

Royal Mencap Society

# Totnes Domiciliary Care Service (South Devon Support Service)

## 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

### About the service

Totnes Domiciliary Care Service (South Devon Support Service) is a supported living service providing personal care and support to people with a learning disability who live in their own homes or supported living accommodation. The service supports some people on a 24-hour basis and others at specific times, enabling people to live independently. At the time of the inspection the service was supporting 12 people, seven of whom lived in two shared homes, and five lived in their own homes. Nine people required support with their personal care. Where staff were required to support people overnight, there were sleep-in facilities.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

### People's experience of using this service and what we found

People received a safe service. People were protected from the risk of abuse as staff received training in

safeguarding adults and were aware of their responsibilities to protect people. During our visits we observed people to be relaxed in staff's presence, and we saw they made eye contact with staff and smiled.

Risks associated with people's care needs were assessed and management plans guided staff about how to mitigate risks and what action to take in an emergency. Where people exhibited behaviours that could place themselves or others at risk, they were supported safely without imposing unnecessary restrictions on them. People's medicines were managed safely.

Staff were safely recruited and well trained. The services supervision and appraisal systems provided staff with opportunities to develop their career. People and relatives were involved in the selection of staff.

Care plans were detailed and described people's support needs and how staff should provide care in line with their preferences and best practice. Staff worked closely with other healthcare professionals to ensure people's needs were well understood and met.

The service respected people's rights to make their own decisions and staff had a good understanding of the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect. Staff told us the service was inclusive and supported people's relationships with others, including those of same sex relationships.

People's independence was promoted, and emphasis was placed on developing people's skills and confidence. People were supported to engage in hobbies and interests in the local community.

The service applied the principles and values apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff spoke fondly of the people they supported and said their aim was to ensure people were as happy as possible and to give them a good quality of life.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was managed well. Relatives and staff spoke positively about the management team and how the service was run. Feedback was used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Totnes Domiciliary Care Service (South Devon Support Service)

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

One inspector undertook this inspection.

### Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. However, a manager had been appointed and was in the process of becoming registered. This means that, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was supported in their role by a service manager and an assistant service manager who managed the service on a day to day basis.

### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We met with two people who used the service and spoke with two relatives about their experience of the care provided. We spoke with the regional operations manager, the service manager, assistant service manager and 10 care workers. We also spoke with a professional who had recently provided support to the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training records and internal quality assurance processes were reviewed.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns about people's safety and well-being.
- Relatives told us they felt the service was safe, particularly now the service was not so reliant upon agency staff who did not know their relations well.
- The management team had a comprehensive understanding of safeguarding processes.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, nutrition as well as those associated with people's anxieties and behaviour.
- Where people exhibited behaviours that could place themselves or others at risk, they were supported safely without imposing unnecessary restrictions on them.
- Management plans, including detailed positive behavioural support plans and risk assessments, ensured people were supported in a way that mitigated risks and in line with best practice.
- Records showed that where necessary specialist advice from healthcare professionals was sought.
- Incident and accident reports were reviewed, and themes and trends were analysed to identify whether changes were necessary to reduce the risk of reoccurrence.
- Some people were at increased risk of infections, and care plans and training guided staff about how to reduce people's risk. For example, with clear guidance how to support people's risk of chest infections, their needs associated with continence and how to care for one person's gastrostomy tube (a tube going directly through the person's abdomen into their stomach).
- Staff were responsible for supporting people to keep their home clean and tidy and we observed people's homes to be clean and odour free.

Staffing and recruitment

- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police)

checks, carried out prior to the commencement of employment.

- The service followed a 'values-based' recruitment process. This ensured staff shared the provider's principles of placing people with a learning disability at the heart of everything they do and treating people with respect and kindness. People and relatives were involved in the selection of staff.
- The service was currently recruiting additional staff to join its permanent and relief staff teams. This was to ensure they would be able to provide sufficient staff to meet people's care needs and reduce their reliance upon agency staff. Where agency staff were used to cover shortfalls, these were staff who had worked with people before and were familiar with their needs. Some staff told us the arrangements for organising agency staff required improvement, as often they had to find agency cover before they were able to leave their shift. We passed this information onto the management team for them to review with staff.

#### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- People received medicine reviews and external advice was sought from people's GP or other healthcare specialists.
- There were safe arrangements to receive, store and dispose of medicines.

#### Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the manager and provider responded appropriately and used any incidents as a learning opportunity.
- Monthly auditing and governance reports from the manager to the regional operations manager ensured the provider was aware of significant events when things had not gone well and where improvements were required.
- The manager used people's feedback and reviews of accidents and incidents to make improvements to the service.

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care needs assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition, skin care and behavioural support.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. They were knowledgeable and competent in meeting people's needs.
- Relatives said the staff were skilled and knowledgeable.
- New staff were provided with induction training and supported to undertake the Care Certificate. The Care Certificate is a nationally recognised induction programme for staff new to the care profession. Newly employed staff told their induction training had been "really good" and "excellent". They said they had opportunity to meet the people they would be supporting and to undertake training specific to people's needs. They worked alongside experienced staff until they felt confident, and had been assessed by a manager as competent, before working unsupervised.
- 'Shape your Future' and 'Top Talent' supervision and appraisal meetings gave staff the opportunity to discuss their training and development needs and to progress their career should they choose to do so.

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

- People's nutritional and hydration needs were assessed and described well in their care plans.
- Staff were provided with guidance about how to support people to eat and drink enough to maintain their health.
- Some people were at risk of choking due to swallowing difficulties when eating. Their care plans gave staff

instructions about how to prepare their food and drinks and how to assist with eating.

- Specialist advice and regular reviews were provided by a community dietician.

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

- People's healthcare needs were being met. Staff worked closely with healthcare professionals to ensure people's care needs were well understood and were being met. For example, physiotherapists, occupational therapists, community nurses and learning disability nurses regularly reviewed people's ongoing health and social care needs.
- Records showed people had regular dental, optician and chiropody appointments.
- The service participated in a number of initiatives which promoted the health and well-being of people with a learning disability. For example, the "Treat Me Well" campaign worked closely with hospitals to make adjustments to ensure people with a learning disability received good healthcare.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to receive care and support was gained by staff with each interaction.
- People's capacity to understand the various aspects of their care and support were described well within their care plans.
- Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for. However, these had not yet been approved by the Court of Protection.
- The management team and staff had a comprehensive understanding of the MCA and people's rights to make their own decisions. In the provider information return the manager stated people's decision-making was respected, stating, "The people we support have the right to choose and make both good and bad decisions."

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The people we met had limited communication and were unable to share their views with us about how well supported they were. One person nodded their head when we asked if they were happy and another person said "yes". We observed people to be relaxed in staff's presence, and we saw they made eye contact with staff and smiled.
- Relatives told us people were supported by kind, compassionate and respectful staff. One said their relation was "really happy" with their staff team.
- Staff spoke fondly of the people they supported and said their aim was to ensure people were as happy as possible and to give them a good quality of life.
- People's protected characteristics, such as disability, sexuality and culture, were respected. Staff told us the service was inclusive and supported people's relationships with others, including those of same sex relationships.
- The provider's inclusion officer provided equality, inclusion and diversity training for staff, and had oversight about how the service was putting the provider's principles into practice.

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

- People were involved in making decisions about their care. Some people required the support of their families to decide how they wished to be supported.
- Records showed people and their relatives were consulted about their care and to think about what they wished to achieve in the future.
- Where necessary healthcare professionals were involved in supporting decision making.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. When staff described people to us they did so very positively, demonstrating their respect for people.
- The service supported a number of older people. Staff told us they placed an emphasis on maintaining

people's skills and promoting their independence as much as possible.

- In the provider information return, the manager stated, "Mencap has rigorous policies to protect the rights and independence of the people we support and takes these very seriously."

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs. Staff knew people well and were able to describe their likes, dislikes and preferences.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed and documented people's individual communication needs. Some people were unable to communicate verbally, or had other communication needs due to their autism or learning disability. Therefore, some people made choices and communicated with the assistance of pictures, signs and symbols.
- Some documents were available in easier to read formats with the use of pictures and simple wording.

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

- The service placed an emphasis on providing people with opportunities to enjoy leisure and social activities and people took part in a variety of social activities within the community. A calendar of local community events was drawn up to enable people to choose where they would like to go. People were also supported to have holidays should they wish to do so.
- Staff recognised the importance of maintaining contact with family and friends and supported people with visits, telephone calls and with the internet.

### Improving care quality in response to complaints or concerns

- People were supported to raise concerns or make complaints through the service's complaints procedure or directly in conversation with staff. Not everyone the service supported would be able to do this. Staff told us they would be able to tell by people's body language and demeanour if there was something was wrong, and they would explore this with the person and their colleagues.
- In the provider information return, the manager stated, "We have a robust complaints policy with clear deadlines for investigation and follow-up and we take very seriously any complaints which we uphold. These are reviewed and any learning or changes to support that we can implement is then taken forward to improve the service and support given."
- Relatives told us that since the new management structure was in place, they felt more confident their concerns would be addressed than they had in the past. They described the management team as one who listened and acted to resolve matters.
- The provider's family network liaison manager met with relatives and staff and supported the service with the review of concerns and complaints. They also sought people's and relatives' feedback about the quality of the service. Relatives told us they had been impressed with the liaison manager.

### End of life care and support

- At the time of this inspection there was no one at the service receiving end of life care. However, where people's wishes were known, these were recorded in their care plans.

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's website states their vision is, "A world where people with a learning disability are valued equally, listened to and included." The staff and management team we spoke with were committed to providing high-quality care for people and displayed the provider's value in practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was supported by a management team who managed the service on a day to day basis. Relatives and staff told us the service was well managed and they had seen improvements since the manager had been in post. However, some staff felt the management team were not as accessible as they would like due their workload. We passed this information on to the management team to review.
- The service informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- The manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way. The provider's CQC relationship manager also had oversight of significant events to ensure they were reported to CQC.
- The provider's 'leadership way' training and development programme provided aspiring managers with guidance about how to develop their skills and the behaviours the provider expected from its management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they were asked for feedback at meetings and on a day to day basis. Relatives said they were listened to and their feedback was welcomed.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported by the management team, and had an input into the way people were supported.
- The provider had a reward scheme which thanked staff for their dedication towards people and recognised their good performance.
- The service worked closely with other healthcare professionals, to ensure people's needs were met. The service also worked closely with the local authority's quality assurance and improvement team to ensure its management and governance systems remain robust. We received positive feedback from the team about the service's willingness to improve.

Continuous learning and improving care

- The manager was supported by a service manager, an assistant service manager and a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and staff meetings, ensured the manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.