Scarborough And District MENCAP

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Inspection report

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Date of inspection visit:
04 August 2017
07 August 2017

Date of publication:
05 October 2017

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

This inspection took place on 4 August 2017 and was announced. The provider was given notice because we needed to be sure that someone would be available at the office location to answer our questions and access records

Due to the complex communication needs of people who used the service, we were unable to speak with them via the telephone. We contacted relatives on 7 August 2017 to ask their views of the service provided.

Scarborough & District Mencap registered with CQC in January 2011 for the regulated activity of personal care. The office is based in Scarborough. They are an independent charity that provide support to children and adults with learning disabilities. There were four services provided at the location. A day service for younger adults called Discoverers, a day service for older adults called Day care, a service that offered 2:1 or 2:1 support to people in the community or at the day centre called Flexi-support and a service for children who require 1:2 or 2:1 support called Flexi-care. Each service had a manager who was responsible for the day to day management which was overseen by the registered manager. At the time of this inspection, there were 20 people who were receiving support with personal care.

The four services were based at a day centre in Scarborough and provided people with the opportunity to participate in a range of activities and outings into the community. Evening activities such as a disco and a drama club were available which encouraged people to meet with friends and enjoy an active social life.

At the last inspection in June 2015, we rated the service as Good overall but identified that improvements were required in the well-led domain. We found that quality assurance systems that were in place needed to include a wider range of checks to ensure people were protected. At this inspection, we could see that further quality assurance systems had been implemented by the development manager for some areas of the service but this had not been cascaded throughout the service.

The service had a registered 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.

The registered manager, who was also the CEO, was present throughout this inspection.

Recruitment procedures had been followed to ensure staff were safe to work and did not pose a potential risk to people who used the service. Interviews were recorded and records showed that the provider ensured new staff were suitable for the role before an offer of employment was made.

Medicines were managed and stored safely. When people required their medicines to be administered by staff, appropriate documentation and risk assessments were in place. Records showed that medicines had

been administered as prescribed.

Safeguarding concerns had been managed appropriately. A safeguarding policy was in place to protect people from the risk of harm. All staff we spoke with were aware of the procedure to follow if they suspected abuse was taking place.

Risk assessments had been developed and were in place for people who needed them. They had been regularly updated to reflect people's current needs .The service promoted positive risk taking and risk assessments recorded how this was to be managed safely. People were not restricted and their independence was promoted.

Relatives told us they trusted staff and felt people were safe in their care. New staff were given the opportunity to work alongside senior staff to build relationships with people.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make decisions and a policy to support this was in place.

There was a process for completing and recording staff supervisions and competency assessments. Systems in place ensured staff received the training and experience they required to carry out their roles. They completed an induction process and a range of training was provided to ensure staff were able to effectively carry out their roles.

Some people were supported by staff with meal preparation and where possible people's independence was promoted in this area.

We found that relatives took responsibility for arranging medical appointments. Any concerns that staff had regarding people were recorded in daily notes and a handover to relatives was provided at the end of each day to ensure important information was communicated.

People were supported by a regular team of staff who knew their likes, dislikes and preferences. Staff had the knowledge of people's personal histories and medical conditions. Relatives told us people were treated with dignity and respect.

The provider had an effective system in place for responding to people's concerns and complaints. Relatives said they would talk to the manager or staff if they were unhappy or had any concerns.

Staff told us they felt supported by the management. They said the management team were approachable and they felt confident that they would deal with any issues raised. Staff were kept informed about the operation of the service through regular staff forums. They were given the opportunity to suggest areas for improvement.

The manager of the Discoverers service carried out a number of quality assurance checks to monitor and improve the standards of the service in areas such as medicines and daily visit reports. However, this had not been cascaded throughout the service and quality assurance processes in areas such as medicines and daily reports were not in place for the Flexi care service.

We have made a recommendation about effective quality assurance.

The registered manager had a good understanding of their role and responsibilities and had extensive experience of working with people with autism and learning disabilities. They understood when notifications were required to be submitted to CQC. Notifications are changes, events or incidents the registered provider is legally obliged to tell us about within the required timescales.

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.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems had been implemented by the development manager for some areas of the service but this had not been cascaded throughout the service.

Staff were kept informed about the operation of the service through regular staff meetings.

Feedback was sought from relatives and peoples through regular meetings and discussions.

The registered manager had a good understanding of their role and responsibilities.

Scarborough & District Mencap

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 checked 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 4 August 2017 and was announced. The provider was given notice because we needed to be sure that someone would be available at the office location to answer our questions and access records. Calls to people who used the service and relatives took place on 7 August 2017.

The inspection was conducted by an adult social care inspector. An expert by experience contacted relatives, via telephone on 7 August 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was learning disabilities.

The provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A 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. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We also sought feedback from the Local Authority.

During the inspection, we reviewed a range of records. These included four people's care records containing care planning documentation and daily records. We also looked at four staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the

service and a wide variety of policies and procedures.

During the inspection, we spoke with eight members of staff including the registered manager, development manager and the Discoverers and the Flexi service managers. Following the inspection, we contacted seven relatives and two professionals by telephone to seek their views.

Good

Is the service safe?

Our findings

At the last inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service remained Good.

Relatives told us they thought that people were safe and protected from risks. One relative told us, "The service is marvellous. I cannot fault them and I am confident [Name] is safe."

Risk assessments had been completed to ensure any risks were managed and reduced where possible. Risk assessments contained sufficient information for staff to be able to provide safe care and support. For example, an epilepsy risk assessment detailed what action should be taken by staff if the person suffered a seizure. When changes to a person's care needs occurred, we could see that risk assessments had been updated to reflect these changes.

People were supported to manage risk safely so that this did not restrict activities. Risk assessments were in place for accessing different activities in the community. For example, visits to Whitby Abbey and Peasholme Park. These provided staff with clear guidance on how risks associated with these outings should be managed.

Staff were aware of the different types of abuse and were able to describe what action they would take if they suspected abuse was taking place. One member of staff told us, "We have all had training and know to report any concerns straight away. I would not hesitate." We looked at safeguarding records and could see that referrals had been made to the local authority safeguarding team when appropriate and any additional action taken was recorded.

Most people did not require support from staff with their medicines as this was managed by relatives. For the few people who did received support, we could see that this was managed safely. Medicine administration records (MARs) contained the required information. This included the dose, time and frequency of medicines, as well as any known allergies. MARs had been completed accurately to state when medicines had been administered by staff and corresponding information was recorded in the person daily notes. Any medicines that were taken from the person's home and brought into the service, were signed for and counted. This same procedure was in place when the person returned home to ensure there was no discrepancies with medicines. Training records showed that staff had received appropriate training with regards to medicines and staff competency assessments had been completed by management.

The provider had a recruitment procedure in place that had been followed. We looked at four staff recruitment files. Two references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

Rotas demonstrated that people were supported by a regular team of staff who were familiar with their

support needs. Relatives we spoke with confirmed this. One relative told us, "It is regular staff mostly, and [Name] looks forward to them coming." Relatives also felt there was enough staff on duty to support people safely. Comments included, "There's always plenty of staff who are lovely and welcoming" and "Yes, there is enough staff. I have never had an issue with staffing levels." Records we looked at confirmed there was enough staff on duty.

Good

Is the service effective?

Our findings

At the last inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service remained Good.

Relatives we spoke with thought the service was effective and that staff had the appropriate skills to provide good care. Comments included, "Everything is covered in the staff training, there's always plenty of staff, who are lovely and welcoming", "I know staff have done some additional training so they are up to speed with [Name's] needs and health issues" and "I can't fault the staff really. They all know what they are doing."

All staff completed an induction to their role and the service when they were first employed. The provider told us all staff would undertake the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected. This demonstrated that staff were supported to understand the fundamentals of care.

New staff also 'shadowed' a more experienced member of staff before working alone. This meant that people were introduced to new staff before they were expected to provide care and support. One relative told us, "When new staff join they usually work alongside an experience member of staff. I like that approach. It means [Name] can get to know new staff."

There was an extensive program of training that staff were required to complete. Specialist training was also provided that was specific to people's needs. For example, if a person had epilepsy, staff supporting that person had received epilepsy training. We were provided with records for the training completed. All training was up to date and the registered manager had a training matrix which enabled them to track when training was due for renewal.

The provider operated a regular system of supervisions to provide guidance to staff and monitor personal development. Supervisions were well documented and action that was needed had been taken in a timely manner.

Some people who used the service required support from staff with meal preparation but this varied from person to person. One relative told us a person was supported to go shopping for ingredients once a week and make their own lunch on a Monday. Another relative told us they prepared blended food that was given to the person at lunch time. Other people needed additional support from staff and we found that care plans provided sufficient information for this support to be provided in a personalised way. One relative told us, "They encourage probably a lot more than I do, they cut [Name's] food up and help them to eat. They keep an eye on [Name].

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection (CoP).

We found the service was working within the principles of the MCA. When CoP orders were in place, copies of this documentation had been taken. The registered manager told us they communicated on a regular basis with the local authority and would be notified of any changes made to these orders.

We found that relatives took responsibility for arranging medical appointments. Any concerns that staff had regarding people were recorded in daily notes and a handover to relatives was provided at the end of each day to ensure important information was communicated.

Good

Is the service caring?

Our findings

At the last inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service remained Good.

Relatives told us staff were extremely caring and treated people with dignity and respect. Comments included, "Yes they are kind. They protect [Name's] dignity when they take [Name] to the bathroom", "Yes they are caring. We love them all to bits", "I am very happy with the staff. They are kind and caring. They listen to [Name] which is extremely important" and "The staff have time to talk and are always discreet."

Staff were able to describe how they respected a person's privacy and dignity by ensuring doors were closed and people were given time, in private, when managing personal care. We saw records, which detailed how a person's privacy and dignity should be maintained. For example, if a person had continence problems then a toiletry bag should be used to store continence aids and other personal care items.

It was clear from discussions with staff that they were familiar with people's needs and preferences. Staff told us how they used their awareness of people's body language and vocal sounds to interpret people's wishes and needs and to identify any potential triggers in their behaviour before they escalated. For example, a certain gesture that would indicate a person was becoming anxious. They were able to describe the action they would take to reduce this anxiety, such as provide one to one support and encourage the person to participate in an activity.

People were supported to express their views and make independent decisions. Staff would often offer people choice in relation to activities, meals and outings and were aware of how people would indicate their preferred choice, such as pointing to the chosen item. Relatives told us they were actively involved in decision making regarding people's care and support. One relative told us, "We have sat down with staff and discussed what [Name] enjoys doing. Staff then spoke to [Name] about it." The relative went on to say, "Staff include [Name] so they can take part in everything. [Name] is not missed out. They are always included."

People were supported by a regular team of staff and staff told us this helped build positive relationships and relatives we spoke with confirmed this. Comments included, "[Name] has built a rapport with their carers. They understand [Name]" and "[Name's] face lights up when they see the staff coming to pick them up. They (staff) really do know people well."

Most people were supported with advocacy by relatives and we found that they had been actively involved and included in the care planning process and on-going reviews. The registered manager told us that people had previously used advocates and there was a senior member of staff who worked closely with them to ensure effective communication. The registered manager was able to describe action they would take if an independent advocate was required or if they had any concerns.

Good

Is the service responsive?

Our findings

At the last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained Good.

Relatives we spoke with confirmed they received a service which was personalised to meet people's individual needs. All the relatives we spoke with said they had information about how to raise a concern or complaint if it was required. Comments included, "I know how to shout, I don't shy away. I would ask to see the manager, but there is never any bother at all. I'm grateful to all the staff" and "I would go to the manager who would sort it out."

The provider had a complaints procedure in place. The document included guidance on how to complain and what to expect as a result. There had been no complaints made within the past 12 months. Staff we spoke with were aware of the complaint procedure, where it could be found and what action to take if a person raised a concern.

We found people received a service that was individualised to their needs and focussed on their abilities and personal strengths, together with areas for potential development. During the inspection, we looked at four people's care records, which contained personalised support plans. These plans detailed what support needed to be provided and covered areas such as personal care, communication, nutrition, medical conditions, emotions and social interaction. They were extremely person centred. For example, a personal care plan detailed a specific type of body spray that was to be used during personal care and where it was stored. A nutritional care plan detailed that the person preferred to bring a packed lunch from home but required staff to cut it into small manageable pieces that the person could then eat with the use of a folk. This level of detailed meant that staff could provide personalised support.

Care records also contained detailed information about people's life history, including likes and dislikes, relationships, hobbies and interests and previous medical conditions. Relatives and professionals had also been involved in the development of these documents. Staff told us how they used this information to stimulate conversations and be aware of any actions that could trigger behaviour that may appear challenging.

The four services were based at a day centre in Scarborough and provided people with the opportunity to participate in a range of activities and outings. Evening activities such as a disco and a drama club were available which encouraged people to meet with friends and enjoy an active social life.

Activities were adapted to ensure they could meet people's needs and provide meaningful stimulation. For example, staff told us one person enjoyed bowling. They told us how they ensured side guards were in place and used a frame to help the person role the ball down the lane independently. They told us "They love bowling and little things like that help with the person's confidence and we want them to get fulfilment from the activity."

Requires Improvement

Is the service well-led?

Our findings

The manager had registered with CQC in September 2013 and had many years' experience working with people with learning disabilities. They had a good understanding of their role and responsibilities. The registered manager was supported by a development manager.

There were four services provided at the location. A day service for younger adults called Discoverers, a day service for older adults called Day care, a service that offered 2:1 or 2:1 support to people in the community or at the day centre called Flexi-support and a service for children who require 1:2 or 2:1 support called Flexi-care.

At the last inspection in June 2015, we found that quality assurance systems that were in place needed to include a wider range of checks to ensure people were protected. We awarded a rating of 'requires improvement.'

At this inspection, we could see that further quality assurance systems had been implemented by the development manager for some areas of the service but this had not been cascaded throughout. For example, quality assurance audits were taking place to check areas such as medicines and daily visit reports for the Discoverers service but they were not in place for the Flexi service.

We identified shortfalls with regards to staff following medicines protocols for people who attended the Discoverers service. For example, a diabetes protocol detailed what action staff should take if a person's blood sugar levels were below 5 and how this should be recorded. We identified that on three occasions in July 2017 staff had not accurately recorded what action they had taken when this person's blood sugar levels had dropped. This had not been identified by management.

We discussed this with the Flexi service manager who told us they would take action and speak with staff to address this concern.

We recommend that the registered manager develop the quality assurance systems to ensure all services are included in quality audits and improvements.

We asked how feedback was sought from people who used the service and relatives. Satisfaction questionnaires had recently been distributed to people and relatives and the manager told us this was the first time they had requested such feedback. Plans were in place for the questionnaires to be analysed and the manager told us that the findings would be shared during people and relatives meetings.

Relatives spoke positively about the management team. One relative told us that a manager had visited them at home and that they felt they were 'approachable' and 'listened' to what they had to say.

Regular meetings were arranged for relatives to visit the service and discuss care that was being provided and any areas for improvement. The manager told us that a 'parent group' was held every Wednesday and

these were usually well attended. They explained that the 'parent group' had been running for a long period of time and they were currently trying to engage more parents to participate to improve the effectiveness of the group. One relative we spoke with told us, "I go to the meetings near enough every week. It's good to get together with other parents. I see them as friends. We have been going for that long now." Other relatives told us they were aware of such meetings but had not participated.

Newsletters were provided on a quarterly basis, which kept people and relatives up to date with planned events at the service as well as events in the local community. The newsletters also encouraged people and relatives to provide feedback about the service.

Staff were included in the service and well supported. Staff forums took place monthly and several meeting times were arranged to ensure all staff were given the opportunity to attend. Records we looked at showed these forums were initially well attended but recent forums had seen a decline in interest. However, minutes of the meeting were available and distributed to all staff to ensure they were kept up to date. Monthly staff bulletins were also provided to ensure that all staff were informed about new or updated policies, any revised protocol and staffing changes.

Staff told us they felt support in their role and that the management team were open and approachable. One member of staff told us, "Management is good and I have seen improvements over the years. I don't ever feel like I cannot talk to them about concerns or issues."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the manager.