoring and management

- Environmental risk was assessed. Action had been taken to mitigate any identified risk, for example rails were being fitted to a stairwell to assist a person to access their 1st floor bedroom safely.
- Equipment used by people was regularly maintained and serviced to ensure the safety of staff and the people who used it.
- Risk to people's health and wellbeing were assessed and documented.
- Staff were aware of risk to people's health or wellbeing and knew how to manage them. Where people were at risk of falling or of choking for example, there was detailed guidance in place to help staff to mitigate these risks.
- There were arrangements in place to cover unexpected circumstances such as adverse weather conditions.

Staffing and recruitment

- When we last inspected in 2017 we recommended the service monitored and reviewed staffing levels to ensure they had sufficient staff to support the people they provided a service to. The service has reviewed staffing levels. They have had regular recruitment drives and the registered manager has given an undertaking not to accept any new referrals to the service if staffing levels would not support this.
- At the inspection people told us there were enough staff to support them or their relatives in the way they expected. Staff working within the supported living properties agreed saying they had enough time to meet people's individual needs. Staff from other agencies were rarely used to cover shortfalls in the supported living service.
- Staff were safely recruited and appropriate DBS (Disclosure and Barring Service) and other recruitment checks were carried out as standard practice

### Using medicines safely

- Most people living within the supported living services needed staff to manage their prescribed medicines.
- People received their medicines as prescribed.
- Staff were trained in the management of medicines and did not administer medicines until their competency to do so had been assessed.
- Medicines were safely stored. In supported living houses this was in locked cabinets in people's rooms. This helped to ensure medication was administered in private and in a dignified way.
- There was guidance in place which staff followed, to ensure they received their prescribed medicines in the most appropriate form, for example some received their medicines in liquid form.
- There were body maps marked where staff needed to apply topical creams so these could be applied consistently. Records showed they were being applied as prescribed.

### Preventing and controlling infection

- Staff were trained in infection control and in food hygiene
- Concerns relating to infection were managed appropriately. There were monthly infection control checks in supported living services where staff were assessed, for example, about their hand washing techniques.

### Learning lessons when things go wrong

- Staff said they were confident to raise any concerns or incidents and were confident these concerns would be listened and responded to appropriately.
- There was a record of accidents and incidents and of the action taken where possible to minimise the chance of reoccurrence.
- Since the last inspection the service had worked cooperatively with Hampshire County Council to improve quality such as where a shortfall had been identified regarding people's nutritional needs. As a result, procedures and guidance had improved and people received safer care.



# 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

- Staff had a good understanding of how they needed to support people to ensure they supported people appropriately and in line with their wishes. A relative said "The support is fantastic."
- People's health physical and social care needs were assessed and care and support plans were devised to guide staff in how to meet these assessed needs.
- Care plans contained enough information to guide staff about how to support people consistently and they were regularly updated to ensure they reflected any change in people's needs.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction in line with Skills for Care and shadowed more experienced staff until they were confident to work on their own.
- Staff said they received regular supervision and an annual appraisal to monitor their performance and to discuss professional development.
- There was a range of training designed to support staff in meeting people's assessed needs and staff said there were opportunities for them to complete NVQs in health and social care.
- There were two designated training officers who reviewed and developed the training programme and ensured staff received regular updates to keep their knowledge and skills current.
- Following training, staff competencies were checked and staff were provided with further training when they failed to demonstrate sufficient levels of understanding about the training which had been provided.
- There were a range of training methods. There was no online training as this had not proved to be an effective delivery method. Instead, staff were provided with classroom or practical training. They were also given quizzes about topics which they could complete as part of staff meetings.

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

- People's nutritional needs were assessed, and staff demonstrated they had a good understanding of people's dietary needs and preferences.
- Nutritional care plans contained clear guidance to staff about people's dietary needs. These were reviewed and updated regularly to ensure they remained reflective of people's needs.
- The agency consulted speech and language specialists and followed their advice when people had been assessed of being at risk of choking when eating or drinking.
- Staff completed training when they were supporting people with particular dietary needs, such as in diabetes awareness and dysphasia awareness.

Staff working with other agencies to provide consistent, effective, timely care.

Supporting people to live healthier lives, access healthcare services and support

- Since the last inspection the agency has worked cooperatively to improve standards of care.
- People had healthcare passports in place to guide healthcare professionals about how to manage people's care if they needed hospital or dental treatment. A healthcare passport is a document about people and their health needs. It also contains other useful information, such as people's interests, likes, dislikes and preferred method of communication.
- Staff had identified key contacts who they liaised with when people were in hospital to ensure healthcare professionals had a better understanding of the needs of people they were treating.
- Staff supported people to attend annual health checks.
- Staff liaised with health care professionals to meet people's changing needs. For example, they were working with an OT's (Occupational Therapist) so a person using the agency could be provided with a comfortable chair.
- Staff clearly described how they would recognise a person was experiencing pain or discomfort when the person was unable to tell them this verbally. They also described what action they would take when this happened.

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 understood the principles of MCA and that people might sometimes need help with making important decisions through best interest meetings. Staff worked closely with people and their relatives.
- We observed day to day support was provided based on the consent of the person, for example what people wanted to wear, where they wanted to go and what they wanted to eat and drink.
- People were supported by staff to make choices and decisions about their everyday care and support. Staff were guided by what people wanted through verbal and nonverbal communication.

# 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

- People were treated with kindness. People said staff were "nice" and we observed friendly and positive interactions between the people using the agency and staff who were supporting them.
- Staff had the right skills to make sure people received compassionate support. Most people in the supported living houses had lived there for a long time and some staff had supported them over a number of years. Staff were able to demonstrate they had a good understanding of people's needs wishes and preferences.
- People supported in the community had small groups of staff assigned to them so that when some staff they knew were away others who also knew them were available. A relative described the team of staff supporting their family member as "fantastic". They said "I can't say enough good things about them. They look after (x) like one of their own."
- People felt listened to. For example they could speak with staff supporting them or they could visit the Wellington Centre to speak with others there. They received a warm welcome. The Wellington centre is the community hub for Andover and District Mencap
- People's religious beliefs were respected and they were supported to attend their preferred places of worship.

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

- Staff supported people to express their views.
- People were involved in making decisions about their care when they wanted to be, people were consulted about their care needs and they or their families were included in regular reviews of care provided to help to ensure it remained appropriate for their needs and wishes. One relative said "Staff are polite and welcoming, and they include me in everything."
- The service liaised with Hampshire County Council to arrange for advocacy services to help to defend and safeguard people's rights. Staff ensured advocates met people they supported in private so they were free to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People who lived in the supported living services were asked their opinion when staff were being recruited
- Staff supported people to work. Some were regularly employed at the Wellington Centre.
- Staff completed training in equality, diversity and inclusion where human right principles were covered

and these issues were discussed during staff supervisions.

- Staff followed guidance regarding data protection in line with the General Data Protection regulation to help to respect people's privacy and rights.

# 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.

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

- The agency encouraged people to maintain their hobbies and interests. The agency is managed from the Wellington Centre. The Wellington Centre acts as a community hub and is open to all people in the community. The centre hosts several activities which were accessed by people using the agency. For example, people said they enjoyed attending social clubs such as dance club, theatre club, art groups and computer clubs.
- People were encouraged and enabled to take part in community activities. One person described how important it was to them to go out to community events. Staff confirmed there were sufficient staff to support people where necessary in individual excursions and activities. A relative said staff were "constantly coming up with ideas about where to go."
- The agency celebrated and contributed to raising awareness to issues affecting people they supported. For example, they held a cake sale to raise funds for autism awareness week.

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

- People and their families where appropriate were involved in developing their plan of care and staff respected their choices and preferences
- Care planning focused on the person's whole life and included their skills and abilities as well as what they needed support with.

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 preferred methods of communication were considered and well known by staff. For example, staff clearly explained how a person who was blind and deaf communicated their needs and wishes to them.,
- Some documents for example how to make a complaint were in large prints and some information in pictorial format.
- Some people using the service had a limited use of Makaton. Makaton uses signs and symbols to help people to communicate. Staff said Makaton training was being further developed and would be cascaded to more staff.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and felt able to. One person said, "I would go to the (Wellington) centre and talk to people there"
- Some people were unable to verbally communicate. Staff knew them well and were able to recognise when people were unhappy. Staff would communicate with people in a way they understood or could respond to, for example, asking questions that may only require a nod or shake of the head, or keeping sentences short which were easier to understand.
- Staff were clear in the process they would take if they received a complaint and understood the duty of candour which is legal duty to be open and honest with people or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.
- Complaints were dealt with effectively and in a timely manner. Records showed complaints were managed in line with the agencies policies and procedures and actions were taken where required to reduce the possibility of reoccurrence. For example, a new ambulance and hospital protocol had been devised to ensure people attending medical appointments were more consistently supported.

#### End of life care and support

- The agency was currently not supporting people who were at the end of their lives.
- Staff had a very good understanding of what was important to people and ensured family and friends were involved in decisions when people's needs changed. There were not any advance care plans in place, but this was an area they were working to develop. Advance care plans help to consider ways to enable people to have choices at the end of life.

# 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 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.

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

- There was an open and transparent culture at the service. People received care in line with their needs and wishes.
- People spoke highly of the management team and the registered manager saying they were approachable and friendly. Relatives said they would highly recommend the service to others.
- Staff said they were well supported and said morale was good. One said for example "It's always nice to come to work."
- The registered manager recognised the importance of celebrating staff success and rewarded hard work with for an employee benefit scheme. There were also 'shining star awards' which were given to staff when they demonstrated for example good teamwork or had gone the extra mile to make a difference to people's lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to effectively monitor the service. This included regular audits and quality meetings with the service managers. There was also a weekly meeting to discuss any issues. This was a platform where staff could express ideas on how they could support people better to achieve more effective outcomes.
- The registered manager visited the supported living services regularly to ensure he had a good understanding of how the service was being delivered. The nominated individual was also very involved and demonstrated a good oversight of service provision.
- Monthly audits completed by the registered manager were presented to the board of trustees for further scrutiny.
- The management structure of the service was being reviewed to make it more in line with current provisional requirements. They were for example in the process of recruiting a deputy manager.
- Staff were kept up to date with the organisational changes.
- Most support staff had been issued with a mobile phone linked to an electronic system which helped the service monitor timing and duration of visits to ensure they were taking place in line with people's assessed needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service ensured it met this vision through engaging and involving people and their families in a way that improved their quality of lives and supporting them to feel part of the wider community.
- People and relatives were consulted with and were given opportunities to feedback about the service. This was done through surveys and reviews.
- People who used the agency were asked for their views or staff noted their reactions when new staff were being recruited.
- Staff told us they were able to share their ideas, through supervision sessions and team meetings.
- Some people had used the agency for many years and their needs had changed as they had grown older. Staff had responded well, when for example, people had become more physically disabled and needed adaptations to their environment or mobility aids to keep them as independent as possible.

Continuous learning and improving care. Working in partnership with other agencies

- The registered manager was proactive in ensuring the quality of the service continually improved.
- The service sent a representative once a month to a local Valuing people now implementation group This is a meeting run by people with a learning disability and their carers and discusses important issues such as The Learning Disability charter.
- The service worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.