Royal Mencap Society

Royal Mencap Society - Sheffield Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 21 November 2017 and was announced. The service was last inspected on 29 September and 1 October 2015. At that time, the service was rated 'Good' across each of the five key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Royal Mencap Society - Sheffield Domiciliary Care Agency' on our website at www.cqc.org.uk.'

The Sheffield branch of the Royal Mencap Society is situated on the outskirts of Rotherham and provides personal care and support to people living in their own homes and to people living in supported living settings in the Sheffield area. At the time of the inspection 92 people were receiving care and support from the service.

A registered manager was in post. 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.

The people that we spoke with had no concerns about the safety of the service. The registered provider had delivered training for staff and managers regarding safeguarding people. The staff we spoke with were able to explain the different types of abuse and what action they would take if they were concerned that abuse was taking place.

Relevant risks had been assessed and reviewed regularly. Risk was reviewed and maintained a focus on positive risk taking to support people's independence.

The recruitment system was robust, meaning that only staff with the right skills and aptitude were employed by the registered provider. Staff performance was managed via a system of staff supervisions and appraisals.

Staff were trained in a range of subjects which were relevant to the needs of the people who used the service. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity.

People who used the service spoke positively about the way in which staff provided support, spoke with them and the impact the service had on their life.

We had the opportunity to observe staff providing support during the inspection. We saw that staff demonstrated care, kindness and warmth in their interactions with people. It was clear from their conversations and manner that the staff knew each person well and valued them as individuals.

People were supported by staff who understood their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing. People were supported to shop for food and prepare meals in accordance with their specific needs and individual preferences.

People were treated with dignity and respect and their privacy was protected. People were supported by a service which was person centred and put their interests first.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. Staff described the services as promoting choice, independence and control for the individual. This choice included; staff, activities and times of support.

People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the registered provider followed the Mental Capacity Act 2005 to make the least restrictive decisions in people's best interest.

The organisation had a clear set of visions and values which were communicated in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice.

There were systems and resources available to the management team to monitor quality and drive improvement.

The registered provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families. The information was available in a range of formats. We saw evidence that people's views had been used to develop the service.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Royal Mencap Society - Sheffield Domiciliary Care Agency

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 16 and 21 November 2017 and was announced. The registered provider was given short notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection team included an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the registered provider. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the registered provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

We spoke with 14 people who used the service by telephone and visited and spoke with seven people in their supported living accommodation during the inspection. We also spoke with eight staff, including support workers, service managers and the registered manager.

When we visited, four people said we could see their written records, including their individual care and support plans. We also considered information contained in some of the records held at the service. This included the care and support records for three people, staff recruitment and training records and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People said they felt safe using the service and were treated well by the staff who supported them. They told us staff being there kept them safe. One person said, "Oh yes I'm safe." Another person said, "I'm happy with my support." A third person said, "I'm alright, just fine here." One person commented, "I feel safe here [staff member] is very good, he does everything. He is nice and when he is off, other staff come. They are all very nice."

The registered provider informed us in their PIR that safeguarding training was refreshed annually, enabling staff to identify how to recognise abuse and how to report concerns using the local safeguarding procedures. Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager and make records of what they had been told or witnessed. Staff knew how to contact the council safeguarding team in Doncaster.

Service managers told us there was up to date information provided to staff on how to raise any safeguarding concerns. They spoke of having made safeguarding referrals to the local authority and working with the local authority to investigate these.

People were provided with the support they needed to keep them safe in their accommodation and when they were out in the community." People told us staff accompanied them when out in the community. One person said, "I going out shopping tomorrow with my keyworker, then off to the pub." Another person said, "They [staff] help me with my cleaning and take me out."

Support workers told us how risk assessments were used to identify how people they supported could carry out activities as safely as possible. This ranged from day to day activities such as mobility and personal hygiene to taking part in their hobbies and interests as well as having new experiences.

The people who lived in supported living settings were supported by teams of staff who were assigned to work in the houses people shared with a small number of other people. People told us they felt there were sufficient staff available to support them and the other people they shared their home with.

Support workers said there were enough staff available to provide people with the support they needed. They said if there were not enough permanent staff to provide the cover needed then this was made up by staff working additional hours, by relief staff or one of the managers. Support workers also said any vacant posts were recruited to, when anyone new was supported, or when it was necessary due to changes in a person's needs. Some people were funded to have one to one staffing support to meet their specific needs. Staff also said how important and positive these support hours were for people.

Service managers described how they recruited support workers and how people who used the service were

included in the interview process. The registered provider informed us in their PIR that staff were only appointed once the required recruitment checks had been carried out to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The records we saw confirmed these recruitment processes were followed.

People told us, they were provided with the support they needed to take their medicines safely and at the correct times. Support workers told us they had received training on supporting people with their medicines and that following this they were then observed and assessed to be competent. A service manager confirmed that they, or assistant managers, undertook these assessments. Support workers displayed an understanding of safe practices and how to respond in the event of an error being made.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People told us they were supported by staff who knew how to provide them with the support they needed. One person said, "They [staff] do loads for you. They help you out." Another person said, "I'm happy with them [staff]. They do my finances, general tidying and getting me out and that's good." Another person commented, "They [staff] turn up on time and have never missed." While another person said, "I don't always get the same staff, but that's OK. All the staff are good."

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. The registered provider informed us in their PIR, that all new starters completed the Care Certificate. This was done within their first 12 weeks of employment, which the registered manager confirmed. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Support workers told us they completed a training programme which covered the key areas they needed to provide people with the support they required. They told us they were reminded when there was any training due to be updated. Support workers said they were provided with any additional training they may need to meet a person's needs that was not included in the training programme. For example, training packages were provided about how to support someone with a specific health condition. They also told us they could request any additional training if they felt this would be beneficial. The service managers all said they were currently developing their managerial skills, undertaking a management based qualifications.

All staff had an individual development programme, known as 'shape your future.' This provided a forum where staff discussed their work individually with a manager who was assigned to be their supervisor. This identified any additional training and support needs and they were given feedback on their work performance through an annual appraisal.

People said staff respected decisions they made. One person said, "One person said, "I do my own thing like go to bed when I like and get up when I like. I live on my own they [staff] just support me to do somethings." Another person said, "I go out and they [staff] go where I want to go. You just ask them." One person said that staff encouraged them to do things they hadn't done before. Another person said, "I can wear what I want to."

Staff told us they obtained people's consent about their support and any other matters, wherever possible. Staff were able to describe the best way each person could be supported to retain and understand the information they needed when making a decision. One support worker described how some people had been supported to make decisions on the décor and furnishing of their home using technology and providing visual images.

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. The registered provider included information in their PIR about the principles of the MCA being embedded within the practice, as all staff had MCA training. The registered manager and all service managers had also attended more in-depth training regarding MCA and DoLS and were regularly involved in best interest meetings.

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. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. The registered manager told us they had notified the local authority of circumstances where people they supported may be deprived of their liberty for them to consider if an application was required.

We checked whether the service was working within the principles of the MCA and found staff had a clear understanding of the principles of this legislation. There were assessments of people's capacity to make specific decisions included in their support plans. Where people had been assessed as not able to make a specific decision this had been made in their best interest.

The records we saw showed that relevant people from a person's circle of support (which include people's family, friends and other involved professionals) were involved in making decisions in a person's best interest. There was information included in people's support plans about who should be involved in certain decisions that may need to be made. For example, if there were significant financial implications for the person to a decision being made.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. People told us they chose what they wanted to eat. One person told us, "I do my own pack up for lunch when I go to work; we have a menu for food in the house. You can choose different things. You can have what you want really." Another person said, "I'm happy with food. I cook English food. I cook for myself. I'm a good cook. I cook shepherd's pie, lasagne and pasta bake. I also do Sunday dinner; I buy Yorkshire puddings and put them in the oven. Staff help me."

Staff told us if they had identified any worries about a person's nutritional intake they involved other healthcare professionals such as dieticians and GPs, as well as speech and language therapists (SALT) who provide advice on swallowing and choking issues. Staff told us some people needed to be supervised when eating and had their meals prepared in a certain way. This was to help them digest their food and prevent them from choking. Staff said people were encouraged to eat a healthy diet and they referred to ensuring people had 'their five a day' of fruit and vegetables. Service managers told us staff were provided with training on nutrition from a nutritional nurse and SALT staff who had attended team meetings.

The registered provider informed us in their PIR how each person's health was monitored and any essential information was available to pass onto any healthcare services a person used. They also wrote that people attended regular appointments with the health professionals involved in their support, and that people living at one address had been involved in a pilot with their local GP surgery for the use of virtual weekly appointments. People said they were supported to attend routine healthcare appointments and wellbeing checks. One person said, "My health is well taken care of." They told us they went to the local doctor and dentist for check-ups. Support workers told us they understood people's health needs and how to support them with these. They spoke of having a lot of support from healthcare professionals and said they had good working relationships with them.

Good

Is the service caring?

Our findings

Everybody that we spoke with was positive about the way in which staff provided support, the way that staff spoke with them and the impact the service had on their life. One person said, "Yes, staff are caring. I'm going to a meeting this afternoon and [staff member] is going to help me to understand it. He always helps me." Another person said, "Yes I like the staff. I'm happy where I live. The staff are nice and kind." Another person said, "They [staff] make me laugh a lot." We asked people who used the service if they felt staff were respectful and listen to them. People confirmed that they did.

We had the opportunity to observe staff providing support during the inspection. We saw that staff demonstrated care, kindness and warmth in their interactions with people. It was clear from their conversations and manner that the staff knew each person well and genuinely valued them as individuals. When we spoke with staff they described each person and their needs in detailed, positive terms. We saw that staff were respectful of people and provided care and support in a flexible way. We asked people who used the service if staff asked them how they would like their personal care. People told us that they were very happy with the staff and the support they provided. For instance, comments included, "Yes [staff' member] asks me if I want help," and "They [staff] do what you ask them to do."

Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Where people didn't use speech, staff used alternative methods of communication to ensure that their needs were being met. People who used the service felt valued and involved in the development and delivery of support. We spoke with people about their choice of staff and were told of people being involved in the interview process. Hobbies and interests were considered as part of the selection process to ensure that people were well-matched. This meant that there was a greater chance of people developing positive relationships and shared interests. Staff were also recruited subject to the completion of a probationary period, which included the views of people who used the service in the decision making process.

The records we saw demonstrated that staff and the registered provider paid a lot attention to detail in the production and distribution of information. For example, the guide to services was produced in different formats to meet the needs of a wide range of people. People told us that they felt involved in discussions and were kept well-informed about things that were personal to them. They were also given information about things happening in their region and nationally. Some people were supported by staff to attend important internal and external events about disability rights and shared this information with other people who used the service. Information was shared at tenant's meetings, through newsletters and on the registered provider's website.

The staff that we spoke with described the services as promoting choice, independence and control for each person. We were provided with a number of examples where people had been supported to achieve their goals and to enhance their lifestyles, relationships, health and wellbeing. In each case people had been provided with information in a way that made sense to them. This was mostly written in plain English and was also available in different, accessible formats to make it easier for people to understand and engage

with. The use of images was personalised to improve people's understanding. For example, some people made use of cartoon-style drawings while others preferred photographs to support the written word.

Local commissioners provided positive feedback about the service. Although one social care professional highlighted some areas for improvement in the support provided to one person, but they also said the service had maintained the person's tenancy, provided further training to staff and maintained continuity in the staff team, who were very accommodating. We saw evidence that the service had worked closely with the person and their social worker.

We asked people about the need to respect privacy and dignity. Staff were clear about their roles in relation to privacy and dignity and gave an example of a complex situation which was under constant review to ensure that people's privacy and dignity were maintained. Staff were also clear about the practicalities of privacy within shared homes. They provided examples where people had been guided and supported to maintain their own privacy and respect the privacy of others. When we were invited to look around people's homes, staff took time to ask people if they were happy for us to be there and knocked on doors and waited for an answer before entering. Staff were clear that they were working in somebody else's home and were able to explain why professional boundaries were important in helping people to maintain their privacy and dignity.

The easy-read support agreement provided to each person accessing the service clearly outlined what people could expect from the service and what their responsibilities were. It provided information on independent advocacy and contact details for the Care Quality Commission should people need them. It was clear that the service had provided information, support and advocacy to a high standard. It was also clear that each of the people had benefitted from the changes made and the increased levels of autonomy and independence achieved.

Good

Is the service responsive?

Our findings

People told us they were very satisfied with the service they received. They said it was provided by support workers they knew, and who understood their needs and preferences. For instance, one person told us, "I get on well with staff here. I like people who know me. They are nice people."

The support people needed was explained in a care plan and was kept under review. The registered provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. The written information in the plans was detailed and respectful. Key documents were signed by people using the service where appropriate. The person centred plans we saw provided a clear indication of the person's likes and dislikes. They also included details of how the person wanted to be supported and what their goals and aspirations were. They contained information from the person's perspective about how they wanted to live their lives and what they liked and did not like doing. People had been involved in developing and regularly reviewing their plans and they told us their reviews included making plans for the forthcoming year, such as planning and organising a holiday.

Support workers knew the people they supported well. They told us this was because they visited the same people regularly and read people's care and support plans. One service manager told us before agreeing to provide a service the management team met the person and their family or representative, to carry out a detailed assessment. They explained this gave the service the opportunity to assess if they could meet the persons support needs and expectations. We were told that matching staff to people took into account their needs and interests.

The service supported a number of people whose behaviour could be challenging to other people and staff. Where this was the case, care and support plans included guidelines for support workers on how they could support the person to manage this. For example, one person's care plan noted they could become agitated if support workers did not understand what the person was trying to communicate. There was information included in the person's care plan to help support workers understand what the person might be trying to say if they behaved in a certain way. This meant staff could prevent and reduce incidents where the person became frustrated and challenging.

Support workers had the information they needed to support people and respond to any changes in people's needs. Support workers completed records at each visit with information about the care and support provided and any changes to the person's needs. Staff told us they supported people to achieve the things that were important to them, and people's care records showed how people were supported to plan outings and to maintain their interests. People's comments included, "I go out to town shopping on a Saturday to buy things," and "You go out anywhere, they take you were you want to go, like shopping or town." One person told us they were having a party for their birthday. They said, "My friend from [a social club] is coming and my brother, I've been out shopping and bought beer and wine for the party. I can't wait. I'm so happy."

People were allocated a keyworker. Keyworkers were responsible for overseeing people's care, and

supporting people to plan how to meet their goals and aspirations. One person told us their support workers supported them with their day to day life. They said, "I like going to the pub." Another person said, "I go to the local hairdresser, when my hair gets too long." One person commented, "I'm alright here. I go to the bank and draw out my money and pay for things. I have my own account and card that I use." Another person described how staff supported them, saying, "They [staff] help me with my money, I do my own cooking and food shopping, but they help me buy clothes and that. I go on the bus with them to get things."

Staff told us people who used the service chose who they wanted as their 'keyworker'. This was usually a support worker they had formed a positive relationship with. A key worker is a member of support staff assigned to an individual. Staff explained new staff were allocated as second keyworkers, which enabled them to work with an experience keyworker whilst they learnt about the role and the accompanying paperwork.

We looked at how complaints were managed. People were given a number of options if they chose to complain about the service. They could speak directly to staff or managers. People could also use the easy to read complaints process. People we spoke with told us they had no complaints but knew how to complain and would be confident to raise any concerns. People told us they would approach staff if they needed to. One person told us, "One person told us, "I've been with them [the service] five years and never needed to complain." One person said, "No, never had a problem. No problems at all." Another person told us, "I speak with [staff member]. She is my worker." Another person commented, "I never had to complain, but if something serious was to happen I'd be confident to speak up." Another person commented, "I asked about one thing I wanted changing and it soon got better."

The service managers told us people were encouraged to discuss any concerns at their monthly meeting with their keyworker. Support workers told us they would support people to share any concerns or make complaints. They told us they would refer any concerns people raised to the manager on duty. They were confident concerns would be taken seriously and dealt with effectively.

There was a complaints policy which set out how people could make a complaint to the registered provider, and what timescales responses would be made in, as well as what action complainants could take if they were unhappy with the registered provider's response. We reviewed complaints received by the service since the last inspection. It was evident that complaints received were managed in line with the registered provider's policy and procedure. When complaints had been received the registered manager had taken appropriate steps to investigate and provided the complainant with a written response, taking action to address any shortfalls or implement changes where required.

Good

Is the service well-led?

Our findings

People spoke positively about the quality of the service provided. For instance, one person told us, "Yep, I don't want any change. I'm happy with things."

The registered provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to inform us about important events and incidents that occurred. They also shared information with local authorities and other regulators when required.

There was a clear management structure within the service; this included the registered manager and a team of service managers. We were told the 'day to day' running of services was the responsibility of the service managers, with the registered manager focusing on decision making, compliance monitoring, systems and processes.

The organisation had a clear set of visions and values which were communicated in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice. The core values reflected people's rights to equality, opportunity and independence.

People and those who were important to them, such as their close relatives were encouraged to provide feedback through a range of formal and informal processes, such as survey questionnaires and in discussions with staff such as at their reviews. The registered manager told us they visited and spoke with people who used the service at regular intervals, asking if anything needed to be changed to make it better. Several people also said they attended regular meetings and other forums where they were asked about their opinion of the service, such as tenants' meetings. One person who lived in a supported living setting said, "I go to meeting with other people who live here." Some people who lived on their own said they did not often attend forums or meetings. The registered manager told us about initiatives underway to involve people more and provide them with opportunities to express their views in a social and fun way.

Information about the outcome of questionnaires was shared with people and their families. The information was available in a range of formats on request. We saw evidence that people's views had been used to develop the service. For example, new activities and events had been introduced following people's feedback.

Staff members were provided with sound leadership. They told us they could contact the registered manager if needed and they saw them at staff meetings and other events. Staff spoke positively about the service and said they were proud to work for Mencap. They felt involved in developing the service. They told us they had regular staff meetings and were kept up to date with information in newsletters.

Staff told us they could always contact a manager for advice, including outside of usual office hours, as there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy. The registered manager told us that there was a national telephone line, for all staff called the 'speak out' whistle blowing reporting line.

The registered manager had effective systems and resources available to them to monitor quality and drive improvement. The registered manager and other senior managers completed a series of quality and safety audits on a regular basis. Important information was captured electronically and used to produce reports. These reports were shared with senior managers and quality specialists throughout the organisation and used at a local level to monitor and drive improvement.

There were clear policies and procedures to help guide staff conduct and help measure performance. The registered manager and the service managers were knowledgeable about their roles and responsibilities. They spoke with enthusiasm about working for the organisation. They said that they were well supported by senior managers.