

Royal Mencap Society

Rochdale Area B

Inspection report

Mencap - Globe House
Moss Bridge Road
Rochdale
OL16 5EB
Tel: 01706714540
Website: www.mencap.org.uk

Date of inspection visit: 23 April 2015
Date of publication: 03/06/2015

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 

Overall summary

This was an announced inspection which took place on 23 April 2015. We had previously carried out an inspection in December 2013 when we found the service to be meeting all the regulations we reviewed.

Rochdale Area B is part of Mencap and is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 39 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 who used the service told us they felt safe with the staff who supported them. They told us there were always

Summary of findings

staff available to support them to participate in the activities which were important to them. Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Staff told us they had received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed and to plan the training required. Some staff had been identified as 'top talented'; this meant they were able to access additional professional development opportunities. They were encouraged to share their learning and professional practice across the service.

All the staff we spoke with told us they enjoyed working in the service and felt valued by their managers. Staff felt able to raise any issues of concern in supervision or in staff meetings.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005; this legislation is designed to protect the rights of individuals to make their own decisions wherever possible. All training provided within the service included the principles of the Mental Capacity Act to help ensure staff were aware of how they should promote the rights of people who used the service. The registered manager told us they were aware of the action they should take to ensure any restrictions placed on individuals who used the service in their best interest were legally authorised.

People who used the service had health action plans in place. Records we reviewed showed that people were supported to attend health appointments where necessary. Systems were also in place to ensure that people's nutritional needs were monitored and met.

We noted positive interactions between staff and people who used the service. People told us the staff who supported them were kind and caring and enabled them to maintain their independence as much as possible. Staff demonstrated a commitment to providing care which would improve the quality of life of the people they were supporting.

Care records we looked at showed people who used the service had been involved in developing and reviewing their support plans. Support plans included good information about the way people wanted their support to be provided and their goals for the future.

All the people we spoke with told us they would feel able to raise any concerns with the managers in the service and were confident they would be listened to. We noted all compliments and complaints were recorded and any concerns had been investigated.

There were a number of quality monitoring systems in place. Both staff and people who used the service were encouraged to comment on the service provided and to identify where any improvements could be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe with the staff who supported them. Staff had received training in safeguarding vulnerable adults.

Staff were safely recruited and staff rotas were flexible to support people to take part in activities of their choice.

Systems were in place to help ensure the safe administration of medicines.

Good



Is the service effective?

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff promoted the rights of people to make their own decisions. The registered manager was aware of the action to take should it be necessary to place any restrictions on people who used the service.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Good



Is the service caring?

The service was caring. People told us that staff provided the care and support they needed. Staff were said to be kind, caring and respectful of people.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to promoting people's independence and choice.

Good



Is the service responsive?

The service was responsive to people's needs. People had control over the support they received and were involved in regularly reviewing their support plans to ensure their needs were fully met.

People who used the service were confident they would be listened to if they were to express any concerns about the support they received.

Systems were in place to record and address any complaints received at the service.

Good



Is the service well-led?

The service was well-led. There was a manager in place who was registered with the Care Quality Commission.

Both staff and people who used the service spoke positively about managers in the service. Staff told us they felt valued and enjoyed working in the service.

The provider had in place a set of values on which the service was based and had communicated those values to the employees and people who used the service.

Good



Rochdale Area B

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 told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and staff would be available to answer our questions during the inspection. On 23 April 2015 we visited the registered office and spoke with the registered manager, five staff and four people who used the service. With their permission we also visited two people who were using the service in a supported living environment and spoke with one of the staff who provided support and the service manager for the scheme. Following the inspection we spoke on the telephone with three relatives in order to gather their opinions about the service their family members received.

The inspection team consisted of two adult social care inspectors. We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We were aware from our previous contact with the local authority safeguarding team that there had been a safeguarding investigation into concerns raised regarding the service one person had received in a supported living environment.

During the inspection we looked at the care records for two people who were using the service. We also looked at a range of records relating to how the service was managed; these included staff personnel files, training records and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who supported them. Comments people made to us included, “I feel safe. Staff treat us well”, “I love it here. I have no worries about my safety” and “I feel safe. I would speak to staff or [family member] if I felt unhappy.” Relatives we spoke with told us they had no concerns about the safety of their family member. One relative told us, “[My relative] is very safe there. Staff look after him well.”

The registered manager told us that people who used the service were encouraged to attend the registered office so that they could speak with the service manager for their area or to the registered manager. During the inspection we noted one person attended the office supported by a member of staff. We noted the service manager took time to speak with them and ask them about the support they were receiving.

From the care records we reviewed we saw that people’s support plans included information about what staff should do to help them to stay safe. Risk assessments had been completed for activities people wanted to do such as swimming and horse riding as well as those relating to the use of equipment and the management of medicines. We saw that risk assessments detailed the benefits individuals would gain from taking risks as well as any control measures which needed to be put in place. Risk assessments had been regularly reviewed and updated when people’s need changed.

We saw there were systems in place to ensure the properties in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. There was a business continuity plan in place for each supported living environment which detailed the action staff should take in the event of an emergency, including fire and extreme weather. This should help to keep people who used the service and staff safe. A separate fire file was also in place which documented the checks which had been completed regarding fire safety equipment and fire evacuation drills.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always

able to contact their service manager or the registered when they were on duty to discuss any safeguarding concerns. From the information we held about the provider we were aware that appropriate referrals had been made to the local authority in order to protect people who used the service.

All the staff we spoke with told us they would feel confident to report any concerns about poor practice. The registered manager told us staff were able to use a confidential telephone line to raise concerns if they did not feel able to discuss them with their managers. This should help ensure people who used the service were protected from abuse. One staff member who had recently started work at the service told us, “I’ve been shown the safest way to support people.” We noted safeguarding was now a standard item on agendas for team meetings and for individual supervision sessions in order to ensure all staff had the opportunity to raise any concerns they might have.

We discussed with the registered manager the safeguarding investigation which had been completed by the local authority in relation to concerns raised regarding the care a person who used the service. They told us they had made significant changes in the deployment of staff and the support provided to service managers in order to help prevent similar concerns arising in the future. They told us they had worked through the action plan as required by the local authority and that this had been signed off as complete on the day of our inspection.

We noted ‘easy read’ information was on display on the noticeboard in the registered office regarding the meaning of abuse and the action people who used the service should take to ensure they were properly protected. The registered manager told us this information was also available in each of the supported living environments.

People who used the service told us they always received the support they needed and that staff were available to enable them to participate in activities of their choice. One person told us they were always aware of the staff who would be supporting them as there was a copy of the staff rota on display in their property for them to refer to.

We were told that staffing arrangements were centred on the needs of people who used the service. Staff we spoke with told us rotas were regularly amended to ensure staff were available to support people to attend appointments and to undertake activities which people who used the

Is the service safe?

service had chosen. On the day of the inspection we noted the service manager had brought a new rota to the property we visited, reflecting changes which had been made to staffing in order to meet people's needs.

We reviewed the recruitment policy for the service and noted it included the provider's commitment to employ people with a learning disability in suitable roles. On the day of the inspection we noted people who used the service were involved in interviewing people who had applied to work in the service. The registered manager told us they would always try to ensure that the skills and interests of workers were matched with those of people who used the service.

We looked at the personnel files for three staff and found the necessary pre-employment checks had been undertaken. However, we noted, the recruitment policy did not include the requirement to check why a person's previous employment in any setting with vulnerable adults or children had ended; such checks are important to ensure people who were unsuitable to work with vulnerable adults were not recruited to work in the service.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we

spoke with told us they had received training in the safe administration of medicines as part of their induction before they were allowed to work unsupervised with people who used the service. Records we looked at showed the competence of staff to safely administer medicines was reviewed on a regular basis by senior staff.

We found, where appropriate, arrangements were in place to support people who used the service to take responsibility for managing their own medicines. Where staff were responsible for administering medicines, locked cabinets were in place to ensure safe storage. One person told us, "Staff give me my medicines at the right time. They never forget but if they did I would remind them." We noted one person's record included good information for staff to follow about how the person wanted their medicines to be administered. A separate protocol was in place for the medicines which were prescribed for the person to take 'as required'. This should help ensure the person received their medicines when they needed them.

Stock control sheets were in place to help ensure all medicines were properly accounted for. The registered manager showed us a new medication audit tool which was due to be implemented in the service as part of their quality monitoring procedures.

Is the service effective?

Our findings

People who used the service told us staff had the necessary skills and knowledge to provide them with the care they needed. One person told us “Staff know me really well”. Another person commented, “Staff are all great. I think they are all helpful.”

People told us staff would always respect their choices and support them to achieve their goals. One person told us they were always able to make any changes to their support plan and staff would respect their wishes. Relatives we spoke with told us staff encouraged their family members to make their own choices. One relative commented, “Staff know [my family member] well. They are very good with her. They let her make her own decisions and ask her what she wants to do.”

Staff confirmed to us that they would always respect people’s wishes and preferences. One staff member told us, “You have to respect people’s choices. We make sure we go at the person’s pace.” We observed a staff member ask a person who used the service, “Where would you like to go now? What would you like to do?” Staff told us they would use pictures to assist people who used the service to make choices about places they wanted to visit or activities they wanted to participate in.

Care records we reviewed showed that staff had assessed the capacity of individuals to make particular decisions. Where it was considered that people were not able to make their own decisions or restrictions needed to be put in place to ensure people received the care they needed, appropriate arrangements were in place to ensure any decisions reached were in the best interests of the individual concerned.

One of the care records we looked at included a decision making agreement which had been completed with the person who used the service to identify what support they required to be able to make important decisions in their life.

All the staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and how it applied to the people they were supporting. The registered manager told us, through training, staff had developed the confidence to be able to challenge the views of health professionals who did not always understand the need to

seek consent from people who used the service, rather than staff. They told us staff were able to advise health professionals of the action they should take to protect the rights of people who used the service.

The registered manager told us that the principles of the Mental Capacity Act were embedded in all the training delivered through Mencap in order to continue to promote the rights of people who used the service to take their own decisions wherever possible. We saw there were policies and procedures in place for staff to refer to regarding the Mental Capacity Act and consent.

Staff told us they received induction and training to help ensure they were able to provide effective care. This was confirmed by the records we reviewed. We saw that all staff had completed training in a range of topics including the MCA 2005, safeguarding vulnerable adults, safe administration of medicines, moving and handling and first aid. Staff had also received training to help them meet the specific needs of the people they were supporting such as epilepsy and dementia care.

We spoke with one person who had recently been employed to work in the service. They told us they had been well supported during their formal induction and as a result felt confident in their role when they were asked to work independently. They told us they were required to complete an induction workbook during their probationary period to help ensure they had the skills and knowledge required to deliver effective care.

We looked at the electronic system in place for recording the training staff were required to complete. We saw this was updated regularly and provided good information for both the registered manager and service managers to help ensure staff had the up to date information they required for their roles.

Staff told us they received regular supervision and appraisal. We saw there was a ‘Shape your Future’ system in place which provided an ongoing performance appraisal record for staff through three monthly meetings with their manager. Staff told us they found the system to be helpful and that they were supported to access regular learning and development opportunities.

We spoke with two members of staff who had been identified as ‘top talented’ and therefore offered particular development opportunities to support their progression in

Is the service effective?

the organisation. One of these staff told us, “I love working for Mencap. I’ve achieved ‘top talented’ and been involved in an aspiring manager’s course. I’ve been helping out with new teams, supporting staff to work together.”

Support plans we looked at were personalised and included good information for staff about the goals people wished to achieve as well as how they wished their support to be provided. The registered manager told us staff were encouraged to be creative with people when developing and reviewing support plans to ensure these plans were centred on the strengths and needs of each individual. Staff we spoke with told us they used a variety of communication aids to ensure people who used the service were involved in deciding what support they wanted.

Records we reviewed showed people were supported to ensure their health and nutritional needs were met. One person who used the service told us they were receiving support from a dietician to lose weight. Staff told us they would support people who used the service to devise weekly menus and try to encourage people to eat as healthily as possible. One staff member told us, “Where I work each of the people take it in turn to go to the supermarket to decide what they want to buy. We always try to ensure there is plenty of fresh fruit and veg available.”

We noted people who used the service had health action plans in place. These are documents which record the support an individual needs to stay healthy. We saw that these had been reviewed regularly with people to ensure they remained up to date.

Is the service caring?

Our findings

People who used the service gave very positive feedback about the staff who supported them. Comments people made to us included, “Staff are all great; they’re a nice bunch of people”, “We have good staff” and “Staff are kind”.

People we spoke with who used the service told us staff would support them to be as independent as possible. One person told us, “They [staff] let me be independent; they are letting me stay on my own for one night.” People also told us that staff respected their dignity and privacy. One person commented, “They [staff] knock on my door and shout my name.”

Our observations during the inspection showed that staff were respectful that they were supporting people in their own homes. We noted staff encouraged people to answer the door and the telephone in their home to promote independence. We noted staff always asked permission from people who used the service before undertaking activities such as making a drink, going into a room or going outside. During the inspection we observed staff interacted positively with the people they were supporting and encouraged people to discuss past events and future plans. This demonstrated that staff ensured that people who used the service felt they mattered.

Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a

commitment to providing high quality care and support to people. One staff member told us, “We go above and beyond to care for the people we support.” Another staff member commented, “We make sure we do things to improve people’s quality of life.” Staff told us they supported the same people on a regular basis; this meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff who supported them.

Relatives we spoke with told us staff treated their family members with respect and listened to their views and opinions. One relative told us, “Staff are really good. They look after [my family member] well.”

Care records we looked at showed people were involved in planning their own care and in making decisions about their home environment wherever possible. One person told us they, along with other tenants, had been supported by staff to make decisions about how they wished their property to be decorated. Regular tenant meetings also took place in the supported living schemes. These meetings provided a forum for people who used the service to discuss common issues such as menus, or ideas for service improvement. One person confirmed staff would always act on any suggestions they made. Another person told us, “I’m quite satisfied with the care and support I get from staff. There’s nothing I would change.”

Is the service responsive?

Our findings

People we spoke with who used the service told us they received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. Comments people made to us included, “I go to load of activities. “It’s great here” and “I’m going out for tea today and to get my toiletries; I plan it all myself.”

Most of the relatives we spoke with were confident that their family members received the support they required to meet their needs. However, one person was less satisfied with the support their relative received. They told us they did not feel staff were always assertive enough in their approach with their relative which meant they had lost weight when they initially moved in to the service. The relative also had concerns about the support staff offered their family member to maintain good personal hygiene. However, in spite of their concerns, they told us their relative was very happy with the care and support they received from the service.

We discussed the concerns raised by a relative with the registered manager. They told us they were aware of the concerns and had been working with staff to work out the best way to communicate with and support the person concerned, whilst recognising their right to make their own decisions such as the food they wanted to eat or the time they wanted to go to bed. They told us a ‘top talented’ support worker had been deployed to work in the team to develop strategies for staff to follow. They told us they would be arranging a review meeting so that the person who used the service and their relative would be able to discuss what was working well with the support plan and what might need to change in the person’s best interests.

The registered manager told us assessments were completed before people were accepted in to the service, including an assessment by the local authority to determine the level of support each person required. We were told care was taken to introduce people slowly to other tenants with whom they might live in supported tenancy schemes and to try and match people’s interests as much as possible. One person we spoke with told us they lived with three other people and that new people had been introduced gradually to others in the supported tenancy scheme to try and ensure that they would all get on together.

Support plans we reviewed included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. We saw that some support plans had been created using pictures to help people understand and contribute to what was included in them. Care records included the level of support people wanted from staff and information about how staff should communicate with them.

Records showed that people who used the service had been involved in agreeing their individual support plan and regularly reviewing whether it continued to meet their needs. One person told us, “I have had a review meeting. If I wasn’t happy with anything on my plan I would definitely speak to staff.” On one of the records the person who used the service had written on parts of their support plan and added photographs to some sections. There was a sheet for staff to sign to indicate they had read each person’s support plan to help ensure they understood the support that people wanted and needed.

We saw that people were supported to take part in a range of activities including swimming, horse riding, rock climbing and attendance at local college courses. People told us they were also supported to maintain contact with relatives and friends. One staff member told us, “We’ve arranged the rota so we can take a person swimming. We’ve both come in on our days off to do this.”

People who used the service were allocated a key worker who had responsibility for checking that people they supported were happy with the care they received. One person described to us how their keyworker would sit with them each month and review all aspects of the care and support they received. The key worker would then write up the notes and make any required changes to their support plan. Once this had occurred the key worker would sit down with the person concerned, read out what had been written in the support plan and then ask them to sign to indicate their agreement. This process demonstrated that staff were person-centred in their approach.

We noted the service used a number of tools to assist people who used the service to measure their quality of life. These included a one page profile which gave information about the things that mattered most to people who used

Is the service responsive?

the service and how staff should work with them to achieve their goals. Outcome based support plans also helped people to identify the help they needed to improve their quality of life.

All the people we spoke with who used the service told us they knew how to make a complaint and were confident they would be listened to by any staff member they spoke with about their concerns. We noted that an 'easy read' document was available for people who use the service which explained how they could make a complaint and provide feedback on the care and support they received.

Staff we spoke with told us they would always support people who used the service to make a complaint where

they wished to do so. One staff member told us, "The manager will always come and see the person face to face to try and sort things out; all the managers are good at responding."

We saw that complaints and compliments about the service were recorded. Where concerns had been raised we saw that action had been taken to investigate and provide feedback to the complainant. The registered manager told us that all complaints were recorded centrally in the organisation and monitored in order to determine any themes and trends in order to continuously improve the quality of the service provided.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC). They were supported in the day to day running of the service by several managers, each of whom had responsibility for particular supported living schemes in the service.

The registered manager told us that the key achievements of the service since the last inspection had been the increased focus on the quality of the support provided to people. They told us the recent safeguarding investigation had led to them having more regular contact with people who used the service and staff to monitor the quality of the service people received. They told us they regularly undertook 'spot checks' at each supported living scheme. This was confirmed by one person who used the service who told us, "The managers tend to come up once week to see if everything is alright."

The registered manager told us they were proud that the service delivered person-centred care. They told us, "Every support plan looks different. There are a variety of models used and people are encouraged to be creative in developing their own support plans."

We were told by the registered manager that a key challenge for the service was the recruitment of suitable staff. They told us that the organisation was in the process of launching a new apprentice scheme which they hoped would assist in encouraging more applicants for appropriate positions. They told us how they would support the development of staff through the 'top talent' programme and by encouraging staff to share good practice across services.

All the staff we spoke with told us they enjoyed working in the service and found the managers to be approachable and always available for advice or support. Comments staff made to us included, "Everyone from the management team will listen to you. I have found their support to be fantastic", "I feel valued as a staff member and am regularly told I am valued" and "I've really enjoyed the last year. I've had a mentor from the quality team and I loved the aspiring manager's course."

Records we looked at showed regular staff meetings took place. Staff told us they felt able to raise any issues with their manager and any suggestions they made were listened to and acted upon where appropriate.

We noted there was a staff award scheme in place. The registered manager told us they were aware they needed to be more proactive in putting staff forward for this award.

We saw there was an employee forum in place which included representatives from each region. The purpose of this forum was to afford staff the opportunity to express their views about the running of the service and for senior managers to consult with them on new initiatives. Staff we spoke with were aware of this forum and how to raise any issues with their staff representative for discussion at the forum.

The registered manager told us the organisation was in the process of introducing a new values based strategy called 'The Big Plan'. This was focused on making a difference to the lives of people with a learning disability. We saw the five values of the organisation were 'inclusive, trustworthy, caring, challenging and positive'. The strategy included the standards people who used the service should expect which included feeling safe, exercising rights and being part of a community. All the staff we spoke with were aware of this strategy and some had attended a national event to mark its launch. We noted people who used the service had also been involved in this event.

Information we reviewed confirmed that routine quality checks were carried out each month. The checks involved monitoring that support documentation was reviewed, including risk assessments and support plans. Other areas checked included safety of the environment, staff training, review meetings with people who used the service, complaints, incidents and any reported safeguarding concerns. The registered manager and service managers were able to monitor the status of these quality checks as they were recorded electronically on a central system; this system provided information for managers about the service's compliance against both internal and CQC standards.

We saw that the registered manager produced a monthly report which included an analysis of the key achievements of the service and any risks. This information was shared with senior managers in order for them to be able to monitor the quality of the service provided. A central quality team also provided support and monitoring for the registered manager.