

Royal Mencap Society

Mencap - Dorset 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

This inspection was announced and took place on 8 December 2016. The provider was given 48 hours' notice of inspection to ensure the registered manager would be available to meet us at the provider's office and also to make arrangements for us to visit some of the people in their own homes.

There was a registered manager, however the registered manager was unavailable on the day of this inspection. The inspection was supported by a service manager. 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.

Mencap Dorset Support Service provided a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home. At the time of the inspection they were offering personal care to five people in their own homes, and eight people living in a shared home.

Mencap Dorset Support Service had completed the process of supporting people to transition from residential living to independent living. The service manager confirmed people and staff had adapted well with the transition from living and working in a residential care home to supported living. The service manager was able to provide a number of examples where service users have been supported to develop their independence and life skills. People confirmed they had been consulted about where they wished to live. One relative told us, "I can't believe how well the move has gone and how my relative has settled in. It was very important they stayed in the local area. The staff team have been so flexible, being there giving that extra support when needed"

People's relatives told us the management and staff were very caring. We observed staff interacted with people in a friendly and considerate manner and respected their choices. Staff were very patient and took time to try to understand people's wishes and preferences even though some people needed additional support to be able to express themselves verbally.

People had positive relationships with the staff members who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People's privacy and dignity was respected and information personal to them was treated in confidence.

The provider had a recruitment procedure that ensured the suitability of staff was checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

People had support plans which were personalised to them. Staff were knowledgeable of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the

people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. Information contained in the care plans detailed what support people wanted from staff. Daily visit records showed staff had carried out the care and support in line with people's care plans. Staff told us they felt the information available regarding people's needs was good.

People received help with their medicines from staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

There were systems in place to monitor the quality of the service and plan on-going improvements. The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided. People using the service and staff felt involved and able to make suggestions or raise concerns.

Mencap vision was to support people with learning disabilities to be valued equally, listened to and included within society. They told us they did this by ensuring people were included and led life to the full, ensuring people were safe, had their rights protected, inclusive learning and involvement within their local community. They believed they had followed this ethos when supporting the recent transition for people from a residential home to independent living.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were staff recruitment procedures which helped to reduce the risk of abuse

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Good ●

The service was caring

The registered manager and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

People were supported by a small team of staff who they were able to build trusting relationships with.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

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

Good ●

Mencap - Dorset Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2016. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector and one expert by experience. Following the inspection further information was continued to be gathered by contacting relatives and other health professionals.

We looked at other information we held about the service before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and visited two people in their own homes and spoke with two members of staff. We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, four staff recruitment files and records of meetings and staff training.

Following the inspection we contacted one person receiving a service, one health professional, one relative and two members of staff by telephone to discuss their experience of using the service.

Is the service safe?

Our findings

People told us they felt safe and trusted their care staff. One person said, "I feel very safe, I know what to do if I am alone and need help". Another person told us regarding staff, "Yes they [staff] are all nice".

People told us they were supported by enough staff to meet their needs and knew all the staff who came to support them. One person showed us their weekly staff rota; they said, "I always know which staff member is coming to help me". Staff were happy there were enough staff to meet people's needs consistently. One member of staff told us, "We have structures in place for supporting people, it is very important for the people we support to know who is coming to support them". The service manager told us, "We do have sufficient staff. We rarely use agency staff, if we do use agency we have core team that people all know."

Staffing levels were flexible and based on individual need. Some people did not need staff support all of the time. One person told us they felt safe when alone. They told us, "I used to live with other people, and had staff all the time. I am safe alone as I know what to do if I need help". The person was able to discuss the systems that were in place if they needed help when staff were not around. This demonstrated that people had been made aware of the risks of living alone and how to manage the risks.

Risks of abuse to people were minimised because the provider had an effective recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the care provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager. Staff confirmed they had not been able to start work until all the checks had been completed.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding vulnerable people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. The service manager was able to demonstrate were concerns about people's safety had been raised the service worked with the local authority and multi-disciplinary teams to keep people safe.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. The service manager told us, "Each individual person we support has specific risk assessments written in conjunction with their support plan. Staff informed the service manager if people's abilities or needs changed so that risks could be re-assessed."

There were arrangements established to protect people from the risk of financial abuse. Some people managed their own money but others needed support. The service manager carried out audits and checks

each month and reviewed whether people's money was managed appropriately and safely.

Some people needed assistance with their medication and said staff helped them with this. They told us they received their medication at the times they needed it. One person said, "I can do my own medicines but staff check I have taken my medicines". Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed making it easier for other carers or visitors to see if the person had taken their medicines. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people. For example, one member of staff told us, "It is important we consider all aspects of the person's wellbeing. [Person's name] behaviours were different, we spoke with the person's doctor and arrange a review of their medication." They told us the medication review had meant the person was able to change some of their medication resulting in reduced anxieties

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. Weekly fire tests and visual inspections were completed by staff. The service manager explained the landlord maintained the responsibility to service the fire equipment within people's homes.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "The staff are good and help me to see my doctor. I get reminded to follow my doctor's instructions". One relative told us, "The staff are good at giving choice but also protect people. They make sure [person's name] keeps their health appointment. They are also good at feeding back any concerns".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. Staff told us they had received an in-depth induction which they felt had prepared them well for their roles. One member of staff told us, "It was really good, I was given the time and space to read the policies and care plans and spent time getting to know people before I supported them alone". New staff were introduced to clients by a senior carer and were not permitted to work alone until their competence had been assessed and signed off by the service manager or registered manager.

New staff had completed an in depth induction which included work on-line training as well as face to face training. Staff were all required to complete the Care Certificate. This is a recognised set of standards and provides a learning framework for staff to ensure they meet the standards required to work in social care. Staff told us they received the training they needed to meet people's specific needs. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date. The service manager told us, "There is a requirement all staff keep up to date with all mandatory training. Any training which is due is automatically highlighted on our training matrix". They confirmed they also carried out competency checks on all staff. The training matrix demonstrated 94% of staff training had been completed.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks to observe their practice. One member of staff told us, "We do receive regular support. We can talk about training in our supervisions, all very supportive".

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 only received care with their consent. Care plans contained copies of up to date consent records, which had been signed by the person receiving care or a relative (if they had the relevant authority). Everybody spoken with confirmed staff always asked them first before they carried out any care and they had choice in how their care was delivered. Staff were clear about the rights of the people they supported.

One person told us, "They don't do anything without asking me". They gave an example of not wishing to have a particular health check. They told us they were clear with staff why they didn't wish to have the procedures and understood the risk if they didn't". They told us the staff "Listened to what I was saying". One professional told us, "The service manager has a very person centred approach regarding supporting people in regards the MCA". They gave an example of joint partnership working regarding a person's fluctuating capacity. They said, "The service manager was proactive in ensuring information was made available in easy read format., The relevant decision makers were involved and ensured all were working within the person's best interests. They always put the person at the heart of what they are doing".

The care records we looked at confirmed that people's health care needs were taken into account and people had access to a GP, dentist or other health care professionals when they needed it. For example staff described how they had worked in partnership with other health professionals to build trusting relationships over a period of time with one person using the service who had some anxieties around a medical procedure taking place. The service manager told us, "It was fantastic example of partnership working with the person at the heart of all the decisions. They explained time had been spent getting to know the health professional inside and outside the home, meeting for coffee and cake or just a chat. The relationship building took time, resulting in the person trusting the health professional and agreeing to have the procedure.

Is the service caring?

Our findings

During our visits to people's homes we observed staff were very caring and compassionate. People we spoke with said they got along well with the staff who were kind to them, and treated them with dignity and respect. One person told us, "All the staff that come and see me are very kind. They help me to do my shopping and cleaning." Another person signed to us that the staff were "Good".

People were supported to live independently following successful transitions from living in residential care to supported living. The service manager discussed how moving from residential homes to supported living had empowered people. Examples were given which demonstrated the provider had given people choice and time over the transition period. For example, time to settle in to their new homes, and improved links within the community. One person told us, "'I love living on my own. I can see who I want, when I want". Another person told us, "I have a key to my own front door. That makes me smile".

People confirmed they felt the staff listened to them and cared about how they were feeling. One member of staff told us, "We listen to what people are doing and how they want to be supported". They gave an example of supporting a person to find a voluntary job within their local community. They told us, "We have been working hard for [person's name] to achieve their goal of employment. We are supporting them to develop their skills so they will be able to apply for the job they want". People confirmed staff helped them to do things they liked and gave them the encouragement to learn new skills.

People told us staff respected their homes and privacy. Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided support to the same people on a regular basis, which meant people had the opportunity to develop good relationships with the staff who supported them. Some of the staff we spoke with had been working for the organisation a long time, others were newer. The registered manager told us in their PIR, "We support people to go on holiday by providing ways for them to make choices either online or with brochures and by helping them to budget and save up in advance. Holidays this year have included a Scandinavian cruise, Isle of Wight, Austria and Belgium".

We spent time with staff and people they were supporting. They all demonstrated a detailed knowledge of the people they supported, including their preferences and hobbies. One member of staff told us, "Routine is so important for people, they like to know who is supporting them and taking them out. They are valued members of their local community". The service manager told us people had gained more independence since moving from a shared home. They told us, "People feel valued. They take an interest in events in their local community. The gave an example of one person who had worked hard supporting their community, fund raising for lights. They were given the honour of switching on the village lights at Christmas. One person told us, "I am independent now and love living here. I go to the shops where people know me, I go on the bus to visit my friends and I have joined some groups in the community. Staff are kind and help me to join in with things that are going on".

Care records were centred entirely about the person and provided detailed information about their person's personal history and preferences and future plans. Where people needed information to be written in

different format this was provided. One member of staff showed us information in a person's care plan which held photos of relevant health professionals they would visit. They told us the photos aided communication and ensured the person was fully aware of who they were going to visit and why.

The providers kept a record of all the compliments they received. Comments included, "Thank you so much for your caring approach towards [person's name]. You all do go the extra mile", "You all did such a fantastic job of supporting [person's name]".

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. People were able to tell us they spoke with the service manager on regular basis about their support.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People were satisfied their care and support met their needs and reflected their preferences. One person said, "I have no complaints about my support and feel listened to. They always talk to me about my care plan".

People were able to say who they wanted to support them with their care and their preferences were met. For example, when new staff were employed the service manager asked people if they liked the person and if they were happy with the support being provided. If the person did not like the new member of staff the service manager told us they would replace that member of staff. One relative told us, "The staff are very good and I know my relative is supported by staff they know well".

People's care was delivered according to their support plans based on assessments of their needs. The registered manager prepared a comprehensive support plan in consultation with the family and others involved with the person's care. This included an assessment of people's needs, their support plan, risk assessments, health appointment records, medicines, and a health action plan. The registered manager told us in their PIR, "Through regular reviews of support plans and risk assessments we try to ensure that the current support being provided is best suited to the person's current level of need. Individuals' support is regularly discussed at staff team meetings each month where suggestions for improvement are discussed". One professional said, "The support plans I viewed were person centred and discussions with the service manager demonstrated appropriate balance of risk management and the promotion of independence". One member of staff said, "We make sure information in the support plans is up to date and in easy read format."

People participated in a range of activities to suit their interests and needs, and were encouraged to follow their interests and take part in social activities. For example people shared their experiences of clubs they had joined since moving into their own homes, or taking part in community outing, or events. One relative told us, "The transition has gone really well, people have been located where there is a community spirit and really sense of involvement". People told us they liked living in their local area and were supported by members of their community neighbours and friends.

People told us the staff were responsive and flexible. For example people were living near each other so were able to share staff on occasions or join in activities. The registered manager told us in their PIR, "We expect staff to be flexible to enable them to meet the needs of the service and rota's are planned a month in advance allowing the service manager to check what activities and appointments are happening". The service manager was responsible for ensuring the staff profile was right for the service and ensured the registered manager received monthly reports to show the hours of support that had been delivered. They also operated an 'on-call' service for staff 24 hours a day that they could call for advice in case of emergency.

People we spoke with told us that they had information about the complaints procedure. One person told us, they knew who to tell if they were unhappy and would also tell members of their family. However people told us they were happy with the service they received and had no complaints. The service manager told us,

"We have a robust complaints policy with clear deadlines for investigation and follow-up and we take very seriously any complaints which we uphold". The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Records demonstrated any complaints had been resolved within the timescale.

Is the service well-led?

Our findings

Relatives of people who used the service told us the management and staff were approachable and supportive. One relative said "I am so impressed with the service manager. The transition from living in a residential setting to living entirely alone has been so well managed for people". One person told us, "I was a little worried about living alone but it is OK." A health professional told us, "The service manager is very good, very person centred putting people at the heart of what he does".

There was a management structure which provided clear lines of responsibility and accountability. Care workers were supported by the service manager and registered manager. The registered manager was supported by a regional manager. Additional face to face support was provided by the service manager.

Mencap Dorset Support Services had successfully supported five people to transfer from living in a residential home to living independently within their local community. People were living in independent homes run by a private landlord, with Mencap Dorset Support Services providing the care and support. The service manager told us people were consulted throughout the transition, they told us, "It was very important to all the people we were supporting they remained within a community they liked living in and felt safe. We have been able to support people to find a home of their choice that they like". They told us people, their relatives and other relevant professionals were consulted throughout the process. One relative told us, "I can't believe how well the move has gone and how well my relative has adapted to living alone. It was very important they stayed in the local area. The staff team have been so flexible, being there giving that extra support when needed".

The service manager discussed the aims, ethos and vision of the service. They told us, there were five priorities for the next five years. These were to raise awareness about people attitudes to people with a learning disability, make a difference to the lives of people with a learning disability, support friendships and relationships, improve health and give children with a learning disability the best start in life. They told us they were committed to achieve this so people with a learning disability were listened to and included.

The provider had a quality assurance system to check people's needs were being met. The service manager and registered manager carried out a programme of monthly audits and safety checks. These included reviewing care plans, medicine administration records, health and safety checks, significant events and emergency plans. They told us, "We have an in-depth staff monitoring and progression program called 'Shape your future', this involves three monthly review meetings with staff, where they provide evidence of any work they have completed and an annual appraisal each year". The service manager sent a monthly service report to the registered manager as part of the provider's quality monitoring process. Where action was needed, it was noted on an action plan and progress was checked at the next service review.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation

to act in an open and transparent way in relation to care and treatment

Staff told us the service manager and registered manager were approachable and very supportive. One member of staff said, "The service manager is very supportive, although we don't see them every day we see them most weeks and can contact when we want. Sometimes we don't know they are coming and they just turn up". Other members of staff also felt the management structure was supportive. They discussed regular staff meetings and supervisions. Staff said everyone worked really well together as a close knit, friendly and supportive team.

Systems were in place to monitor and improve the quality of care provided. These included formal sign-off that confirmed care workers were trained, prepared and briefed to support the people they were assigned to. The registered manager told us in their PIR, "Management structure provided clear lines of responsibility and accountability. The area manager completed quality assurance audits every six weeks. Our internal Quality Team are able to provide inspections either service-wide or on specific areas of focus such as health, communication or finances. Their observations and feedback are designed to ensure we are delivering best practice as far as possible".

People and their relatives were encouraged to give their views on the service through a number of processes, including regular face to face conversations, telephone calls and emails. People felt Mencap Dorset Support Services was providing a good service and there were lots of positive comments, particularly about the staff.

The service worked in close partnership with local health and social care professionals. Specialist support and advice was sought from relevant professionals when needed. This helped to ensure people's health and wellbeing needs were met.