Royal Mencap Society

Mencap - Trowbridge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 18 September 2018 and was announced.

Mencap - Trowbridge, provide supported living services for 30 people in five 'supported living' locations. This service provides care and support to people, so that they can live in their own home 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.

This was the service's first inspection under their current registration since moving address. At our last inspection on 20 and 21 December 2016, we found all areas to be rated as good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

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 and staff knew how to recognise the signs of abuse and how to address any concerns they had. People had risks assessed, which balanced their rights to freedom as well as keeping them safe. People's medicines were managed safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to apply its principles when supporting people. Staff were supported through regular one to one supervision and had access to regular training and personal development.

People's needs were assessed and a multi-disciplinary support plan developed to meet those needs. The service was responsive to people's changing needs and support plans were regularly reviewed.

The staff were very caring and treated people with respect and dignity. People were fully encouraged to be involved in their care and treatment and in making daily choices. The service was committed to promoting people's independence.

There were quality assurance audits in place to monitor the service and improvements were continuously sought. People and their relatives were encouraged to give feedback to facilitate change. There was a clear ethos of promoting person centred values and inclusion throughout the staff team.

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 safeguarded and staff knew how to recognise abuse and how to report any concerns.

Risks to people were managed and assessments were in place to reduce the risks to people's safety.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received regular support through one to one supervision.

Staff had been trained in the Mental Capacity Act (2005), they understood and applied its principles.

Is the service caring?

Good

The service was caring.

People and their relatives were treated with dignity and respect, by kind and compassionate staff.

Staff encouraged people to be fully involved in their care and express their wishes and choices.

The service fully promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's diverse needs were respected.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of service.

The service looked for ways to continuously improve.

There was a clear ethos throughout the staff team, of promoting people's independence and inclusion.

Mencap - Trowbridge

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 was a comprehensive inspection and was announced. We gave the service three days' notice of the inspection visit because the people using the service can become unsettled by the presence of an unannounced visitor. This gave the provider an opportunity to plan our visit with the people using the service. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information, we held about the service and the service provider. This included statutory notifications sent to us by the registered manager. Notifications are information about specific important events the service is legally required to send to us.
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people, five relatives, three support staff, five supported living managers and the area operations manager who is also the registered manager for this service. During the inspection we reviewed four people's care plans and daily records. We reviewed records relating to the management of the service, including policies, procedures and staff personnel files. We looked at accident and incident reporting and quality assurance audits. Following the inspection, one professional responded to our request for feedback about the service.

Good

Is the service safe?

Our findings

People were supported by staff who were knowledgeable about their responsibilities to report any concerns. One staff member told us, "It's about keeping people safe, putting all measures in place and reporting it to the manager." They could give examples of what constituted abuse or neglect and who they would report their concerns to. They had access to information and guidance about safeguarding procedures and told us they had received safeguarding training which we confirmed from training records.

Staff were also knowledgeable about their responsibility to whistle-blow. The service had a 'speak out safely' process in place for staff to report any issues or concerns confidentially. Whistleblowing is the term used when a worker passes on information concerning wrongdoing. Whistleblowing procedures ensure that the whistle blower is protected from reprisals when they raise concerns of misconduct witnessed at work.

People were protected from risks. Individual risks were assessed and reviewed regularly. For example, one person was identified as being at risk when accessing the community and in crossing the road safely. Specifically, the risk identified the person may cross the road when it was not safe and may become injured. Actions to reduce this risk were detailed in guidance to staff. They were, 'staff are to give verbal prompts to keep safe near roads. Staff to explain each time the different crossings and what to do. At a pelican crossing, [person] needs to push the button, stand back from the edge of the curb and wait for the green man to flash to say it is safe.'

Another person had a risk assessment in place for self-administering their medicines. The risks identified were '[person's] medicines could get lost or mislaid. [person] could run out of medicines'. The actions to reduce the risks were, '[person] has a lockable container in [their] room for which [they] hold the key' and 'staff to support [person] to re-order his medicines on a regular basis and enter the date to re-order.'

One person had a swallowing risk assessment in place, which was devised by a speech and language therapist. They made recommendations to guide staff on the type and consistency of foods and gave a list of high risk foods to be avoided. The person's support plan had been updated with the new guidance with pictures to show the size and consistency of foods to be used.

The service had weekly health and safety checks for smoke and fire alarms. There were protocols in place which guided staff on what to do in an emergency. These included, the burglar alarm, front door key, fuse box, water stop cock and fire evacuation procedures for each person.

There was a robust recruitment IT system in place, which ensured staff were recruited safely. Personnel records included all the required safety checks relating to past employment, references, identity checks and DBS. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

New staff were recruited using a two-stage interview process. People receiving support were invited to carry out the second interview which was held in their home. This process meant potential staff were observed

interacting with people. Managers were responsible for the rotas in their individual services. The IT system ensured that the rotas pick suitably trained staff for people with specific needs, such as epilepsy or autism.

There were sufficient staff deployed to meet people's needs, however suitable permanent staff were required for one service location. The registered manager told us, "We are continually recruiting at present, we are fussy. If we have to use agency we use the same staff going to the same people. We keep agency to a minimum." Conversely a manager from a different service location told us, "We have a really stable staff team, really good reliable staff who work across all locations. We have not had to use agency for a year."

Medicines were managed safely. We observed safe procedures in place for the recording, storage and administering of medicines. The Medicines Administration Records (MAR's) we observed were accurate and included details of people's allergies. If people needed topical creams or ointments this was recorded on a body map which contained instructions of where and when to apply them. Protocols were in place for 'as required' medicines. The dose, the reason for use and the effect were logged in the daily notes. For people who could self-administer their medicines, risk assessments were in place.

People were protected from the risks of infection. Staff told us they used workbook training in infection control practices. They confirmed they wore the appropriate personal protective equipment where required and practised hygienic processes such as effective hand washing. People were supported in hygiene practises by being encouraged to clean their room and their home along with staff and other people.

Systems were in place for staff to report accidents and incidents which were reviewed by the managers. The reviews identified strategies and actions to be put in place. This meant that lessons were learned following incidents and reduced the risk of an incident re-occurring. For example, one person was found to be leaving their home unaccompanied and without staff knowing they had left. The person was assessed as lacking capacity to make this decision and following a best interest meeting it was agreed to fit a door alarm to alert staff.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. A relative told us, "On the whole I think that the staff are well trained. They all have to be trained in diabetes, but I think some know more than others." New staff received a thorough 12 week induction, which included safeguarding, risk, equality and inclusion, based on the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff. The registered manager used an induction tracker to check who had any outstanding training before the end of the 12-week period. This was to ensure all induction training was completed prior to staff working directly with people. The registered manager told us, "we are strict about the fact they have to have done the training or they can't work."

The registered manager had an overview of training for the whole staff group. The training matrix had a red/amber/green (rag) system which was reviewed monthly. Where training was due (amber) the location manager was alerted and given one month to arrange the appropriate training for their staff. All staff received on the spot checks to test their knowledge and practice, as well as annual observations of medicines administration and people's financial management. All staff received equality and inclusion training, which tested their understanding of anti-discriminatory practice. One staff member told us, "I have been here for five years, very good training, seems like a lot to start with, we have booklets to refer to, regular updates and refreshers."

The service had developed a new sexuality training entitled, 'Let's talk about gender, sexuality and relationships'. Also new mental health training exploring how staff had felt they had been treated in their personal experience. This fed into a current Mencap campaign for people they support entitled, 'Treat me Well'. The staff we spoke with were very positive about these and one staff member told us, "It's keeping up with changes." Staff were encouraged to develop their skills by working towards their NVQ level 3 diplomas in health and social care.

All area operations managers were undergoing PBS (Positive Behaviour Support) training, via the British Institute of Learning Disabilities (BILD). PBS is a person-centred framework, based on behavioural science. It helps staff to understand the reasons behind behaviours to better meet the person's needs. We were informed that the skills will be cascaded down to location managers. The PBS coaches programme aims to develop practice leaders in organisations and successful coaches join the UK coaches network. This is a practice sharing forum where trained staff receive peer and expert support.

People were supported to plan, shop and cook or prepare meals in their own homes. Healthy eating and meal preparation care plans contained details of people likes and dislikes and their abilities. For example, 'we write the menu between the three of us with support from staff, I understand the need to eat healthily but I do not always choose to follow this.' In addition, 'I am able to prepare simple snacks and hot drinks and staff need to remind me to drink plenty of fluids. I have a good appetite. I need support with meal prep and to try to make my own meals e.g. sandwiches.'

The service worked with health and social care professionals to assess people's care needs to identify the right support appropriate to their needs. The information from assessments compiled by occupational therapists, speech and language therapists and psychologists was used to develop care plans which set out guidance to staff. One person had a recent bathing assessment from the learning disabilities occupational therapy service. This person now has the appropriate equipment to use the bathroom safely, including a bath lift, shower and toilet chair. A moving and handling plan developed by this service guided staff to use the equipment safely when supporting the person.

For one person, a multi-disciplinary meeting was held to find an agreement between the dentist, GP and family for medical treatment. The person became anxious when going to the dentist or having blood tests. It was agreed that it would be more beneficial to the person to have their annual blood tests and dental x-ray whilst sedated. The appropriate assessments for consent were in place. A Professional we contacted told us, "They know the individual well and are engaging with the MDT to address any concerns."

People were supported to regularly attend community health and hospital appointments. Visits to medical professionals were recorded in care plans relating to the community dentist, chiropody services, optician and GP. One person was supported with receiving cancer treatment. Another person had support to be involved in dementia monitoring to gain an accurate assessment to diagnose their condition. Most people had annual health checks with their GP and regular reviews with the community team for people with learning disabilities.

All care plans contained a one page profile, which is a person centred tool to record important information about the person. For example, 'what is important to me', 'I am great at' and 'I need support with'. People's choices and preferences were recorded which informed the activities and achievements they wanted to pursue. Care plans were reviewed regularly.

People had 'outcome folders' which they were involved in developing, they detailed their ongoing achievements and what mattered most to them. One person wanted to build a scarecrow for the vegetable patch in their garden. Part of meeting the outcome was to have a checklist of tasks, we observed that one task was completed when the person came home with some old clothes for the scarecrow which they had bought from a charity shop. Another person wanted to learn to drive. A support worker joined them during their lessons in order to assist with communication. The person may not be able to pass their driving test, but was enjoying the activity of instructed and accompanied safe driving.

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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff demonstrated a good understanding of the principles of the MCA. One staff member told us, "It's about giving [people] information in a way that they understand so they can make a decision." Care plans had various mental capacity assessments which stated how the person liked to receive information, how to help the person understand and the best time to make a decision. We saw recorded best interest decisions and summaries of the decision-making process. Where appropriate people had support from an independent mental capacity advocate (IMCA) to support them in the decision-making process.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. For people receiving care in their own homes this is an Order from the Court of Protection. The registered manager told us that they had provided information to

the local authority identifying people who may need to be referred to the Court of Protection for lawful arrangements to be made. We saw authorisations in place and the restrictions on people were reviewed to ensure they were the least restrictive method of meeting people's needs. This meant the service was following the principles of the MCA.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy. We observed people were comfortable and relaxed in each other's presence and with support staff. Relatives gave positive feedback about the care provided to their family members. For example, "Twice I have written to Mencap bosses to say how impressed we have been for [our family member] and his care" and "[my relative] has a very good relationship with the staff. He has lived in the same house for almost 20 years and two staff have been there nearly as long as him. We also have a good relationship with them."

Mencap hold an annual 'Reflection' event which recognised every person and celebrated their achievements and things they were proud of over the past year. People contributed their thoughts on what they felt proud of by completing questionnaires with staff. We saw a booklet made by each home which had pictures, photographs and certificates for the people they support. Some examples of achievements included, 'in recognition of your dedication, passion and hard work at [place of work] for working hard to save money to be able to go on a holiday', 'to continue to live independently in your home with your friend and maintain day by day living skills' and 'building on friendships'.

The event also celebrated the staff team and their qualities were recognised, for example 'always showing a caring side, supporting in a person centred way'; 'showing good knowledge of the people she supports'; 'being adaptable reliable working across all services'. Reflection events happen in each service and then some people were chosen to go to the regional event with support staff if they wanted to. People were involved in the arrangements and invitations. Feedback on the service was welcomed at these events.

The service supported one person who wanted to experience cross-dressing. They supported the person to purchase appropriate clothing and prepare for going out into the community. Preparation included explaining what some reactions might be from the public, how this might feel and what they could do about it. The person had been supported to feel comfortable with their choices and staff told us that their preferences have been accepted by all staff and housemates.

One person had been supported to cope with a change in their hearing. We were told by a relative that the person had lost their hearing but was 'good at covering it up'. The staff discreetly encouraged each other to be aware of this and stood in front of the person when they spoke, so that they could lip read. They have encouraged and supported this person to attend appointments and the person has now accepted having a hearing aid. Another person was supported when he wanted 'to go to work and do something useful'. Staff supported him to work alongside an employment skills coordinator and the person now works for a charity, recycling electrical parts.

Staff described to us how they ensure people are treated with respect and dignity. One staff member told us, "It's about treating the people we support as we would want to be treated ourselves" another said, "everything is tailored to individuals, all done in a respectful way and is completely person centred." People's rooms were decorated to their tastes with many personal belongings. People's rooms were private spaces and were respected by everyone in the house.

Compliments from relatives included, "we would like to thank you all for all your hard work" and "We are very grateful to all concerned for the love and care you have shown our daughter."
After a holiday a member of the public wrote stating, "the staff were amazing with each [person], interacting and encouraging dancing and freedom to each individual. I admire each worker for the enthusiasm and how well they helped all members to have a brilliant holiday. I am also a support worker for a different company and believe the work they all did was fantastic."

A new senior manager sent compliments to the Trowbridge service stating, "The Wiltshire team transferred to my region in April since when I have been impressed how they are performing as a team and as individuals. It's a real pleasure to be working with such a dedicated group of people – thank you!"

We observed many kind and interactive communications with people, which were gentle and engaging. There was lots of chatter about what people were doing and what they had enjoyed that day, people were fully engaging with staff and appeared relaxed and happy in staff presence.

Good

Is the service responsive?

Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what each individuals needs were and how they wanted them to be met. Plans had been developed with health and social care professionals, which included specific guidance for staff on how to undertake effective support.

We saw that staff were observant in their support, recognising when people were in pain or when their need and behaviour was changing. For example, one person was losing weight, was 'not themselves', was in pain and had lost their appetite. The support staff were insistent on repeat visits to the persons GP as they knew the person was not feeling well. The person was eventually admitted to hospital and had a surgical procedure which resolved the issue. A location manager told us that "the staff have been supporting [people] for a long time, they recognise changes, they know if people are quiet or withdrawn and their individual ways of knowing something is not right."

Some records we reviewed had pictorial images to help to understand the persons mood and how they felt. For one person, they usually mark the 'happy face', however the staff who knew the person well did not feel this was always accurate as the person's behaviours had altered. The specialist nurse from the community team for people with learning disabilities was involved in devising a behaviour management plan and the person's family was included in its development. The registered manager told us "We need this support to get communication right for [person]."

One person required support to manage anger effectively. The guidance from the specialist nurse was to monitor any incidences using an ABC chart, an observational tool to record information about a particular behaviour. This identified triggers and patterns. A conversation book was developed to help staff to understand the person's feelings and to help the person engage and understand their thought processes. Another person had an epilepsy profile but staff noticed that the description did not reflect the type and nature of the person's fits. The person's needs had changed and a new epilepsy management plan was created.

The service also supported people who had a diagnosis of dementia and were receiving support under the dementia pathway of care. They had been assessed using a dementia intervention checklist to ensure all relevant services were involved. One person with a learning disability and dementia also had a deteriorating sight loss. This was severely impacting their quality of life and the person was withdrawing from social interactions. The person was supported to have surgery which had significantly improved their wellbeing. The registered manager told us, "[person's] life has transformed, it has made a really big difference, [person] was reluctant to engage but now attends events and won a word search prize." This person was also now able to use an electronic communication device to remain in contact with their family who live abroad.

People were encouraged to follow their interests. People had a varied and active social life. Activities included going to clubs and discos, horse riding, volunteering at work, and going on holiday. Many of the

people living in different homes know each other and to maintain friendship links they regularly meet up at clubs or coffee mornings.

The service had clear systems to address any concerns or complaints that people had. There was an easy read version of the complaints procedure available for people using the service and the staff checked out regularly with them that they knew how to complain. We observed pictorial charts on notice boards in people's homes giving guidance on raising concerns. There are regular house meetings where people are encouraged to raise any issues.

The registered manager told us that one relative made a complaint about the timings of care for their family member. This person needed to get to work at a particular time and the support staff were not always there on time to support them. The complaint was investigated, the support staff were given clear instructions and expectations of their role and the on-going situation was monitored by the service location manager and the registered manager. We discussed an historical complaint which had been brought to our attention. The service involved their own quality team and the regional manager but the issue was not successfully resolved to the complainant's satisfaction. However, the service processes were followed and the relevant professionals were involved in the investigation of the complaints.

No-one using the service was receiving end of life care at the time of our inspection. However, end of life discussions had taken place and care plans contained people's preferences for their funeral arrangements.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager spoke passionately about Mencap values and how these were applied to the service they provided for people and for the whole staff group. She told us, "The managers always cascade our values and promote them where possible, in conversation and in written word, in emails and monthly bulletins sent to teams, we will talk about them at team meetings." The values and ethos of the service were evident throughout the staff group. One location manager told us, "the ethos is fantastic, Mencap are a really inclusive organisation and are torch bearers for everything we do in learning disabilities. I feel very proud to work for them."

The registered manager said she felt well supported by her senior managers and IT systems. She told us, "There are lots of support networks and Mencap has good systems in place." There were good communication networks between the staff team, which promoted openness and a forum for feedback. The staff group had one large team meeting monthly. Nationally, the service had a newsletter to share news and achievements. Supervision was regular, the registered manager said, "I am in the office several times a week so we have peer support and as and when supervision support, finding solutions for other people, we share a lot of good ideas and ways of making things work."

Location managers also felt well supported and one told us, "I feel supported by management, it's great that [the registered manager] is here a few times a week, peer support is good. I have a buddy as well. I have no hesitations to ask anything." Another staff member told us that the registered manager was very approachable, really supportive of us, keeps us informed and if I need assistance [the registered manager] is always there."

There were comprehensive systems in place to monitor the quality of the care being provided. The registered manager received monthly returns from the location managers regarding their service. This data was compiled using the 'managers assurance tool' and sent to the senior management group monthly. A report is then produced for each service, with identified areas to double check using a red/amber/green system of priority. Areas monitored included, care planning requirements such as people's annual health checks, training records, inductions for staff and staffing. The figures were then discussed in accountability meetings with senior management and areas identified for improvement.

The service requested feedback from people and relatives to check the quality of the service they were providing. A 'tell us what you think' procedure developed by people using the service was available, giving clear pictorial guidance on how to raise a concern or make a compliment. Feedback from people was sought and recorded on a questionnaire using Mencap's 'what matters most' standards. These included,

promoting people's rights and respect, enabling people to maintain important relationships and encouraging involvement in their local community.

Relatives and stakeholders were also requested to give their feedback on Mencap standards and how these were managed for their family member. Positive feedback included, "[family member] is very well supported to participate and access the local and wider community" and "the team supporting [family member] communicate well and this shines through." The registered manager told us, "We make sure that all families are invited to reflection events, it shows what [their family member] can do and what they are next able to do, families don't believe that their children can do these things. It's a really positive experience."

The service regularly held the 'Mencap social forum', for people and staff from different homes to get together and meet up for peer support. They used questionnaires to ask people about their support and make changes throughout the service, based on what they have learnt from the comments made. One person saw a pictorial cleaning rota in another home they visited and requested one of their own. The registered manager had improvement plans for each service which also informed changes in all homes. For example, increasing the information on all MARs following effective staff guidance for one person's topical cream application.

Mencap rewarded staff under their 'you rock' system, who have shown skills and qualities based on their values. These included being inclusive, trustworthy, positive, challenging and caring. The registered manager told us it was a way of showing appreciation to individuals and a team. The whole management team voted for staff members and they were awarded their certificate at the local reflection events alongside the people they support. The registered manager said, "there is a really strong feel good factor for everyone from these events."

Mencap worked closely with the local community and external agencies. A recent example was during learning disability awareness week, the ambulance service were invited to teach basic life support to people and staff. This linked in with Mencap's 'Treat me Well' campaign, which aimed to improve the experience of people with learning disabilities when using the health services. Some of the people they supported worked in local charity shops and cafes and one service held a music concert where the local community were invited to attend.

The registered manager attended a 'provider's forum', to gain peer support through networking and sharing of experiences and knowledge. This in turn gave the people they supported more options and choices.