

Royal Mencap Society

# Mencap Domiciliary Care Southend

## 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

Mencap (Southend) is a domiciliary care agency which provides personal care to people in their own home. The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times during the day and /or night. The service was supporting people with personal care at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. The care is provided to people in a supported living capacity across five individual homes where people live in their own tenancies. At the time of our inspection the service was providing bespoke, flexible support packages to 15 people. There was support provided 24/7 where required and the service aimed to enable people to live as independently as possible within the community.

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

We made recommendations to record people's end of life wishes.

Staff had the right skills and experience to meet people's needs. A comprehensive induction and training programme was completed by all staff. Assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

People were supported to have their medicines correctly and staff had been trained. Medication audits and spot checks were carried out. Systems and processes were in place to safeguard people from the risk of abuse. Staff knew how to prevent the spread of infection.

Assessments were in place which detailed people's needs and choices. Staff had been trained and were given regular supervision. People were supported to eat and drink in line with their assessed needs. 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.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided. Regular surveys were carried out with a range of people, relatives, staff and professionals. Information was used to make improvements to 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 good. (18 January 2016)

Why we inspected

This was a planned inspection.

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.

<b>Is the service safe?</b> The service is safe	<b>Good</b> ●
<b>Is the service effective?</b> The service is effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service is caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service is well-led.	<b>Good</b> ●

# Mencap Domiciliary Care Southend

## **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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in several 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we looked at information we had received about the service. This included any notifications from the provider. Statutory notifications included information about important events which

the provider is required to send us by law. 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 inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff the registered manager and one other manager. We reviewed a range of records. This included three people's care records and medication records. We looked at records relating to recruitment and staff supervision and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At this inspection this key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt staff supported them to be safe. One relative told us, "yes, they certainly do look after [name of relative] really well they have carried out risk assessments around going upstairs and cooking."
- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- We saw examples where concerns had been raised, and investigations took place in line with the provider's safeguarding policy and procedure. The registered manager took appropriate action and investigated the concerns keeping all parties updated.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Staff told us how they supported people to minimise the risk for example of falls or when accessing the community.
- The risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs were shared with staff and people's care records were updated.
- For people who were at risk of harming themselves or others, behaviour support plans were in place. If an intervention needs to be used the registered manager had considered the least restrictive way this could be done.

Staffing and recruitment

- Consistent staff supported people. One relative told us, "It is great to have the same staff, it means they know [name of relative] really well and that is important for [name] to feel safe."
- Interviews included people who used the service, to help make the recruitment decisions. The registered manager told us that prospective staff had two interviews one at the head office and one in the home they would be working in this was to observe how they interacted with people living in the service.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- People received their medicines safely by staff who had been trained and assessed as competent to administer people's medicines
- People had medicine administration records (MAR) which staff signed to show they had given people their

medicines. One person told us, "The staff give me my medicines now I used to do that myself, but they help me now." Staff spoken to told us this person's medical needs had changed they had therefore agreed it would be best for the staff to support them with taking their medicines.

- MAR sheets were audited monthly by the management team. These had been effective at picking up errors which were then investigated, and appropriate action taken, for example, supervision with staff.

#### Preventing and controlling infection

- Staff completed training in infection control. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.
- Debriefs with staff were carried out after each incident and or restrictive intervention had been used. Staff spoken with told us they felt fully supported and had the opportunity to talk to senior management after any incident.



# Is the service effective?

## 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; Good. 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

- Assessments were in place, which considered people's physical, mental, and social needs.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people with more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.
- Staff used communication methods suitable to people's individual needs. For example, some people were encouraged to share their views, by using pictorial boards or objects or photographs of reference so they could be involved in decision making.

Staff support: induction, training, skills and experience

- New staff received a comprehensive classroom-based induction based on the care certificate which represents best practice when inducting staff into the care sector. New staff completed shadow shifts where they worked alongside senior staff to learn about the job role.
- The service ensured training was provided to staff which was regularly updated so staff's knowledge remained current. The training was of good quality, some of the training was delivered face to face and provided in-house.
- The service supported staff to become train the trainers, so they could attend training and then cascade it down throughout the rest of the staff team.
- Staff performance and competence was monitored through observations and competency assessments, staff supervisions and annual appraisals. These support mechanisms were used to provide staff with ongoing support and identify any practice issues or learning needs. The service used a computerised system which monitored when staff training, or supervisions were due.
- Staff told us they had regular supervision meetings with the manager to support their development. Staff told us they felt very well supported by the management team. They told us when they phoned the office for help there was always someone to talk to. An out of hours on call system was in place so staff could ring at any time if they needed additional support or guidance. A staff member told us, "We have regular supervision."
- Another staff member told us, "I will always ring or pop in to see [name of manager] nothing is too much trouble."

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

- People's health conditions were recorded as part of their initial assessment. Care plans included guidance

for staff on how to support people to stay healthy.

- Records showed staff were vigilant in picking up on any health concerns and ensuring people received prompt treatment and advice. If staff noticed people becoming unwell this was immediately reported to the manager who made referrals to the relevant health professional.
- The service worked with a range of professionals such as district nurses and occupational therapists to support people to maintain their health and wellbeing.
- Staff worked well together to ensure transitions were effectively managed. One service manager explained how they had worked closely with another provider to ensure the move from one service to another did not have a detrimental impact on the person's wellbeing. This included staff visiting the other service and working alongside staff to enable them to replicate the environment as much as possible to try and alleviate the person feeling too anxious.

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

- Where it was part of an assessed need staff supported people with eating and drinking. People's food and drink preferences were recorded and understood by staff. One person told us, "I choose what I want to eat the staff help me buy the food when we go shopping."
- Staff were trained in food hygiene and wore appropriate protective clothing to prevent contamination when appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a clear understanding of the MCA and put this into practice with the people they supported. They had been trained in the MCA and Deprivation of Liberty Safeguards (DoLS).
- Staff obtained people's consent before providing and support and respected their rights to make their own decisions.

# Is the service caring?

## 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; Good. 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

- Staff were incredibly caring towards the people they supported. We were given an example from staff of how when they got married they held a 'hen night' for the people in the home they worked in enabling the people they supported to have share in this experience. Everyone was then invited to the staff members wedding. This gave one person who had been unwell something to look forward to and staff said everyone really enjoyed both celebrations.
- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People's relatives told us staff were kind and caring. One relative told us, "When we go and visit [name] is always seems absolutely fine and happy. The staff encourage [name] to be as independent as possible which is great [name] can get herself dressed now." Another relative said, "Whenever we visit [name] is always clean and tidy and well-groomed never a problem."
- Care plans included people's cultural, religious and gender preference of carer. Where people preferred a specific gender, this had been facilitated where possible. This showed staff treated and supported people without discrimination, and in a caring and kind manner.
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. They were aware of how important the 'little' things were to people. For example, what toiletries people preferred and if they wanted support with perfume or after shave applying.
- Staff received equality and diversity training to ensure the needs of people were met. This specific training enabled each member of staff to have a greater understanding of any sensitivity surrounding each person.

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

- People were consulted and involved in their care and support. One relative told us, "The staff have been through everything with us and asked for our input in completing the care plan in detail. The staff from the home speak to us on a regular basis to make sure we are happy."
- Care plans were used to record people's preferences and how their care and support should be delivered. As people's needs changed, care plans were reviewed and updated. There was excellent communication between all parties.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff could clearly explain how they supported people in a dignified and respectful way. One relative told us, "Yes, they respect [name] and are confidential as [name] had some surgery and needed treatment and the staff were discreet and respectful."
- Staff told us they knew the importance of encouraging people to do as much for themselves as possible. One relative told us, "The staff are very good at encouraging [name] to do as much for himself as possible."

- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

# Is the service responsive?

## 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; Good. 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 and their relatives were involved with planning and reviewing their care plan. Care plans were regularly updated to ensure staff had relevant information about people's needs. One relative told us, "They keep us up to date with what is happening."
- When people had complex needs they had positive behavioural support (PBS) in place. PBS is a framework that seeks to understand the context and meaning of people's behaviour to inform the development of supportive environments and skills that can enhance a person's quality of life. The registered manager was a PBS coach.
- Staff were aware who had PBS plans in place and could explain how they would support people in an effective and responsive way.
- Care plans were person centred, considering people's personal choice and preferences.
- People's needs were constantly reviewed, and support was adapted as required.

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.

- People could have access to information in alternative formats if required. This included easy read versions or large print.

Improving care quality in response to complaints or concerns

- The provider had a system to log, respond, follow up and close complaints.
- Records of complaints were maintained, and these clearly showed actions were taken when a complaint was received.

End of life care and support

- At the time of the inspection the registered manager told us people using the service were still young and did not always want to consider this aspect. The registered manager told us, they were a work in progress and they had started to consult with people and were appropriate family members.

We recommend the registered provider reviews how they explore and record people's preferences and choices in relation to end of life care.

# Is the service well-led?

## 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; Good. 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

- People had confidence in the staff and the management team. The atmosphere was open and inclusive. Staff told us, "I feel fully supported by the manager they are really approachable nothing is too much trouble." Another staff member said, "I never feel I shouldn't ask something if I don't know, there is always someone to help out. I feel we all work as a team and support each other."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and there was a clear structure of staff roles, and accountabilities which enabled the effective running of the service.
- The registered manager was well respected by all the staff team. They were enthusiastic and motivated and wanted the best for the people they supported.
- The registered manager was supported by service managers who are responsible for the day to day running of each home.
- Regular quality audits were carried out with timescales for any actions highlighted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported and valued by the management team.
- The staff were clear about their roles and responsibilities as well as on the aims and goals of the service.
- Regular meetings provided staff with the opportunities to express their views on the service.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.
- There was a designated employee wellbeing helpline that offers 24hr confidential support over work and nonwork-related issues for all staff. To recognise and reward good practice and innovative support, there was a peer nominated national scheme called 'you rock' a quarterly panel votes on the individual awards for

material prizes.

- A designated contracts and legal team and a national regulation manager cascade information and provides support with any regulatory or legal matters to keep all staff updated.

Continuous learning and improving care: Working in partnership with others

- The registered manager told us they kept up to date with current legislation by using the internet and attending care conferences and using the local authority.
- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.