

Lambeth and Southwark Mencap

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 and 7 September 2018 and was announced.

The service provides domiciliary care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

The service also provides care and support to people living in two 'supported living' settings, so that they can 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 Lambeth and Southwark 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 this inspection 18 people were receiving the regulated activity.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

At this inspection we found that the provider was in breach of the regulations in relation to staffing and good governance. You can see the action we have told the provider to take about these breaches at the back of the full version of this report.

Staff were not up to date with the provider's training, supervision and appraisal requirements. Where quality assurance audits had identified areas for improvement, prompt action had not always been taken to address them; nor had regular feedback from people and relatives been sought.

Improvements were required to ensure care plans were personalised enough to clearly reflect people's preferences in how they wished to be cared for.

The provider had commenced improvements in the recording of people's medicines administration, including implementation of a new medicines administration record (MAR). People's care plans did not include a record of people's medicines and what they were for, however the provider took immediate action

to address this.

People and their relatives told us that office staff did not always communicate non attendance of calls, although records we looked at showed that there was appropriate contingency management to ensure people's needs were met.

People had appropriate risk assessment and management plans in place that ensured staff were equipped to support people in mitigating any risks to them. Staff were knowledgeable in how to safeguard people from abuse and were aware of the appropriate reporting mechanisms. Records showed the provider dealt with safeguarding concerns in a prompt and sensitive manner. Staff knew the steps to take to effectively prevent the spread of infection. Incidents and accidents were well managed and action taken to make improvements.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to make decisions in their best interests.

People were supported to access healthcare professionals at times that they needed them. People's food and drink preferences were met, whilst being supported to maintain a balanced diet and access appropriate support at mealtimes.

Staff knew the people they cared for well and were passionate about ensuring they delivered good quality care. People and relatives felt well cared for and that their privacy and dignity was respected. People were supported to be as independent as they were able to be.

People and their relatives knew how to make complaints, and records showed that complaints were promptly responded to with appropriate action taken to find solutions. Systems were in place to support people to express their end of life wishes if required to do so.

People, relatives and staff were positive about the communication and support they received from management. The registered manager ensured that important information was shared with the CQC and worked with other agencies to ensure the service was up to date with local developments.

## 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.

The provider had commenced improvements in the recording of people's medicines. People were safeguarded from the risk of abuse, and there were appropriate risk assessment and management plans in place.

There were sufficient numbers of staff to meet people's needs and staff were aware of their responsibilities in relation to infection control.

Incidents and accidents were well managed.

### Is the service effective?

Requires Improvement ●

The service was not as effective as it could be.

Staff were not up to date with training, supervision or appraisal requirements. People's consent was sought in line with the Mental Capacity Act (MCA) 2005.

People were supported to receive enough to eat and drink, and access healthcare professionals at times that they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and knew their individual needs well. People were supported to communicate and were treated with kindness.

### Is the service responsive?

Requires Improvement ●

The service was not as responsive as it could be.

People's care plans did not always reflect their preferences in how they would like to be cared for. People were supported to express their end of life wishes. Complaints were fully recorded and responded to appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not as well-led as it could be.

Action was not promptly taken to address issues identified through quality assurance audits. The registered manager had not ensured that staff always received regular support to carry out their roles. The registered manager was aware of their responsibilities to the CQC.

# Lambeth and Southwark Mencap

## **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.

This inspection took place on 6 and 7 September 2018 and was announced. On the 4 September 2018 we made calls to people and their relatives as well as staff that worked at the service.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was conducted by one inspector. An expert-by-experience made calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge of caring for people with learning disabilities.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records for four people. We also made contact with three people that use the service and four relatives. We spoke with six support workers, one care co-ordinator, one team leader, the registered manager and the director. We also looked at five staff files and documents relating to the overall management of the service which included quality assurance audits, medicines administration sheets, complaints records, and accident and incident reports.

# Is the service safe?

## Our findings

People and their relatives felt that people were kept safe by the support they received from Lambeth and Southwark Mencap. One person said, "'I'm fine with Mencap", whilst people's relatives told us, "yes, [relative's] safe, yes" and "yes, I feel [relative's] safe there."

During the inspection we identified that improvements were required to the recording of people's medicines administration requirements. These issues had already been identified by a newly appointed team leader who had already taken actions to make improvements. People did not always have 'as required' (PRN) medicines protocols in place to clarify to staff when and how people's 'as required' medicines should be administered. Following the inspection, the provider sent us a copy of their proposed PRN protocol and showed us records of those protocols that they had already completed for people.

People's care files did not include a list of their prescribed medicines, any possible side-effects or the conditions they were prescribed for. We reviewed medicines administration records (MAR) for three people and found that staff did not always sign the MAR when medicines had been administered nor was there adequate space to explain reasons for non-admission. Where these issues had been identified by staff they were reported as incidents and highlighted through regular audits. The provider showed us a new MAR template that they were looking to introduce that provided clarity in people's required medicines and when they were required to be administered. Following the inspection, the provider sent us a completed record showing us that they had commenced implementation of the new format. We were satisfied with the provider's response.

People and their relatives told us that the provider did not always ensure they were notified when staff were unable to attend telling us, "They don't have enough staff" and "My worker is sometimes ill or on holiday. Mencap don't phone me to tell me what's going on." However, they did note that there were no issues of lateness. The provider's rotas showed that there were enough staff to meet the needs of people accessing both the supported living and domiciliary service. The provider used an electronic system to schedule calls to people and ensure that staff were allocated to meet people's needs. Where staff were unable to attend, all office staff were suitably trained to care for people and operated an on-call system to address any out of hours concerns. The provider was also due to implement an electronic monitoring system by the end of the year.

Appropriate processes were in place to help safeguard people from abuse. Records showed that the provider had a safeguarding policy in place to clarify staff responsibility in ensuring that any potential incidents were reported in a timely manner. One staff member told us, "If someone was at risk I would report it straight away [to the office]" and another said "If I feel there's a situation that incorrect, for example there was one person I felt was abused financially. I reported it to the office and they [the office] alerted social services."

People's records included comprehensive risk assessments that detailed any potential risks and guidance for staff on how to mitigate such risks. Each risk assessment identified the particular risk, level of concern

and actions required to support people in managing risks. Areas covered, for example, were behaviour that challenges, finances, food, travel and safety in the home. Where one person could present with behaviour that was considered challenging we saw clear steps in place, defining for staff how to communicate with the person and recognise any triggers.

The provider ensured that any reported incidents or accidents were thoroughly investigated and responded to in a timely manner. Staff were encouraged to report a range of incidents on a reporting form and these were submitted to office staff for review and investigation. All the incidents and accident reports we reviewed had been investigated and action taken to escalate, to the safeguarding team where appropriate.

The provider had an infection control policy in place and staff were aware of their responsibilities in managing hygiene. One staff member said "We make sure we wash our hands and use gloves. We always have plenty of gloves in the person's house."

## Is the service effective?

### Our findings

The service was not always effective in ensuring that staff received regular supervision, appraisal and training to support them in their roles. Records we looked at showed that not all staff were up to date with the provider's refresher training requirements. Training topics included medication, safeguarding, health and safety, managing challenging behaviour and equality and diversity. Improvements were required to ensure that all staff were up to date with refresher training to support them in their roles.

We also identified that improvements were needed to ensure staff received support through regular supervision. One of the team leaders told us that staff supervision should take place every four to six weeks; both the team leader and registered manager told us that this hadn't always taken place for all staff in line with the provider's policy. However, staff that we spoke with did tell us that supervision sessions were comprehensive and supportive with comments such as, "It's fairly comprehensive, we talk about any issues at all" and "It covers as many areas as it needs to, it usually lasts one and a half hours."

The registered manager had identified staff that required an appraisal and had commenced work with team leaders to ensure that appraisals were conducted. The completed supervision records that we saw showed that discussion topics included any safeguarding issues, training, communication and any issues in relation to people using the service. Staff support systems required improvements to ensure that staff were regularly supported through supervision and appraisal.

The concerns identified in the above paragraphs are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, this is done via the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff understood the MCA with one staff member telling us, "We work back from assuming people have capacity, if there are any issues, there will be a best interests meeting. I know about that" Records showed that where people lacked capacity to make specific decisions the service took appropriate action to support people. For example, records showed that a support meeting was held with one person to support them to choose furnishings for the home and decide which staff members they preferred to support them on holiday.

People were supported to access their food and drink preferences, as well as maintain a balanced diet. People's service delivery plans included people's food preference likes and dislikes as well as any support they required, in order to ensure they ate well. One person required support with portion control and



records reflected how their foods should be portioned into small boxes to ensure the person was able to prepare their food independently to an appropriate size. Where required, people had eating and drinking support plans in place to guide staff on how to appropriately supervise people.

People were supported to access healthcare professionals at times that they needed them. One person told us, "[Staff] usually come with me for blood tests" and a relative said, "[Relative's] dentist care – they send me the letters. [Relative's] teeth were so bad and they took [relative] to the hospital and they sorted it out." Records showed that people had been supported to access services such as chiropody, behaviour support, dentists, community nurses, massage and local GP's. Where one person had required hospital support, records showed that prompt assistance had been accessed and hospital passports were in place to support other healthcare professionals to understand people's specific needs.

## Is the service caring?

### Our findings

People felt well cared for by the staff that were meeting their needs telling us, "[Staff member's] a nice woman to talk to" and a relative said, "It seems they've got more time for [relative]. They listen to her and she goes out more."

Staff that we spoke with demonstrated that they treated people with kindness and compassion with comments such as, "Anything people want to change, we're all ready to help out in the best way we can."

Staff were clear on how best to try and meet people's cultural or religious needs. One staff member told us, "I think it's important to remember their [people using the service] roots, take a real interest in people's backgrounds and try to include it." They then explained to us how they supported one person to access a local café that served foods from their culture, requested advice on a particular recipe and was arranging for the person's relative to support them in making a meal that could then be cooked in the person's home.

The provider ensured that people were able to access information in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider utilised an AIS policy, as well as a pictorial handbook for people to understand the support they can request when accessing NHS services, for example. For those in supported living services, their 'about me' files contained pictorial images and satisfaction surveys and used pictures to support people to respond. One staff member told us how they supported someone who was partially sighted to feel objects in the supermarket, such as fruits so that they still had choice over their purchases.

People were supported to be as independent as possible. A relative told us, "[Relative's] involved with shopping sometimes, with a member of staff, but not with me. [Relative] chops the vegetables. [Relative] makes a cup of tea – puts the kettle on. They encourage [relative] to be independent." One staff member said, "Where possible, I encourage people to do things for themselves. For example, to make their own cup of tea" and another said, "It's easy to fall into a pattern. I would rather say [to the person], let's look in the kitchen together and show [the person] things to choose. I'd encourage them to help with cleaning up dishes and plates."

Staff were aware of the importance of respecting people's privacy and dignity, especially when supporting them with personal care. Comments from staff included, "I make sure the curtains are closed and the door is shut" and "I try to stand back and let people choose [what to wear for the day]. If a choice made is not weather appropriate I'll say that's lovely, but maybe it's a bit for cold for that. Maybe pull out two or three other options and discuss them."

## Is the service responsive?

### Our findings

Care records that we reviewed did not always reflect how people preferred to be cared for, especially those accessing the domiciliary care service. Whilst people accessing supported living had 'about me' plans in place, the records of those people accessing domiciliary care lacked as much detail.

One person's care plan recorded that they needed support with personal care, however there was no guidance for staff on the person's routine preference or where or how in the home they should be supported. We were also informed that the same person could present with behaviour that challenges when on public transport and the person's care plan had not been updated to reflect how staff should support them on these occasions. Care plans required improvement to ensure that they were person centred to reflect people's individual preferences and choices. We will check on the providers progress with this at our next inspection.

Records showed that people and their relatives were involved in the development and review of their care plans. Where one person's behaviours had changed recently we saw that a review had taken place with their family member to ascertain the best way to support the person. Staff were clear on how to access people's care plans telling us, "To get to know them [people] you go through the care plan, it gives you a lot of information about the person", "I follow the guidelines on the service delivery plan" and "It [review] happens on a regular basis, we have files and files of stuff here and it's all up to date. Information is always available to me if I need it."

At the time of inspection the provider was not supporting anyone with end of life care, however they had an end of life care booklet accessible to them to discuss people's wishes if required. One person had wished to arrange their funeral, and records showed how the service had supported the person to do so in line with their best interests.

The provider had a complaints policy in place, including one accessible to people using the service in a pictorial format. We reviewed the provider's complaints log and saw that all reported issues had been responded to in a timely manner. Where one complaint addressed dissatisfaction with their carer the provider took action to monitor the staff member through supervision and monitoring to ensure practice was improved.

## Is the service well-led?

### Our findings

The service was not as well-led as it could be. We reviewed the provider's audit records and found that prompt action was not always taken to remedy issues identified. For example, one person's MAR that had identified gaps in administration instructions in July 2018 had not been updated to ensure that the instructions were now clear. The registered manager had recently conducted a staff records audit and highlighted that staff were overdue training, supervision and appraisal; however compliance in these areas had lapsed. The provider had not ensured that people's care plans also reflected their preferences in how they were cared for.

The concerns identified in the above paragraph are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback from people and their relatives was not routinely sought, in order to ascertain people's views and experience of the service. The provider showed us that they had a pictorial feedback form for people to express their views, however they had not sent these to people. The provider had not taken sufficient steps to ensure that people and their relatives were involved in the development of the service. The provider told us they would take steps to seek feedback from people, and we will check on their progress with this at our next inspection.

The above notwithstanding people, relatives and staff were positive about the management and the organisation. People and relatives told us, "They manage it well", "yes, they are good. They are OK. They try their best" and "[Registered Manager], I like [registered manager]. She phones me up." Staff told us, "It's great you know, I enjoy the job very much. They're very helpful and supportive to support workers", "For myself, if we contact management for anything it's always been sorted for me or the clients" and "I think they're quite good at making people feel as if they belong. They have a really nice attitude, the office always ask how you are feeling."

Records showed that the service worked with other agencies to ensure people's needs were met. The registered manager provided us with positive examples of how they had worked with police, safeguarding teams and local hospitals to ensure that people's needs were met. The registered manager kept up to date with local developments in the sector by attending providers forums. They also worked with neighbouring services to develop learning and experiences through shared training courses.

The registered manager was aware of their responsibilities to the CQC. Records showed that notifications of important incidents were submitted to us in a timely manner and the registered manager was always transparent in the sharing of information.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Action was not always taken to make improvements following findings of quality assurance audits, staff did not always receive support to conduct their roles and feedback from people was not always sought</p> <p>Regulation 17(1)(2)(a)(c)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not fully supported to receive regular training, supervision or appraisal</p> <p>Regulation 18(2)(a)</p>