

Royal Mencap Society

# Royal Mencap Society - Hull Domiciliary Care Agency

## Inspection report

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Date of inspection visit:

21 August 2018

05 September 2018

Date of publication:

15 November 2018

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Royal Mencap Society – Hull Domiciliary Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to people with learning disabilities and those with an autistic spectrum disorder. Not everyone using Royal Mencap Society – Hull Domiciliary Care Agency receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of the inspection 20 people were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People continued to be protected from avoidable harm and abuse by staff who were able to identify and follow processes to raise concerns. Staffing levels were safe and recruitment processes helped ensure only suitable people were employed. The provider followed their disciplinary processes appropriately. People were protected from the spread of infection and their medicines were administered safely. Accidents and incidents were analysed to identify patterns and personal information was stored securely.

Staff had the skills and knowledge to provide effective care and enable people to achieve positive outcomes. Learning and best practice was embedded through supervision and appraisals. People were supported to eat a healthy, varied diet of their choice and were supported to access relevant health care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people like family and were kind, caring and passionate about the support they provided. People's privacy and dignity was respected and they were supported by a regular group of staff that enabled trusting relationships to be built. Staff communicated with people appropriately and valued people as individuals.

People were supported to lead fulfilling lives through going on holiday and pursuing their interests in the local community. Staff challenged discrimination and people were supported to have pain-free, dignified deaths. Policies and procedures were in place to respond and address complaints.

There was an open and honest culture, new ways of working were encouraged and staff were praised for positive work. People and their relatives were included in the development of the service and the provider worked with local community and organisations.

Staff had received specific training though some training dates had lapsed. Care plans were person-centred but information from reviews was not always included in them. Systems were in place to maintain quality in the service, however, these were not being used effectively. We have made a recommendation about this.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service has deteriorated to requires improvement.	<b>Requires Improvement</b> ●

# Royal Mencap Society - Hull Domiciliary Care Agency

## **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.

The inspection was a comprehensive inspection and took place on 21 August 2018 and 5 September 2018. Both dates were announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to ensure staff were available to speak with us and provide the information we needed. The inspection was completed by one adult social care inspector and an inspection manager.

We contacted the local safeguarding team and Healthwatch prior to the inspection and used their feedback to aid our planning. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at information we held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

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.

During the inspection, we spoke with the registered manager, three service managers, one assistant manager and one area administrator. We looked at three care plans, daily records and monitoring charts, medicine records and two financial care plans. We also looked at information regarding the running of the

service which included staff recruitment, induction, training, rotas, policies and procedures, audits and feedback about the service.

After the inspection we visited four people who used the service in their own homes and spoke with two relatives and received feedback from three health and social care professionals.

## Is the service safe?

### Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. A person we spoke with told us they felt safe using the service, they said, "I always feel safe with the staff, they do a brilliant job."

People were protected from harm and abuse. Staff had the skills and knowledge to identify and raise concerns, using internal processes and reporting to appropriate authorities. Staff received safeguarding training and were aware of the provider's whistleblowing policy.

Risks to people's safety continued to be managed well. People's care records contained a wide variety of risk assessments which covered people's nutrition, use of equipment within their homes. These documented effective strategies, to reduce risks to people's safety. People were supported to take positive risks, whilst maintaining their freedom.

People continued to receive their medicines safely. One person commented, "Staff help me with my medicines and I don't have any worries about this." Medicines were administered as prescribed by the GP and recorded on Medication Administration Records (MARs). Each person who required support with medicines had a care plan in place. Not all medicine care plans contained person-centred information. For example, some included a detailed description, such as, "If you put my tablet in my hand", whilst others did not. This was raised with the management team who updated people's care plans following the inspection.

Systems were in place to protect people from the spread of infection. Staff were provided with and used personal protective equipment (PPE) appropriately. A member of staff told us. "We always wear gloves and aprons when supporting people with their personal care needs."

Staffing levels were suitable to meet people's needs and relevant pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The provider followed their disciplinary procedures when required.

Processes were in place to monitor accidents and incidents. These were reviewed by the registered manager to identify patterns and trends. High risk situations were discussed at a higher level within the organisation.

Records were stored securely and electronic systems were password protected. Within the electronic system, staff had different levels of access, to further ensure the security of information.

## Is the service effective?

### Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The service continued to assess people's needs and provide effective care to enable people to achieve their chosen outcomes.

People were supported to eat a healthy, varied diet of their choice. Staff were knowledgeable about people's dietary needs and ensured people were offered choices. Care plans documented people's preferences, dietary requirements and where required, information from relevant health care professionals.

People were supported to access health care services and had relevant health care professionals involved; helping them to live healthier lives. A relative told us, "Staff are very thorough with [Person's name] health needs and always contact the GP when needed."

We received some mixed views about how the provider worked with other organisations. Overall, these were mainly positive but some health and social care professionals told us staff did not always have a consistent approach. The provider was working with these professionals, to ensure the person's care needs were met, whilst alternative arrangements were made.

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, 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.

Staff sought consent from people. Staff understood the MCA and documented people's ability to make decisions in their care plans. Where people were unable to make a decision, we saw they were made in line with the MCA. 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 the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and saw that it was.

Staff had the skills and knowledge to meet people's needs. New staff completed a thorough induction period and mandatory training. One person told us, "Staff are well trained and they all try hard." A relative also told us, "We have a lot of confidence in the staff, as they are very skilful at looking after [Person's name]." When supporting people with more complex needs, staff completed training that was tailored around the person they were supporting. Staff training was recorded on a matrix. This showed some training had lapsed for staff. We raised this with the registered manager, who after the inspection, advised plans were put in place to rectify this.



## Is the service caring?

### Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. We spoke with people and their relatives, they told us the service continued to treat people with kindness, respect and compassion. One person said, "Staff help me to do the cooking my way. They respect me and my home." A relative said, "Staff are respectful to [Person's name] all the time." Another told us, "Staff treat [Person's name] with respect and are affectionate to them. The care and support staff provide to [Person's name] really gives us peace of mind."

Staff were passionate about caring for people. Two members of staff commented, "It is wonderful working here. It can be challenging at times, but we always try our best" and "I really enjoy coming to work. This is the best job I have ever had." A relative told us, "Staff treat [Person's name] as part of the family. That is the most important thing for me, it is not just a job for them."

Staff were sensitive to people's emotional needs. A health care professional told us, "A member of staff supported [Person's name] to attend a health care appointment; they were sensitive and supportive throughout. They constantly prompted for reasonable adjustments to support the procedure, therefore putting the person more at ease." When visiting people, we observed staff being attentive to people's needs, speaking to people softly and respecting their right for privacy.

People were supported by a regular group of staff that enabled people to have trusting, meaningful relationships with staff, family and friends. One person told us, "I am very comfortable with the staff, we have a good laugh and I enjoy going to the theatre with them." A relative said, "If we ring to say we are visiting; staff will change planned activities to ensure there is time for our visit and we are always made to feel welcome."

Staff maintained people's privacy and dignity; they clearly described how they would do this. Two health care professionals said, "Staff always consider people's privacy and dignity" and "Staff promote people's privacy and dignity when meeting people's needs."

Staff were sensitive to people's communication needs and took the time to communicate with people and include them in their care. A member of staff told us, "Some people communicate verbally, whilst other people use body language and facial expressions. We know the people we support and put that knowledge into practice."

Staff were knowledgeable about equality and diversity and supported people as individuals. One person was supported to attend a religious ceremony on a regular basis to meet their religious needs. Staff told us how they supported people to follow their own routines and access activities and hobbies that interested them.

People had access to advocates, often their families supported them but professional advocates were arranged when required.

## Is the service responsive?

### Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The service continued to assess and review people's needs and met their needs through person-centred care. A health care professional told us, "I find that the staff are excellent at supporting people. They are very person-centred and responsive to people's needs."

Staff challenged discrimination and promoted equality for people. Some people who used the service had experienced hate crime whilst using the service. This had a negative impact on them and their ability to access required facilities. The management team reported hate crimes to the police to promote people's safety in their community. They also provided accurate information to the local community and worked with them to address the discrimination people experienced and promoted an inclusive environment for people who used the service. As a result, people were able to access required services and have their needs met.

Care plans were person-centred and helped people live their lives, the way they wanted. People and their relatives were included in reviews. A relative told us, "I attend every meeting. Staff listen to me and take on board what I say." Not all information from reviews had been included in care plans. Staff recorded the support they provided to people. However, we identified some recording did not correspond to a person's care plan. We raised these issues with the management team. They addressed this promptly and we saw records had been rectified by the second day of the inspection.

People were supported to pursue their hobbies and interests, helping them to lead fulfilling lives. A health care professional said, "Staff have offered [Person's name] some valuable experiences, such as visits to the ballet, listening to classical music and taking them to places where they can meet up with friends." One person had been supported to volunteer with local charities, whilst other people had been supported to go on holiday and attend a music festival. Relatives we spoke with, all confirmed that people completed a wide range of activities in their own homes and in the local community.

People were supported to have pain-free and dignified deaths. Care plans documented people's wishes and how to meet their associated care needs. Staff were knowledgeable about how and when to involve relevant health care professionals.

Policies and procedures were in place to address complaints via a central complaints team. The service had not received any complaints since the last inspection. Small problems were resolved by staff and the management team. One person told us, "I don't have any complaints but if I do I talk to [Staff member's name]." A relative told us, "If we have any minor problems, we inform the staff and they resolve them straight away."

Information was provided to people in line with the Accessible Information Standard (AIS). Staff ensured care plans were accessible to people by including pictures and photos.

# Is the service well-led?

## Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it requires improvement.

There was a registered manager in place at the time of 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 understood their role and continued to meet the registration requirements by sending us notifications.

Systems were in place to monitor and improve quality, however these were not being effectively used. The provider used the Management Assurance Tool (MAT) which was an electronic system for the recording of information such as training, audits and reviews of people's medicines and health care needs - such as visiting the dentist and optician. The MAT was in place to identify when areas of the service or people's care needs needed reviewing. We saw the system had identified when items were overdue but plans were not in place to address these. Audits completed within the service had failed to identify the issues we found with overdue training, information from reviews not being used to update care plans and medicines care plans not all containing person-centred information. This was raised with the registered manager who sent us plans to address these issues.

We received mixed views on how the service worked with other agencies. On the whole, this was positive, a health care professional told us, staff had worked closely with them to achieve positive outcomes for a person. However, this was not always consistent across the service. A social care professional told us, "Communication between staff, managers and other professionals is poor at times."

We recommend the provider continues to monitor and review their processes for maintaining quality in the service.

The service was organised and the management team took the time to involve and listen to support people, their relatives and staff. A relative said, "[Service manager's name] is lovely, very approachable and takes the time to actually listen to you. They will take on your views and adapt the situation if they can and it's within their power." There was an open and honest culture within the service.

People, their relatives and other stakeholders were included in the development of the service. Questionnaires were completed by people where possible, their relatives and external professionals. Responses were analysed and provided internally. The provider acknowledged staff who had worked in a positive way or had challenged poor practice and had 'You Rock' awards for staff, helping to promote high standards.