

Royal Mencap Society

# Royal Mencap Society - Hull 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

Royal Mencap Society - Hull Domiciliary Care Agency is registered to provide personal care to people in their own homes who may be living with a learning disability. The agency office is situated to the east of the city of Hull and is easily accessible by car. There are car parking facilities and the office is accessible to wheelchair users or those who have limited mobility by the use of a lift.

This inspection took place on 9 March 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also visited people in their own homes on the 14 March 2016. The service was last inspected in June 2014 and was found to be compliant with the regulations inspected at that time.

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

Due to the complex communication needs of the people who used the service we were unable to ask them their views about the service so we visited them in their homes to observe how staff supported them. We saw staff were kind and caring and respected their wishes. We saw staff supporting people with eating their meals and undertaking visits into the community. Staff told us they found the work they did challenging but very rewarding and satisfying as they helped people to maintain their skills and lead a fulfilling life, for example, supporting people with holidays and further education. Staff told us, "I find this work very rewarding as we become friends with the people we care for", "The people we care for are really nice we get all get on so well, it's like an extended family" and "I love doing this job it's so nice to come to work."

Staff had received training in protecting people from harm and could recognise if someone was being abused. They knew how to report any abuse they may witness to the proper authorities so people were protected from harm. The registered provider had systems in place which ensured any new staff recruited were checked to make sure people were not exposed to staff who had been barred from working with vulnerable adults. Enough staff were provided so people were supported to pursue hobbies and interests and could access the local community to attend educational facilities.

People who used the service were cared for by staff who had received training in how to best meet their needs. People who needed support with making informed decisions and choices were protected by the use of legislation which protected their human rights. Staff supported people to eat a varied balanced diet and to lead a healthy lifestyle. People were supported to visit health care professionals when they needed to and staff ensured they followed their instruction with regard to any further treatments or support plans.

People were supported by staff who were kind and caring and who understood their needs. Staff had a good knowledge of people's likes and dislikes and these were accommodated. Staff respected people's right to

privacy and upheld their dignity. People who used the service or their advocates were involved with the formulation of care plans which instructed staff how to best support the person.

Staff had access to information which described the person and how they preferred to be supported so their personal needs could be met. This information included aspects of daily life which may pose a risk to the person so staff could keep them safe if they were a risk to themselves and others. People were supported to access the local community and to use local facilities so they could pursue their individual hobbies and interests. Staff supported people to access educational facilities to undertake training and gain further life experiences. People were supported to go on holidays abroad and in Britain.

The registered manager had systems in place which sought the views of the people who used the service and other stakeholders who had an interest in their welfare. Audits were in place to ensure the service was well run and people were cared for appropriately and were safe. Staff were supported by the management team to ensure they met the needs of the people who used the service effectively.

## 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.

People were cared for by staff who had been trained in how to recognise and report abuse.

Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service.

Assessments had been undertaken which informed the staff in how to keep people safe from preventable harm.

Staff had received training in how to safely support people to take their medicines.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training to meet their needs.

Staff were supported to achieve nationally recognised qualifications in care and to gain further experience.

Staff supported people to lead a healthy life style and to access health care professionals when needed.

People were supported to prepare meals and to maintain essential living skills.

People's fundamental human rights were respected with regard to decision making.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs and how best to meet them.

People had good, respectful interaction with the staff and their

privacy and dignity was respected.

Staff respected people's right to lead a life-style of their own choosing.

People had agreed and read their support plans, and had been involved with the formulation of them.

### Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which respected their preferences and choices.

People had the opportunity to participate in their care and to make changes where needed.

Staff supported people to maintain and develop skills and to undertake varied activities.

People could raise concerns about the service and these would be investigated to their satisfaction. Other stakeholders could also raise concerns about the service. Changes were made as a result of concerns raised.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service could have a say about how the service was run and could participate in changes made. All suggestions made were welcomed and looked at.

Staff were consulted about the running of the service.

Other stakeholders were also consulted about the running of the service.

Regular audits were undertaken to ensure people received a safe, well- led service.

The aims and philosophy of the service was to support people to lead a fulfilling and meaningful life.

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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 registered provider was 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 9 and 14 March 2016 and was announced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

We spoke with eight staff including the registered manager and administration staff.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medicines administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation as it applied to people who lived in the community.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records and quality assurance audits.

# Is the service safe?

## Our findings

Due to the complex communicating needs of the people who used the service we were unable to ask them for their comments and views, however, we did undertake observations in their homes. We saw the staff were respectful of individual choices and supported people to be safe.

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the Care Quality Commission. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on the grounds of race, culture, sexuality or age.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, road safety while out in the community, behaviours which put the person and others at risk and mobility. The assessments outlined what the risks were and how staff should support the person to alleviate them. For example, redirect the person if they showed any sign they were feeling threatened or were not comfortable with the situation they found themselves in.

An environmental risk assessment had been undertaken in each of the houses where people who used the service lived. These highlighted any hazards or risks to people or the staff. Any repairs were addressed by the landlords of the houses.

Staff told us they had a duty to raise concerns to protect people who used the service and understood they would be protected by the registered provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate them thoroughly. They told us they would protect staff and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and protected.

All accidents which occurred were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS). This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from

working with vulnerable adults. The registered manager told us if any conviction showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. We saw all their decisions were recorded.

Staff were provided in enough numbers to meet people's needs. Rotas were in place in each of the houses and these showed how many staff should be supporting people. Staffing numbers were provided to ensure people were supported to lead fulfilling lives and had access to the community to undertake daily living tasks, for example, shopping and attending education centres.

Due to the needs of the people who used the service the staff were involved with supporting people to take their medicines safely. Staff were responsible for the ordering, administration and the maintaining of records with regard to people's medicines. Staff had received training in this area. The systems we saw which were used by the staff were robust and ensured people's medicines were handled safely. These were audited and any mistakes or discrepancies were quickly identified and rectified.

## Is the service effective?

### Our findings

Due to the complex communicating need of the people who used the service we were unable to ask them for their comments and views, however, we did undertake observations in their homes. We saw people were involved with the choosing and preparation of their food.

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example how to support people who displayed behaviours which challenged the service and autism. Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practice and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

People's care plans had detailed instruction for staff to follow in how to best communicate with the person, this ranged from verbal communication to the use of non-verbal communication including sign language. Staff told us they had to be attuned to the subtleties of someone's non-verbal communication as this could indicate the person was not happy, in pain or uncomfortable. Nonverbal signs were also used to indicate when someone was distressed and becoming a risk to themselves and others. Staff told us, "For those people who can't speak you have to watch very carefully and be ready to support them quickly just in case they needed protecting."

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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. Currently the registered manager was liaising with the local authority to ensure people's rights were maintained and protected and their liberty was not being curtailed illegally.

Care plans we looked at showed people were supported with the preparation of food as part of their overall care package, and staff supported them to prepare food which was healthy and to their liking. This was to maintain their independence and to develop life skills.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from their GPs and where people's needs had changed following a hospital admission.

## Is the service caring?

### Our findings

Due to the complex communicating need of the people who used the service we were unable to ask them for their comments and views, however, we did undertake observations in their homes.

We saw staff had good relationships with the people who used the service, they were kind and caring and interactions were respectful and friendly. Staff spoke with people in a respectful way and asked their preferences for any support they received. Staff told us they always sought people's permission to undertake any caring task and made sure they had understood what had been said and if they agreed to this. Staff told us they gave people time to respond and if people had not understood what had been said tried to rephrase things or use symbols and pictures.

Staff understood the importance of respecting people's diversity and treating every one equally. The registered provider had policies and procedures in place which instructed the staff in the importance of respecting people's differences, for example, cultural differences. Staff told us they respected people's rights and ensured their choices were upheld. They made sure people could choose what activities they pursued and made sure they were supported to do this. The ethos of the service was to support people to lead an active life and to be enabled to experience different life experiences and their needs should not prohibit them from doing this.

People's care plans showed they had been involved, as far as practicable, in its formulation. People's relatives had acted as advocates and signed on behalf of the person if this was appropriate. We saw and heard staff explaining to people what tasks they were undertaking and making sure by asking the person if they had understood what was happening and if they were happy with this. This was sometimes difficult for the staff as the people who used the service had limited and complex language abilities, but staff did this sensitively and with compassion, speaking slowly or using symbols which the person understood or using sign language.

Staff were passionate about ensuring people's wellbeing was maintained, staff closely monitored and observed people and any unexplained marks or rashes were looked into by health care professionals and closely monitored by the staff. Staff were also keen advocates for the people who used the service and ensured they were not subject to any discrimination while in the community. One member of staff said, "We are there to make sure they are safe, they can't defend themselves or speak up for themselves so we have to do it." And went on to say "We need to be aware of what is happening and how the person is reacting to it to make sure everybody's safe."

Staff understood the importance of confidentiality and the registered provider had a procedure for staff to follow; this included the sharing of information on social media, for example, twitter and face book. All documentation pertaining to the personal details of the people who used the service including care plans and finances were locked away and only staff had access to these.

Staff understood the importance of maintaining and respecting people's dignity, they told us they would

ensure people were cared for in a dignified way by closing doors, curtains and windows, and making sure the person was covered over while undertaking personal care. The service provided supported people to lead an independent lifestyle and ensured staff were available for people to be able to do this. For example, people were supported to go out into the community and use the local facilities for shopping and leisure, using the local swimming baths and sports centres. People were also supported with budgets if this was part of their care package.

## Is the service responsive?

### Our findings

Due to the complex communicating need of the people who used the service we were unable to ask them for their comments and views, however, we did undertake observations in their homes. We saw staff supporting people with their everyday lives and making sure people had access to their individual hobbies and interests.

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported, assessments also identified which areas of their daily lives people needed more support with and how staff should provide this. For example personal care and behaviours which challenged the service and others.

All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required. Staff understood people's needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing.

A large part of the support people received was around maintaining and developing life skills and to experience different situations and challenges. For example, lots of the people who used the service were supported to holiday abroad, which took a lot of planning and arranging. Staff evaluated the experience and if anything could have been done differently. Detailed records were kept of the person's holiday and how this had enhanced their life experiences. One comment in someone's records said, "During the week [person's name] became one of the girls, enjoying shopping and partying." Those people who did not wish to holiday abroad were supported to experience things closer to home including day trips and holidays to Centre Parks which afforded them plenty of opportunity to experience outdoor pursuits.

Staff understood the importance of respecting people's choices and wishes. They told us they always gave people the option of what clothes to wear, what activities to pursue, unless this was attending colleges or other educational centres to undertake set educational courses, what food to eat and how they wanted to spend their days. One member of staff told us, "They [the people who used the service] have a pretty structured week but on weekends we like to make things a bit different, this includes just staying at home and resting, watching TV or listening to music. We go out quite a lot to eat, and sometimes as a treat get takeaways." They also told us they made sure everyone undertook the interests and lead the life style which was important to them, they said, "They are all different and we have to respect that what one person likes may not be what another person likes so we accommodate that." They went on to say, "Some people like to go to the cinema, some people like to go swimming and some people like to go shopping. It's all about personal preferences and we are here to make sure they can do the things they like doing."

The registered provider had a complaints procedure; this was given to people to read and there was a format which used symbols and pictures to help some people who used this method of communication to

better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was given information and signposted to other agencies if they were not happy with the way the investigation had been conducted.

## Is the service well-led?

### Our findings

Staff we spoke with told us they found the management style open and inclusive. They told us they felt very well supported by the registered provider and the registered manager. They said, "This is a brilliant company to work for I love coming to work and looking after people." They felt the managers of each of the houses were approachable and they could go to them for advice and guidance, they also told us the managers helped with the person's care tasks and lead by example. They said, "[Name of manager] is lovely; she helps us out and is so nice and caring. She is really approachable and we all like her." They went on to say, "She understands the people and looks out for them; she makes sure they come first."

The registered provider had clear lines of communication and staff we spoke with understood this. They knew they could approach their immediate manager or they could approach the registered manager at the head office. The managers of each of the houses held staff meetings and these were to discuss any changes or new ways of working. Staff told us they found these beneficial, they said, "We have regular staff meetings and we get to air our views and to pass an opinion, we are listened to." All meetings were minuted and copies were available for staff to read and agree.

Each house we visited was a domestic type dwelling and was close to other houses in the immediate vicinity. They all blended well into the surrounding community and were close to shops and other local amenities. People who used the service were supported to access the local facilities and use community centres and sports centres. They were also supported to use local educational facilities to pursue courses and to gain further life experience.

The main aim of the service was to support people lead a fulfilling life as possible and to maintain their independence. This was achieved by providing staff who were trained to understand and meet the needs of the people who used the service and were committed to ensuring people were protected from harm so they could experience life to the full.

There was a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided; people's relatives were also included in the meetings. We saw minutes were taken of these meetings to help inform people who could not attend. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

Recent changes had been made to way the views of people and other interested stakeholders were obtained these were called 'Refection Events'. These events included all those who had an interest in the person's welfare including staff and other health care professionals. Staff we spoke with told us they had found these events very stimulating and a refreshing change. Some staff had experienced the events and were looking forward to and planning the next ones.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people's health and welfare, and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.