

Royal Mencap Society

# Mencap - Newark Domiciliary Care Agency

## Inspection report

Link Suite, Commerce and Technology Centre  
Manners Road  
Newark  
Nottinghamshire  
NG24 1BS

Tel: 01636614027

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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

About the service: Royal Mencap Newark is a supported living service. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 36 people were using this service. The service can support people who have a learning disability, sensory needs and/or a physical disability. It can also assist people who have mental health needs. The service had its office in Newark providing support to people living in Nottinghamshire.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person centred support that is appropriate and inclusive for them.

People's experience of using this service: Staff provided person-centred care based on people's choices, preferences and likes. People were supported to do the things they wanted to do. People were safe from harm because the provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area.

Staff dedication was valued by people who received care and their relatives confirmed this. Risks were managed effectively. Staff were recruited safely and sufficient numbers of staff were employed so that people's needs were met. People received effective support with their prescribed medicines and medicines that were as and when required.

People were supported to keep their homes clean and staff followed good food hygiene practice. Staff were trained, skilled and well supported by the management team to do their job. People and staff had positive and caring relationships with one another. Staff protected people's rights; to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records were in depth and reflected people's current needs. Feedback records from people and relatives showed us staff were kind and caring. People's privacy and dignity were respected. Staff promoted people's independence in all aspects of their life. Complaints and concerns had been responded to appropriately. Quality audits had been completed effectively.

There was a registered manager in charge of day to day operations, whose office team were in regular contact with staff and people.

Rating at last inspection: At the last inspection on 8 April 2017 we rated the service Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mencap - Newark Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** One inspector carried out the inspection.

**Service and service type:** This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. At the time of inspection, the service supported 36 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection because we wanted to make sure someone was available to speak with us. We visited the registered office on 13 December 2019, made telephone calls to people receiving a service and their relatives on 19 December 2019 and with prior consent visited 14 people in their homes on 24 December 2019.

**What we did before the inspection:** Information had been gathered before the inspection from notifications sent to us. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services and reviewed other information from people who made their views known to us.

The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our

inspections.

During the inspection: We spoke with the eight care staff, two assistant managers, three service managers and the registered manager. We looked at care files belonging to six people who used the service and recruitment files including training records for five staff. We viewed records and documentation relating to the running and monitoring of the service.

After the inspection: We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse and avoidable harm.

Systems and processes to safeguard people from the risk of abuse ☐☐☐

- We spoke with people using the service who told they were always supported safely. One person spoke positively about the service and said, "They look after me."
- Staff were aware of the signs and symptoms of abuse and told us they would report any concerns to the registered manager or their line manager. ☐ ☐
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Assessing risk, safety monitoring and management ☐☐☐☐☐

- People were protected from risks associated with their care and support and records were completed. Some people required hourly observations to make sure they were safe and these were recorded effectively.
- Risk assessments had been completed and regularly reviewed for each person's level of risk, examples included when people needed support when they became anxious or during and following a seizure. ● Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating risk assessments. These records had been reviewed regularly.

Staffing and recruitment ☐☐☐☐☐☐☐

- We checked the recruitment files of five staff members and safe recruitment and selection processes were followed. ☐☐☐☐☐☐
- People using the service were involved in the recruitment of new staff. "One person said, "I love it-helping with recruitment." ☐☐☐
- People and relatives told us there were sufficient staff to meet their needs. ☐☐
- The provider had arrangements in place to cover unplanned staff absence. ☐

Using medicines safely ☐☐☐☐☐☐☐☐

- People received their medicine safely and medicine administration forms were completed accurately.
- The service had clear guidelines for staff to follow if people required medicines that were taken as and when required. ☐☐☐☐☐
- Regular medicine audits had been completed. Any errors were reviewed, and appropriate action taken. ● Staff had medication training as part of their induction and had their competency regularly assessed.

Preventing and controlling infection ☐☐☐☐☐☐

- Policies and practices in the service ensured people were protected by the prevention and control of infection. □□□□□□

- Staff had received food and hygiene training. People were supported safely and effectively to keep their homes clean and tidy. A relative said, "The house is always clean."

Learning lessons when things go wrong□□□□□□

- People and relatives told us they were happy with the service offered and if they had any issues these were resolved quickly.

- Staff and management met regularly to discuss all areas of care delivery to make sure the service continued to offer safe care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed assessment of people's needs had been completed before they used the service. Care plans were regularly reviewed with people and their representatives or sooner if people's needs had changed. A relative said, "We are very happy with the care. Staff are very friendly. [Family member] is spoilt rotten and is such a happy soul." ☐

- People with diverse needs were supported and respected in a way that made sure they were not discriminated against. Care plans recorded people's preference of whether they would have a male or female carer to support them. ☐☐☐☐☐☐☐☐

- Staff were able to carry out caring tasks in people's home where the environment was assessed and reviewed to ensure it was safe.

Staff support: induction, training, skills and experience ☐☐☐☐☐

- People were supported by staff who had completed a 12 week comprehensive induction programme. One staff member said, "I got a real in depth and informative induction." The induction included face to face training, e-learning and shadowing experienced staff on their shift. ☐

- Records confirmed staff had received all the training required to carry out their role. Where required bespoke training was planned and delivered to meet the needs of people.

- Staff received regular supervision and an annual appraisal of their performance. Regular competency spot checks were completed by management on care staff when they were delivering support in people's home. A staff member said, "I love it (the job) -the interaction and I love it when I can help make a difference."

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

- People were supported with menu planning and shopping for groceries in store and on line.

- People were supported to freshly prepare meals that were nutritious. People who were diabetic were offered support to create a healthy eating file. ☐☐☐

- Regular monitoring of food, fluid intake and weight were carried out when required. Professional advice was requested, when necessary; examples included support from dieticians and speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records reviewed confirmed staff worked well with other agencies, health care professionals and

social service officers.

- Staff supported and encouraged people to maintain healthy lifestyles and attend health appointments. ● Services of healthcare professionals were accessed as required; staff maintained good working relationships with healthcare professionals for the benefit of people they supported.

Ensuring consent to care and treatment in line with law and guidance□□□□

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. The service worked within the principles of the MCA when people received care and treatment in their own home.

- The registered manager confirmed people would only be restricted with their liberty to make sure they were safe, following 'best interest' decisions made by the person's representative and a multi-disciplinary team of professionals. Records reviewed confirmed where this was required appropriate documentation was in place. □

- The registered manager, office staff and support workers all had a good understanding of the MCA and how this impacted on people's daily lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity ☐☐☐

● People were supported by kind, caring and compassionate staff. One person said, "The staff at Mencap are marvellous." ☐☐☐☐

● Staff had taken the time to get to know people and their preferences or wishes. This included learning how people expressed themselves. Some people used non-verbal communication like picture cards, assistive technology on tablets and Makaton (a form of sign language) to express their views and wishes. ☐☐

● Relatives we spoke with were complimentary of the staff and told us staff always respected their loved ones wishes. A relative said, "[Family member] is always clean and dressed well. There's never anything to worry about." ☐☐☐☐☐☐☐☐☐☐☐☐

● Staff members told that they really cared about their work and one person said, "You can't teach compassion (you either have it or you don't)." Another member of staff said, "People we support are fantastic and I absolutely love working here." ☐☐☐☐☐☐

● Staff told us how they really enjoyed their job. All staff were passionate about their work and the difference they were able to make in people's lives. One staff member said proudly, "We [people and staff] are one big happy family, and we really care about people." This was confirmed when we visited people in their home and observed staff support people. Another staff member talked about supporting people and said, "We have a bit of banter, a laugh and a joke... puts a smile on everybody's faces."

● Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people.

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

● People had created their own pen profiles in their care files which expressed their likes or dislikes and staff respected these. One staff member said, "It's about how you talk to people, it's all about respect."

● People made choices about their daily routines and led the way in how they wanted their care and support delivered. ☐☐☐☐☐☐

● Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence ☐☐☐

● People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. ☐

● Relatives confirmed their loved ones were encouraged to be as independent as possible.

- People's care records were handled in a way that protected their confidentiality and complied with data protection legislation.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and devised with input from people and their representatives. Based on people's lives, skills, abilities and how they or their representatives preferred to manage their health and care needs. One person told us, "In my previous service I couldn't go out. Now at Mencap I go out into the community. I do the shopping for the house and sometimes make tea for me and the staff."

□□ ● Staff had the skills to meet, as well as an understanding of people's social and cultural needs, diverse values and beliefs. Feedback from people's representatives showed staff responded well to meeting people's needs. □□□□□□□□

- Festive occasions were celebrated together with staff. An example being, at Christmas staff dressed up as Santa and gave out gifts making many people very excited and happy seeing Santa visit their home. ● Relatives were reassured that staff had good knowledge of people's needs and preferences. Examples included the different ways people expressed themselves, clothes they liked, music they enjoyed and foods they preferred. □□□□□□□□□□

- Staff were dedicated to providing a responsive service where people had access to a variety of personalised activities. One person told us about their day to go and watch a football match of their favourite club and proudly told us, "I went to watch my [football] team!" Another person excitedly shared their picture album with us from a recent visit to Disneyland. □□□□□

- When people could not be supported safely in a shared home the service organised a multidisciplinary meeting involving families, appropriate health and social care professionals to plan a safe move to a new home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them □□

- People were supported to take part in individual and group activities to help reduce the risk of social isolation. □□□□□□□

- When we visited people in their home they had friends over for tea and mince pies to celebrate Christmas eve. Everyone enjoyed the happy and festive experience.

- People were supported to maintain important relationships with friends and family. One person happily told us, "I am having Christmas with my family."

Meeting people's communication needs □□□□□□□

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. For example information was available in a larger font and picture format to help people understand what was being shared.
- Some people communicated using Makaton (a form of sign language). The manager liaised with the local SALT (speech and language therapist) team and two staff training sessions were delivered by them. This enabled people to be supported effectively using their preferred communication.

Improving care quality in response to complaints or concerns

- Copies of the complaint procedures and complaints form were available for people to use and available in a format they could understand. People were able to talk with a care worker they trusted if they were not happy about something. □□□□□
- Three complaints had been received over the last 12 months and all had been responded to appropriately.
- The registered manager regularly visited people at their home to gather informal feedback about people's experiences. □
- 25 annual feedback surveys were received from people and their relatives. All stated they were 'Happy' and 'Very Happy' with the service they received.

End of life care and support□□□□□□□

- No one was currently receiving this type of support. The registered manger told us if people required end of life support they would offer this sensitively and with appropriate medical intervention needed for a peaceful death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ☐

● Management and staff demonstrated a commitment to provide high quality care through the culture they created among the workforce. Staff member said, "It's all about teamwork and making it enjoyable for the people we support." ☐☐☐☐☐☐☐☐☐☐

● Staff were signed up to the service's culture and demonstrated the values through the support they gave to people. Our visits to people in their home confirmed this.

● People and their representatives were fully involved in discussions about their care. A relative said, "I'm very pleased with everything they do." ☐☐

● Staff told us they were able to attend staff meetings and have their opinions heard. One staff member said, "You can disagree with the management and they take on board your views. If they've done something wrong they'll hold their hands up and acknowledge it." Staff also told us the service constantly offered additional training to develop their skills and expertise.

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

● Quality audits were completed regularly to review care plans, medicine records, staff files and behaviour management plans. This enabled the registered manager to have an overview of all areas of people's lives, such as attending medical appointments, undergoing health checks and any changes in needs. This information was used to prepare an action plan to show what tasks were outstanding, who was responsible for arranging these and when they should be done by. ☐

● Staff were clear about their roles, having been given information on induction and thorough training. They were introduced to people who used the service while shadowing other staff members.

● Staff told us the management were very supportive and were always available to talk they needed to talk about anything. During our office visit, laughing and discussions could be heard between office staff and care workers. One staff member spoke positively about an occasion and said, "[A service manager] has been really supportive when I was going through a very difficult time personally." Another spoke about their manager and said, "I had to fly overseas at very short notice and my manager was fantastic." ☐

● The registered manager was aware of their registration requirements. They had informed appropriate

agencies and organisations of events that happened at the service.

Continuous learning and improving care and working in partnership with others□□

●The registered manager regularly attended the provider's senior regional leadership team to discuss best practice and innovation alongside discussions on safeguarding, recruitment, training and up-coming events. This information was then cascaded to people at house meetings and at staff meetings. □ ●The management and staff worked very well with health and social care professionals to offer a joined-up service.