Royal Mencap Society

West Cornwall Support Service

Inspection report

Units 20 - 26 Dowren House
Foundry Lane
Hayle
Cornwall
TR27 4HD

Tel: 01736753593
Website: www.mencap.org.uk

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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

We carried out this announced inspection on 28 April 2016. The service was last inspected in February 2014, there were no concerns at that time.

West Cornwall Support Services is a domiciliary care agency that provides personal care and support to people with a learning disability in their own homes. It is part of the Royal Mencap Society which has oversight of the service. At the time of our inspection the service was providing a service to 53 people, 15 of those were receiving personal care. The Care Quality Commission has responsibility for regulating personal care and this was the area of the service we looked at. Some people were receiving a 24 hour supported living service. A supported living service is one where people live in their own home and receive care and support to enable them to live independently. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house. Other people were receiving smaller packages of care with the smallest package being 30 hours per week.

There was a registered manager in place. 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.

Some people receiving support from West Cornwall Support Service had complex health needs and were unable to verbally express their views of the service. We saw people were relaxed with staff and interactions were positive and friendly. Staff ensured people were involved in our conversations and helped us to engage with people meaningfully. They were aware of people's preferred methods of communication and used this knowledge to support our interactions with people. Relatives and an external healthcare professional told us they considered the service to be safe.

Staff had received training in safeguarding adults and children and were aware of the service's safeguarding and whistleblowing policies. No-one reported any concerns about people's safety. Staff were confident they would report any worries they had to their manager and they would deal with them appropriately.

Care plans contained risk assessments which were reviewed every six months or sooner if people's needs changed. There was clear guidance for staff on how to support people when they became anxious or distressed to help calm them and prevent any situation from escalating.

There were sufficient numbers of staff available to keep people safe. People were supported by teams of care workers who knew them well and had a good understanding of their needs. There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to meet people's needs.

Staff were supported by a robust system of induction, training, supervision and appraisal. Team meetings were held regularly to allow staff to raise any areas of concern. There were well established lines of communication at all levels of the service. Staff told us they were kept well informed of people's changing needs and had plenty of opportunities to discuss any issues or working practices. Service managers told us they retained a degree of flexibility when planning care to help ensure they were able to meet people's needs at all times.

Managers 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. Care plans contained evidence to show people, or their relatives if appropriate, had consented to the planning and delivery of care.

People's relationships with friends and family were recognised and respected. Relatives told us they were involved in care reviews and kept informed of any developments or changes in people's health.

Care plans were individualised and described people's needs across all areas of their lives. They were reviewed and updated regularly and accurately reflected people's current needs. There was evidence to show external healthcare professionals had been involved in care planning when appropriate.

There was a satisfactory complaints policy in place. No complaints had been received at the time of the inspection.

Staff and relatives told us they considered the agency to be a well led service. The registered manager knew people well and had a good understanding of what was happening on a day to day basis. There was effective and well structured oversight of the service from Mencap. The registered manager was well supported and kept informed of any developments in the care sector.

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. Staff received regular training in safeguarding and knew the local protocols for reporting any suspected abuse.

There were sufficient numbers of staff employed. People were supported by small teams of staff who knew them well.

The arrangements for the prompting of and administration of medicines were robust.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training was updated as required.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were compassionate and kind in their interactions with people.

People's preferred method of communication was recognised and respected.

People and their families had the opportunity to be involved in decisions about their care and the running of the service.

Is the service responsive?

Good

The service was responsive. Care plans were informative and detailed and contained information on what was important to and for people.

Staff recognised people's needs fluctuated and adapted their approach to care and support accordingly.

There was a complaints policy in place and families told us any issues were dealt with quickly.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability in place.

Staff had regular opportunities to share examples of good working practice and learn from each other.

The management team were kept updated about any developments within the care sector by Mencap.

West Cornwall 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.

The inspection took place on 26 April 2016 and was announced. This meant we gave notice of our intended visit to ensure someone would be available in the office to meet us. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection visit we met with two service managers, an assistant service manager and six other members of staff. We met three people who were receiving care and support from the service. We reviewed four people's care files, looked at three staff records and reviewed a range of other records relating to the running of the service. Following the inspection visit we spoke with the registered manager, three relatives and three members of staff. We also contacted two external healthcare professionals to hear their views of the service.

Good

Is the service safe?

Our findings

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff. Relatives told us they felt the care and support provided by West Cornwall Support Service was safe. Comments included; "I trust them" and "He is absolutely safe with them."

Staff had received training in safeguarding and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable about identifying any signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. Staff told us they had no concerns about people's safety.

Care plans contained associated risk assessments for a range of areas. For example, risks associated with using the kitchen, managing anxieties, eating and drinking and finances. Risk assessments were reviewed six monthly or earlier if required. They identified what could go wrong and what action staff could take to make things safer. For example one person sometimes behaved 'erratically' for example, shouting or hitting out. The records stated staff should offer personal assurance while being mindful of the person's personal space.

There were sufficient numbers of staff available to keep people safe. People were supported by staff teams led by a service manager. We spoke with staff from three different teams and they all told us the teams worked well together. Any gaps in shifts were usually covered by a member of the team. There were a number of relief staff employed by West Cornwall Support Service who were able to provide cover if necessary. Recruitment of relief staff was on-going. Staff told us they believed there were enough staff to meet people's needs.

There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Following formal interviews candidates attended 'meet and greet' events where they met the person or people they would be supporting. A service manager told us; "It's to make sure everyone gets on right at the start. It's for everyone's benefit, staff as well."

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Records kept of when people took their medicines were completed appropriately. All staff had received training in the administration of medicines. One person sometimes refused to take a medicine which doctors had identified as necessary for maintaining their health. A best interest meeting had been held including relevant professionals and staff. A decision had been taken to allow staff to administer the medicine covertly. This means the medicine is given without the person's knowledge, in this example, hidden in food. There were clear guidelines in place to inform staff in what circumstances they should take this action and how the medicine should be administered. This demonstrated management were aware of the procedures to follow before deciding to give medicine covertly and took action to put robust safeguards in place.

There were arrangements in place to deal with any emergency situation and help ensure continuity of service, for example in adverse weather conditions. The registered manager told us in these circumstances staff would be assigned to work at the service nearest their home.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept. Where people accessed their personal money using Personal Identification Numbers (PIN) there were safeguards in place to protect people from the risk of abuse. People had personal appointees outside of the organisation to support them with finances. Any expenditure of a significant nature would be discussed and agreed with appointees according to the individual arrangements in place.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People were supported by small teams of staff to help ensure continuity of care and support. Staff were normally based in one setting. This meant they were able to get to know people and their support needs well. When staff were required to work in a different setting it was with people they had met previously. People's relatives told us staff understood their family member's needs well. Comments included; "They know him better than me!" and "They're [staff], a fantastic group of people, I can't fault them."

There was an induction process in place in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. There was also a period of shadowing more experienced staff before starting to work independently. The time spent shadowing was dependent on the needs of the person. For example a service manager told us; "No-one works with [person's name] alone for at least six months. He's a very complex man."

New staff worked for a six month probationary period. During this period they received three supervisions so management could track their progress and confidence. New employees were issued with workbooks to monitor their progress and document what activities they had taken part in. At the end of the six months staff were assessed and signed off, if competent, to work independently with people.

Staff received initial training in key areas such as safeguarding, first aid, moving and handling and medicines administration. In addition training in areas specific to people's needs was made available as required for example, dementia and autism. One member of staff told us the training they had received on first starting work with the organisation; "Gave me the confidence to do the job." Relatives considered staff to be competent and told us about specific training they had received to help ensure they could meet the individual needs of their family member. Care plans clearly stated what specific training staff needed in order to work with someone.

All training was recorded on the organisations on-line system. Training needs were highlighted by service managers through monthly audits. In addition Mencap's training department issued regular training compliance sheets which highlighted any gaps. Team meetings were used as an opportunity to update staff on any refresher training available. Mencap regularly issued leaflets, booklets and workbooks on specific themes to aid staff learning and understanding.

Staff received regular supervision which was a mix of face to face meetings and observations of their working practices. They also had annual appraisal meetings. Supervision records showed the sessions were used to highlight any training needs as well as discuss working practice issues. Staff told us they were well supported both through formal supervision and informally.

Managers 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 can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. The management team had identified where such an application might be necessary and had highlighted this to the local authority. Mental capacity assessments and best interest meetings had taken place and were recorded as required. Staff had liaised appropriately with health and social care professionals in order to help ensure people's rights were protected. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

People's dietary requirements were recorded in their care plans as well as any support they needed with their fluid intake. Staff encouraged people to eat healthy well balanced meals where possible and in line with their care plans. Some people had support with food shopping, meal planning and food preparation. Where people had been identified at risk of choking this was clearly recorded in their care plans. There was guidance for staff on how they should support people in order to minimise any risk. For example, one care plan stated; "It is important that [person's name] is never left alone when eating and drinking." Detail on how to prepare food was included, this was detailed and informative. There was evidence that advice from Speech and Language therapists had been sought out and incorporated into the care plan.

Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. Information about people's medical history and current needs had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs and wishes are understood should they require treatment in hospital or other healthcare service. Care plans showed external healthcare professionals had been involved in their development where relevant.

Good

Is the service caring?

Our findings

We visited two people in their home and observed staff interacting with them. The atmosphere was relaxed and friendly. Staff chatted with people and made sure they were included in conversations with us. One person was celebrating their birthday and staff had made a cake. There were decorations, balloons and presents and people were laughing and having a good time.

Relatives were highly complimentary about staff and the support they received from West Cornwall Support Service. One commented; "The staff team are really close and the core team have known us for years. They've been through all the ups and downs with us." An external healthcare professional told us; "I have always found them [staff] to be caring of the people they support."

People's preferred method of communication was recognised and respected. Some people had limited verbal skills and this was clearly recorded in their care plans. Staff were guided as how to communicate effectively with people using tools such as objects of reference and simple sign language. One person had developed their own words and phrases to represent particular objects or indicate their preferences. Staff were able to give us examples of these. The person's care plan contained a 'dictionary' outlining a list of individualised words and their meanings. A relative told us; "They are able to communicate with him by watching his eye movements."

Staff spoke about people with affection and demonstrated an in depth understanding of their likes and interests. For example, a service manager told us how one person could become anxious in crowds. They explained how staff would assess the environment when supporting the person in the community and plan how they could leave quickly if necessary. Staff identified rural locations where they could support the person to take part in activities. A National Trust membership had been arranged for them to give them a wider choice of places to go. This demonstrated people were supported to continue accessing the community in a way which was safe for them and less likely to result in them becoming distressed.

Care plans guided staff as to how to support people well to avoid them becoming anxious. For example, one stated; "Offer changes in the environment enabling [person's name] to have personal space, ensuring that staff observe discreetly and make sure that he is safe." A member of staff told us; "We don't usually have to give PRN [medicine to help the person if they became anxious], because the guidelines work."

As well as guidance about people's health needs care plans contained information about what was important to the person. For example, there was information about people's night time routines. This ended with a 'Last things' section which stated; "Sometimes [persons] name may like his main light or side light on. Say goodnight. The door should be left slightly ajar."

Staff were enthusiastic when telling us about people's lives and any positive developments. For example, one member of staff told us someone had just had agreement for funding to get a car. They commented; "She is so pleased, it's great seeing people's reactions. She'll be able to go out when she wants more easily, just like the rest of us."

Staff clearly knew people well and were able to tell us something of their backgrounds and personal histories. However, this information was not recorded in care plans. It is important to record this kind of information as it helps staff to engage meaningfully with people and gain an understanding of the events that have made the person who they are. As people's health needs change there is a risk that information of this nature will be lost.

Staff respected the fact they were working in people's homes. The premises we visited were clearly arranged to suit people's needs and reflect their tastes and interests. Staff asked people's permission before showing us round. Information in care plans reflected the need for staff to be aware they were in someone's home. For example, one stated; "The landline must only be used if the phone call is relevant to [person's name]." This showed staff were directed to respect people's personal belongings.

People's relationships with friends and family were recognised and respected. Family told us they visited whenever they wanted and were not required to arrange visits in advance. Some people were supported to maintain regular contact with families using visual technology.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Service managers visited each person regularly to give them the opportunity to share their views of the service. Surveys were produced in easy read format using pictures and limited, simple text. This meant staff were able to support people to complete them in a way which was meaningful to people.

Good

Is the service responsive?

Our findings

Care plans were individualised and recorded details about people's specific needs. Information was well organised and broken down into various areas such as any medical needs, support needed with personal care and eating and drinking and records of visits from other health care professionals. The care plans were reviewed regularly and updated as people's needs changed. The records showed a range of professionals and relatives had been involved in the care planning process. Service managers visited people regularly to discuss and review their care plan. When appropriate relatives and external healthcare professionals were also invited to care plan reviews. A relative told us; "We're still very much involved with everything."

Where people received less than 24 hours support staff and relatives of the person receiving support were required to complete contact sheets. These recorded what time staff had arrived and left the visit and enabled the registered manager to ensure people were getting visits as planned. There was an on-call system in place so people and staff were able to contact a senior member of staff at all times including out of office hours.

Staff were encouraged to update the service manager as people's needs changed. Any changes to people's care needs reported by staff were updated into people's care plans, both in the office and in their homes. Daily records were kept at people's homes and these were completed at each visit. The records were returned to the office regularly for analysis.

A service manager told us some of the people they supported had erratic sleep patterns. Support during the night was arranged with some flexibility so staff were able to offer additional support when necessary. Likewise day time support could be arranged so people had extra support to take part in activities when it suited them. The service manager told us this allowed them a degree of spontaneity so people were able to choose to attend activities according to their preferences at the time.

Some people's health conditions meant their needs were changing over time, sometimes quite rapidly. When people's health fluctuated it was necessary to monitor certain aspects of their health in order to help ensure staff were aware of any significant changes which might require input from other healthcare professionals. Monitoring records were kept where appropriate and these were completed as required. Some people were living with epilepsy and care plans contained individualised pen pictures describing what might trigger seizures and the signs that one might be imminent.

In some incidences people's abilities and support needs varied from day to day. Care plans emphasised the importance of staff assessing people's needs on a daily basis and supplying them with the support they needed while helping them to maintain a level of independence. For example, one person was sometimes able to eat independently and at other times needed varying degrees of support. Staff assessed the person's abilities at each meal and supported and encouraged them to eat accordingly. This demonstrated an approach to care which focused on the needs of the individual rather than adopting a blanket approach to people's health conditions.

Where people were receiving 24 hour support staff handovers took place to help ensure staff were aware of any changes. Staff told us communication in these services was effective and they were kept up to date at all times.

The service had a complaints policy in place but no complaints had been received. Relatives confirmed that any concerns they had were dealt with promptly and in line with people's wishes. One commented; "They keep us up to date and sort out any problems." We saw records of compliments received by the service. One stated; "The best team he has ever had in what I would consider positive outcomes."

Good

Is the service well-led?

Our findings

Relatives and staff told us they considered West Cornwall Support Services to be a well-managed and well-organised service. One member of staff said; "We're all very well supported and definitely feel valued. Everyone knows what they're doing." An external health care professional said; "In my experience the services seem to be well led and the staff are well trained." Staff told us the registered manager was accessible and worked in the office most days of the week. One commented; "Her door is always open." Another told us; "Any issues there's always someone in the office to help out. All the managers are lovely."

There were clear lines of responsibility and accountability in place. The registered manager was supported by seven service managers with responsibility for overseeing specific services and support packages. In addition there were two assistant managers in place who were able to support the service managers as required. There was also an administrative worker based at the office. Service managers had responsibility for supervising their staff teams. This was a mix of face to face supervision and workplace observations. They also identified any training needs within their team. A member of staff said; "I have regular meetings with the service manager to discuss my performance or anything else either of us want to. The feedback is always very constructive and positive."

There was a robust system of meetings for staff at all levels to help ensure they were up to date with any developments at both service level and within Mencap. For example, area team meetings were held monthly. A service manager told us they provided an opportunity to share any concerns and examples of good working practice, ideas and experiences. Each team had their own regular meetings to discuss any specific issues related to the service provision. External healthcare professionals were sometimes invited to help inform staff about people's health conditions and explain how staff could support people well when they had specific needs. Monthly manager meetings were an opportunity for service managers to share their experiences.

Mencap organised an annual support worker day for the South region which was attended by representatives from each area. This was an opportunity for team building and sharing examples of best practice. Speakers would attend and this had included people supported by the organisation.

People and their relatives were given questionnaires to complete annually to gather their views about the service provided. This had been circulated recently and not all had yet been returned. The responses we saw were all positive. A service manager told us the results were collated by each team and any concerns raised would be followed up.

Policies and procedures were supplied by Mencap. Email alerts were sent out to inform the service of any small changes to policies. Office staff ensured they remained relevant to the service and the locality. For example, contact details and information about the local safeguarding arrangements were included.

Mencap kept the registered manager informed of any developments within the care sector who then shared the information with the staff team. Mencap also circulated a staff magazine and communicated using

social media. One member of staff told us; "It's a good organisation to work for."

Mencap had a clear well defined set of values, including positivity and inclusiveness which staff were aware of. One member of staff commented; "The inclusive one is the 'biggy'. It's pretty much what we do every day. Helping people to make the most of their lives."

Any untoward incidents or events were recorded and the information sent to the regional manager. Depending on the seriousness of the incident these were sometimes passed up to the operations director. This meant senior management at Mencap had an understanding of events which might affect the service.