Royal Mencap Society

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC)

Inspection report

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Website: www.mencap.org.uk

Date of inspection visit:
24 August 2016
25 August 2016

Date of publication:
11 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 the 24, 25 and 26 August 2016 and was announced. The provider was given 48 hours' notice of the inspection because we needed to ensure that somebody would be available to meet us in their offices.

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC) is a domiciliary care service which provides personal care and support to people living in their own homes, within shared supported living premises. The majority of people have learning disabilities and/or autistic spectrum disorders.

There was a registered manager 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.

People were safeguarded from avoidable risk of harm and staff understood the process to follow to report concerns regarding people's safety. There were risk assessments in place which detailed how people could be supported safely. Protocols and guidelines were in place to support staff to develop consistent approaches to the management of behaviour which might have impacted negatively upon others. People's care plans were person-centred and based on established and stated outcomes for people. These were subject to regular review with involvement from people and their relatives where possible.

People's healthcare needs were identified and met by the service, and good links had been formed with external healthcare agencies. If people required support with eating and drinking then their likes/dislikes and dietary needs were listed in their care plans. People were supported to explore their hobbies, interests and activities, and work towards objectives which promoted learning and independence. They were treated with dignity and respect and had opportunities to have their opinions and views heard. People gave their consent to receiving care and support at the service.

Staff received a variety of training to enable them to carry out their duties effectively and completed a thorough induction programme when they first joined the service. Staff understood the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) and these were applied correctly in practice. The recruitment processes used to employ new staff were safe and ensured that staff employed had the skills, character and experience to meet people's needs. There were enough staff to keep people safe and protocols in place in case of severe shortages or staffing issues. Team meetings were held both centrally for the management team and within people's individual houses.

Staff were not always supported through a program of supervision and appraisal and the frequency of these varied between the different supported living premises.

There was a robust quality monitoring system in place for identifying improvements that needed to be made

across the service. People, staff and relatives were positive about the management at all levels and felt supported to develop and contribute to 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?

Good

The service was safe.

Staff demonstrated knowledge of how to keep people safe and there were regular assessments and reviews of risks to people where required.

There were sufficient numbers of staff available to meet people's needs safely.

People's medicines were managed appropriately and stored correctly.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received a good range of training but expressed concerns that they were not always trained to understand or manage behaviour which may have negatively impacted upon others.

Staff were not always supported through a regular programme of supervision and appraisal.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have their dietary and healthcare needs met where required.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people and a good knowledge and understanding of people's needs.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from them and their relatives.

There was a creative and full activity programme in place for people to engage in hobbies and interests, and work towards positive outcomes.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

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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 over three days on the 24, 25 and 26 August 2016 and was announced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has knowledge and experience of using this kind of service. We made visits to eight people in their own homes on the 24 August 2016 and then visited the provider's offices on the 25 August 2016. The expert by experience made phone calls to people and their relatives to gain their feedback on the 26 August 2016.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection reports and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with ten people who used the service and two relatives to gain their feedback. We spoke with five members of care staff, two service managers and the registered manager.

During our visits to people's home, we observed the interactions between members of staff and people who

used the service, and reviewed the care records and risk assessments for seven people who used the service. We checked medicines administration records, and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People using the service told us they felt safe being supported by staff in their own homes. One person said, "Yes, I'm safe." Another person told us, "I'm safe here, the staff take good care of me." A relative was able to provide an example of how the safe environment created by the service had a positive impact upon their family member, saying: "It's just 18 months since [person] moved to this provider from [placement] where they had spent the previous 30 years. Though this has been a very big change, it's obvious that [person] is happy and feels safe, even though they are taking time to come to terms with the changes of routine and environment. Last year we offered [person] the chance to come home to recover but they chose instead to return to the house. This made it clear to us how safe they felt, even in a relatively new setting."

The staff we spoke with had received training in safeguarding people and were able to tell us in detail about the types of abuse that vulnerable people may be at risk of being exposed to. One member of staff said, "Our response would be dependent on the type of abuse, the level of risk and the safeguarding policy. I would report concerns to my manager, the social services or the CQC if necessary. Luckily I've never had to, but we're all trained to know what to do in that situation." The service had a thorough safeguarding policy in place which provided details of agencies that staff could contact if they were concerned that somebody was being abused. Staff demonstrated a good understanding of the ways in which they could keep people safe on a day-to-day basis. For example one member of staff said, "We make sure everything is secure in the house, we check the alarms, check on them at night, and we use the care plans to tell us what people need and how to assess the risks to them."

People we spoke with told us there were enough staff available to meet their needs. One person said, "There's enough staff here." We looked through the rotas for two of the supported living properties and found that there were enough staff to meet the specific needs that people had. For example in one service where people required two-to-one support in the community, there were always two available members of staff to take them out if they desired. One of the service managers told us that they had faced a challenge at night time when a person's needs had changed and they required two staff to hoist them. However they had identified this issue early and put measures in place to support the person's needs safely. One of the other service managers told us, "Staffing is really flexible to be honest. If we know somebody needs extra support at a certain time of day, we can arrange it. We try and keep staff busy as people don't always want to go out or engage, but there's definitely enough here to meet their needs." The service operated an on-call system where a responsive manager could be contacted in an emergency.

Risk assessments were robust and detailed and centred around the specific needs of the person. The provider promoted a culture in which risk was not a barrier to developing people's lives and a positive approach to risk taking was adopted across the service. There were detailed protocols in place for the management of behaviour which may have had a negative impact upon others. We looked at the care plans for two people who displayed this kind of behaviour and saw that there were robust. There was also clear guidance for staff to follow to manage challenging situations, as well as risk assessments which determined the level of risk in various situations, and how this could be managed. There were individual environmental risk assessments and emergency files in place for each of the houses to ensure that they were safe for staff to

provide care to people. People's care plans included PEEPs (personalised emergency evacuation plan) which detailed the ways in which staff could support them in case of a fire or any other type of emergency. The risk to staff of lone-working with individuals in their own homes had been assessed separately for each person.

There was a robust recruitment policy in place which was being followed to ensure that staff had the correct skills, knowledge, character and experience to fulfil the role they were recruited for. All of the staff files we looked at contained completed DBS (Disclosure and Barring Service) checks. DBS is a way of assessing whether potential employees have any prior convictions on record to enable employers to make safer recruitment decisions. Each employee had two references on their file which had been correctly validated. Application forms were completed and staff were expected to complete a competency-based interview in key areas such as handling people's finances, assessing support plans and their understanding of the provider's values. A service manager told us, "We will wait until we get the right person through the door, we won't just recruit anyone. They have to be the right fit, the right character."

People's medicines were managed safely. During our visits to people's homes we looked at the arrangements for the storage, ordering and checking of medicines and found that there were suitable protocols in place to manage them correctly. We looked at the MAR (medicine administration record) charts for six people and saw that these were completed correctly with no unexplained gaps. Each person had information in their care plans about the medicines they took, the reason they were prescribed and their preferred method of administration. We saw that there had been risk assessments completed to assess whether people could self-medicate. One of the service managers we spoke with was able to tell us about how they had encouraged one person to manage and take their own medicines over time.

Requires Improvement

Is the service effective?

Our findings

Prior to the inspection we received information that staff did not always receive training which would provide them with the necessary skills and techniques to be able to manage behaviour which may have had a negative impact on others. When we asked the staff about this, one told us, "I have done some training a few years ago, but refreshers would be useful." Another member of staff said, "I think more training is needed sometimes. There's a lot of challenging behaviour here. It can be hard for the new staff." We spoke with the registered manager about this who told us how they had worked immediately with the local intensive support team to look at the situation and help to develop guidelines and support for staff. Steps were taken immediately following the incident in June to get support for staff to understand how to work with the person who exhibited the behaviour which may impacted negatively on others. By the date of the inspection the service had held a meeting with the intensive support team who had gone through the guidelines with the team and discussed how they should be used having sourced information from each team member individually to develop them. She acknowledged that some additional training would be beneficial and that staff were booked to attend training in positive behaviour support, as well as refining guidelines for working with individuals who required this level of support. She said, "We don't use physical interventions and we want to try and encourage proactive positive support first and foremost." None of the staff we spoke with told us they had needed to use physical interventions. The guidelines and risk assessments in place were robust and detailed enough to provide staff with approaches, techniques and methods of managing this behaviour while the provider sought further training in this area. We saw that for people who were experiencing an escalation in this type of behaviour, appropriate referrals were being made and advice sought from professionals were needed, including the local intensive support team.

People and their relatives told us that they felt staff were well trained and offered effective support. One person told us, "The staff are very good people and very good at their job. I'm in a place where I feel happy. I like living here as they let me go out and be independent." We spoke with a relative who was enthusiastic about the way in which staff understood how to communicate with their loved one and support their needs. They said, "Some staff are able to communicate things in a way which increases [person]'s willingness to do things, and their encouragement helps increase flexibility."

Staff told us that they received training which was relevant to their role and provided them with the knowledge and skills to carry out their roles effectively. One member of staff said, "We're all trained as part of our induction and that includes the essential things like medication, safeguarding, moving and handling and first aid. Then if you need any extra training you can always ask. I've done a lot of courses since I started here." We looked at the training records for twelve members of staff and saw that in addition to training the provider considered essential, staff had been provided opportunities to take courses in autism awareness, person-centred planning, record-keeping and end of life care. Managers working for the provider were given training in leadership skills and opportunities to take part in development programmes. All staff were given the chance to undertake professional qualifications to further develop their knowledge and experience. One member of staff told us, "I've done level 2 and 3 NVQs and my advanced diploma. They really try and get you as qualified as possible."

Staff were supported by an program of supervision and appraisal which identified their on-going needs. All of the staff we spoke with told us they received appropriate levels of supervision from their manager and that the support they were offered helped them within their roles. One member of staff said, "I've just had a 'shape your future' session where we sit down and talk about my training needs and progress. If I need anything then they'll help me out, no problem." When we looked in staff files we found that the frequency of supervision was variable across different parts of the service. While most staff received regular supervision, some had not received a supervision for several months at a time. We spoke with the registered manager about this who acknowledged the difference in frequency and was able to show us the monitoring tool they used to identify gaps in supervision and how this was being addressed with the service managers in question. Because the format used for supervisions was not managed in a consistent way in different services, there was not always a contemporaneous record of exactly when supervisions had taken place. Two care staff who had started in March 2016 did not have a supervision on file. There was no supervision on file for one member of staff since 2014. While staff were happy with the level of support they received, improvement was required in some areas of the service to provide staff with sufficient levels of on-going supervision.

Staff received training to understand the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to do this must be made to the Court of Protection. One member of the care staff was able to describe in extensive detail the impact of the MCA within the service and how they assessed people's capacity to make decisions if required. People who were under the Court of Protection and might have been subject to a deprivation of their liberty had applications made on their behalf where appropriate. The service were awaiting authorisations for these, but the applications we saw were suitable to keep people safe and made on the basis of best interest decisions with involvement from people and their relatives.

People told us they consented to receiving their care and support from the service. One person said, "I know I have to give my consent, and I do. They know me and they know that if I don't want something then I'll say so." People's care plans included consent forms for different areas of their care and support. This included the administration of medicines, consent to be photographed and help with finances and budgeting. If people were unable to provide consent in any of these areas then a capacity assessment had been completed and a best interest decision made for a relative to make decisions on their behalf.

People told us the service met their nutritional needs. One person said, "Staff do the cooking for me and they do it well. I had a shepherd's pie yesterday- delicious. Sometimes I'll do the washing and drying afterwards." We saw that people's care plans included extensive details about their dietary needs and personal preferences. For example in one person's care plan we saw that the service had undertaken research with the help of other healthcare professionals to find foods and drinks that would help the person's condition to improve. There were risk assessments in place around people using or accessing the kitchen and cooking for themselves. One member of staff told us, "We try and encourage people to cook for themselves if they can, but we make it a gradual process so that it's safe. If we have to cook for people, then we can look at their care plan to know what kind of things they like, and if there's any allergies we need to be aware of."

The service worked alongside other healthcare professionals and community services to maintain people's

overall health and well-being where required. We asked the people we spoke with if they were supported to visit a doctor if required and they all responded "yes." People's care plans included a list of the services they had accessed and the outcomes of any appointments attended throughout the year. This included dentists, opticians, chiropodists and any other relevant services that they needed to attend regularly. For people with specific health conditions such as diabetes, we saw that there were protocols in place for the management of this and regular appointments were attended with local clinics as necessary. We saw that each person had a detailed booklet developed which provided information about them to clinicians and could be used in case of a hospital admission, to understand their needs.

Good

Is the service caring?

Our findings

People and their relatives told us that they felt that staff were kind, caring and compassionate. One person said, "This is my home and I like living here. The staff and other people are a part of that too." A relative described the caring approach of the service positively, telling us: "Everything is calm and encouraging. Our [relative] enjoys helping to welcome us and other visitors. We've seen that visitors are always made welcome by staff and residents alike. Visiting has helped us see which members of staff have 'twigged' and get on best with [person]. Residents open the door to us when we arrive and are hospitable to us. We have never had any negative feelings about the place." People told us they were encouraged to maintain and develop their relationships with family and friends. One person told us, "My family can come and visit me whenever they like, I go and see them too."

The staff we spoke with were knowledgeable and demonstrated a positive attitude towards people they supported. One member of staff was able to describe the relationship they had built up with one person over many years. They said, "[Person] is like family to me by now and I think they see me in the same way. Because I've known them for so long it means that I can calm a situation or provide comfort to that person if needed." We found staff we spoke with had been with the service for a substantial amount of time and they knew people really well. Another member of staff was enthusiastic about the progress that people had made since they had been supported by the service. They told us, "We supported one person to self-medicate here and budget for their shopping using visual prompts. We managed to help somebody else to use a bus and a train for the first time in their lives. We've helped people so much and I'm proud of that."

We saw some examples of how the caring approach of staff had allowed people to develop their independence. One person had a greenhouse built in their garden which they were using to grow edible plants. They told us about the kinds of plants they enjoyed growing and how they were later used in the meals that people ate. We spoke with a relative who told us that the approach of staff who understood the needs of their relative had helped them to develop a range of new skills and interests. They said: "Through working with different staff members, [person] has developed a love of jigsaw puzzles, a fanaticism for sport and has become totally enthused with making marmalade. At the same time, staff have helped develop a new interest in shopping and [person] is for the first time making choices about what to wear."

There was a key worker system in place which designated a specific member of staff to work with each person. This enabled that member of staff to develop a relationship with the person and act as their first point of contact if they needed anything or wanted to express any views or concerns. The people we spoke with were able to tell us who their key worker was and what they did for them. One person said, "My key worker is [staff member] and [they] are in charge of making sure I have everything I need and get to things on time." A member of staff was able to expand on the role of the key worker and told us, "I key work for [person] and as well as the practical side of things, I also update [their] care plan and check all of their paperwork is up to date."

The registered manager showed us a copy of a newsletter sent out by the service to people and their relatives which showcased all of the positive work being undertaken. There had recently been a 'What

Matters Most' event held where people were encouraged to attend and contribute their views and talents. The registered manager said, "These events give people the chance to tell us about all of their achievements."

People told us they were treated with dignity and respect. One person said, "They respect me. They know when to leave me alone to get on with my life and when I need help with things." Staff were able to tell us about some of the ways in which they observed people's right to privacy and dignity. One member of staff told us, "We talk to them a lot and we can tell by their body language whether they're happy for us to help them or just need some time out. We try to be patient, positive and understanding. We're not concerned with labels or diagnosis or disability, just the person. Everybody has the right to be respected in their own house." Another member of staff gave practical examples such as "…locking doors and windows, covering people during personal care and knocking on their doors."

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person said, "They show me my care plan, they ask me questions about things I want to do." A relative told us about the ways in which they had been involved in this process by saying, "We have conversations with the key worker when we visit, as well as frequent telephone conversations as and when necessary. The key worker had worked with [person] in order to make a video presentation which was used at the last annual review. The next annual review is due soon."

People's care plans were developed on the basis of initial assessments carried out prior to them joining the service. This established their fundamental needs and provided the information that staff needed to develop a more comprehensive, person-centred plan which took into account the full range of their support needs and preferences. Outcomes were then established in each of the key areas that people required support with. For example we saw that each person had a specific set of guidelines in relation to going out and the goals they were working towards. We saw an example of a person who had a goal to be able to remain at home alone for short periods of time, extending to longer periods once they were comfortable. A comprehensive assessment and planning process had been undertaken to facilitate this, and the successes and challenges were recorded as the person worked towards their desired outcome. The provider had begun to use a model called 'What matters most', which looked at the most important elements of people's lives and how these could be holistically improved. In the majority of the care plans, we saw there was a clear trail of where outcomes had been met, the process the service had followed to achieve them and the next steps for the person. By encouraging a culture where people's development was actively promoted in such a way, people were supported to lead more fulfilling lives.

People were able to tell us about activities, hobbies and interests they enjoyed and how they were supported by the service to achieve them. One person said, "I go on holiday every year and that's lovely, I look forward to that every time. But I'm busy at home too- I go to clubs, dances, pubs, cafes, all kinds of things." We saw that some people attended day centres regularly while others had activities they enjoyed within their homes. The service were keen to encourage people to take holidays where possible, and we saw that extensive preparation work was put into the planning and coordination of these trips to make them successful. One person was able to tell us about the various holidays they had been on since they had been supported by the service and other things they had done. They said, "They don't just tell me where I'm going, they ask me where I want to go and then help me to go there." The registered manager was able to describe some positive examples of where people had desired to go on group holidays abroad together, and how they had overcome some of the logistical challenges to find suitable staffing and accommodation for them. The decision-making process which involved people and their relatives was clearly evidenced prior to every trip.

People and staff told us they knew they could make a complaint and would know who to raise issues to if necessary. There was a complaints policy in place which provided people with details of how they could complain if necessary and how their complaint would be managed. The registered manager told us that one complaint had been received since the last inspection which was in the process of being managed through

the formal complaints procedure as it had only been raised a few days previously. Each of the supported living premises had a log of individual complaints. However, it did not appear that these were being collated by the office or that more minor grievances were always being logged with clear outcomes. We spoke with the registered manager about this who confirmed that she was aware of the issue and planned to review the complaints process to incorporate a wider range of concerns in the future.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had begun working for the provider as a support worker and had since worked her way through the various levels of management. When we met the registered manager she was in a person's home, sitting and chatting to them as she had supported the person years previously and knew them well. She was able to tell us about the person and how the approach of the service had helped them to develop their life. The registered manager was able to demonstrate knowledge of each of the people supported by the service, and provided examples of the positive impact of the support on their lives.

Each of the supported living premises had a service manager who was responsible for its day-to-day running and reported to the registered manager. Staff we spoke with told us that the registered manager was visible and approachable, but the nature of the service structure meant that they would usually speak with their immediate line manager should they have concerns. Staff were positive about the service managers, and one member of staff said, "[service manager] is great. [They] really listen to us." During our visits to people's homes we met with two service managers who were able to tell us about how they carried out their individual roles and responsibilities. When we asked them about the support they received from the registered manager, one said, "She's always open and approachable, I would be comfortable talking to her about anything." The other service manager told us, "[registered manager] is superb. She knows everybody and all there is to know about them all."

Staff told us they were supported to contribute towards the development of the service, and were positive about the support they received. One service manager said, "I feel like they've put faith in me and helped me to develop new skills during my time here. I've always been more than happy with how I'm managed and felt like there's support available if I need it. If I ask for something and feel strongly about it then they will listen to my judgement." The registered manager told us about a 'You've Got Talent' scheme which identified high-performing members of staff and gave them opportunities to undertake project work and make use of further development opportunities across the organisation.

Team meetings were held for staff who worked in individual people's homes. One member of staff confirmed that they met with their team regularly and shared their views. They said, "We meet every month or more usually." We saw the minutes for these meetings and noted that the issues discussed included people's needs, staffing, training and upcoming events/activities. In addition, there were meetings that took place amongst the management staff to discuss a broader range of topics across the whole service.

Staff we spoke with were able to tell us about the visions and values of the organisation and how these were being implemented in their day to day work. One member of staff told us, "We're all about empowering people." Another member of staff said, "We look past the diagnosis and the disability. We support people to lead the lives they want to lead." The commitment from staff to the values of the provider was noted by a relative we spoke with who said; "Our [relative] is always treated as a person first not as a diagnosis or as a disability."

There was a robust auditing system in place to capture areas across the service where improvements needed to be made. The system used the Care Quality Commission's 'key lines of enquiry' as a template to assess compliance across areas of the service such as medicines, care plans, staff files and risk assessments. The manager of each of the supported living premises completed the audits monthly, and each of them was then subject to a three-monthly review from the registered manager. A 'traffic light' system was used to highlight areas that needed immediate attention. During the inspection, we sat with the registered manager and went through the quality audits for two premises. We saw that while the service was largely compliant across most areas, the items that had been flagged up as outstanding were either in the process of being resolved or delays could be explained due to mitigating factors such as staff being on maternity leave. Having a robust quality monitoring process in place allowed the registered manager to maintain full oversight of the various premises across the service and identify improvements that needed to be made.