

Royal Mencap Society

# Mencap - Surrey Supported Living

## 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 - Surrey Supported Living is registered to provide personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting six people with personal care needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People benefitted from support which was person centred and designed to meet their specific needs and interests. The provider had a clear ethos and values which were instilled into the working practices of staff. People and staff had positive relationships and staff knew people extremely well. Staff demonstrated an understanding of people's diverse communication needs and provided support to each person in a personalised way. Staff were caring in their approach to people and ensured their privacy and independence was respected.

People were relaxed with staff and systems were in place to keep them safe from abuse and avoidable harm. Risks to people's safety and well-being were identified and monitored and accidents and incidents closely monitored. People received their medicines safely and in line with their prescriptions. There were enough staff with the right skills and experience to meet people's 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. Support was provided to make choices in all areas of people's lives including how they spent their time, food, finances and activities. People had access to healthcare professionals and staff supported people to monitor their health.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was managed well and people had a positive relationship with the registered manager and service manager. Staff felt supported and their contribution to the service was recognised and valued. Quality assurance processes were in place to ensure standards were maintained and a process of continuous learning was embedded into staff practice.

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

This service was registered with us on 30/10/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

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.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mencap - Surrey Supported Living

## **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

The inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in four 'supported living' setting[s], 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 3 October 2019 and ended on 7 October 2019. We visited the office location on 16 October 2019.

#### What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about

safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

As part of our inspection we visited three people who received support from Mencap - Surrey Supported Living. We also spoke with the registered manager, service manager and three staff members. We reviewed a range of documents about people's care and how the service was managed. We looked at three care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we spoke with two relatives. We reviewed additional information requested from the provider regarding the support people received and further audit information.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe living at the service. One relative told us, "I know how much the staff care about him and they would do all they could to keep him safe. They wouldn't let anything happen to him." We observed people appeared relaxed and confident with the staff supporting them.
- Processes were in place to protect people from the risk of abuse. Information on how to report concerns was available to people and discussed during house meetings.
- Staff received safeguarding training and were aware of signs of abuse to look for. Staff were clear about their responsibility to report concerns. One staff member told us, "If I suspected any abuse I would report it to the manager and if nothing is done I would report it to their manager. If necessary I would ring the local authority. There are leaflets downstairs with contact information on."
- The service had developed positive links with the local authority and had informed relevant authorities of concerns where required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and well-being were identified and control measures implemented to minimise risks. Risk assessments were completed in detail and were specific to the person. There was a positive approach to risk taking with staff looking at how people could be supported to do things of their choice rather than imposing restrictions. For example, one person was at risk of choking. Guidance from the speech and language therapy team was in place regarding how the person's food should be prepared. An alarm had been placed on the kitchen door to alert staff if the person went into the kitchen so they were able to help them prepare their food safely.
- People were supported to ensure their home remained in a good state of repair and to contact their landlord should any repairs be required.
- Accidents and incidents were recorded and monitored. Senior staff reviewed all accident and incident forms to ensure appropriate action was taken. Details were then entered onto the provider's electronic monitoring system which meant the registered manager and senior managers were able to monitor for any trends or themes.

Staffing and recruitment

- Everyone supported by the service had a care package with a specific number of hours allocated dependant on their needs. Sufficient staff were in place to meet each person's allocated hours.
- One staff member told us, "We have enough staff. We cover all the hours that are required. If we don't have enough then we get agency." Where agency staff were employed the registered manager ensured the same staff were used to provide people with consistency.

- Staff worked flexibly to ensure people's schedules could be changed should they have an appointment or wish to attend an event.
- Robust recruitment checks were completed prior to staff starting their employment. All candidates were expected to complete an application form and have a face to face interview. Once accepted checks were completed such as obtaining references, proof of the right to work in the UK and a Disclosure and Barring Service check (DBS).

#### Using medicines safely

- People received the support they required to manage their medicines. Each person requiring support had a medicines profile which highlighted their current medicines, the support they required to take them, any known allergies and any specific information staff should be aware of.
- Records showed that people received their medicines in line with their prescriptions. Where people were prescribed as and when required medicines (PRN) clear instructions were provided to staff.
- Staff completed training in medicines administration and were required to complete an annual competency assessment.

#### Preventing and controlling infection

- Where people were assessed as requiring support with domestic tasks staff supported them to live in a clean environment. Each person took responsibility for completing household tasks and where required, staff provided support to ensure this was done safely.
- Staff understood their responsibilities in following safe infection control procedures. "We have training on infection control. We wear gloves if dealing with bodily fluids. We have different mops and buckets for different areas of the home."



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 completed to ensure people's needs could be met and determine the support they required. Detailed information was gathered within assessment documentation on areas including personal care, communication, health and daily living tasks and the support people required to maintain relationships.
- Assessments were completed in a positive way which looked at people's skills and what they were able to do for themselves in addition to areas where they required support.
- The registered provider was following guidance from national bodies, such as the National Institute for Health and Care Excellence (NICE). For example, the provider had recently run oral health care training to ensure staff were aware of best practice guidance in this area.

Staff support: induction, training, skills and experience

- There was a strong emphasis on ensuring staff received the right induction, training and support which underpinned the values of the organisation. One staff member told us, "You come away from the induction and all the training with the right attitude. It's very values led and each session is linked with the service values."
- Staff were supported to shadow more experienced staff members during their induction period. All new starters attended a 'Knowledge Assessment Day' with the registered manager following their induction. This provided the opportunity to check relevant training had been completed and staff had the knowledge they required for their roles.
- Staff received training which was specific to people's needs. This included training in supporting people with learning disabilities, autism, dementia and active support. One staff member told us, "To be fair Mencap's training is the best I have ever had. It's the only company I have worked for that has done the level of training they do. We also get offered additional courses if we want them."
- Staff told us they received supervision from their line manager which they felt supported them in their role. One staff member told us, "Supervisions are useful. It gives you a chance to voice your concerns or any issues you want to bring up."

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

- People were supported to prepare food of their choice. People were supported to plan their meals according to their preferences. Some people liked to cook and eat as a group whilst others chose to prepare their own food at a time they preferred.
- Staff were aware of people's dietary needs and preferences. Where people required their food to be of a modified consistency such as pureed, staff understood how to prepare this safely whilst ensuring people

were still able to have their favourite foods.

- Staff encouraged people to be involved in food preparation and used this opportunity to discuss healthy choices.

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

- Relatives told us their family members received support to attend medical appointments and they were kept informed of any significant health issues. One relative told us, "They are all excellent at keeping us informed and keeping his appointments up to date. The support they have given for going to the dentist has all been done in a very calm way."
- Records showed that people were supported to monitor their health and attend health care appointments as required. Annual health and medicines checks were planned with the GP and people were supported to attend specialist and consultant appointments. Links had been made with both the hospital learning disability liaison nurse and the community health team to ensure people received the support they required when accessing healthcare.
- Each person had a health action plan in place which guided staff on the support they required to monitor their health and access healthcare professionals. Recording systems for professionals had been developed for people attending appointments independently. This enabled the person to reflect on any advice they had been given and keep an accurate record.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- People's legal rights were protected as staff worked within the principles of the MCA. Where required, capacity assessments had been completed for specific decisions including being unable to leave their accommodation without staff support, medicines management and finances. Where people were assessed as lacking capacity to make certain decisions, best interests decisions were recorded in detail. These took into account the views and wishes of the person, their families and professionals involved in their care.
- Where restrictions to people's liberties were in place staff had worked alongside social care professionals to make applications to the Court of Protection.
- Staff were able to explain the principles of the MCA, the processes they needed to follow and how this impacted on the support they provided to people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We observed people and staff had developed close bonds. People returning home from various activities greeted staff warmly. One person went to a staff member and put their head on their shoulder and we saw the greeting was reciprocated by staff. During our observations we heard staff sharing jokes with people, creating a relaxed and positive atmosphere.
- Relatives told us staff treated their family members in a respectful and caring way. One relative told us, "They really look after him. You can see they care by the way they talk to him and explain things to him." A second relative told us, "You can see how caring they all are with all of them (people) there. They're so patient and look for how they can help them."
- Staff demonstrated caring values. When speaking about people staff became animated. They spoke about each person's interests and personalities in a way that showed they valued them. We observed staff used appropriate signs of affection with people such as reassuring them by placing a hand on their back or returning a hug.
- A number of staff had been nominated for awards for the way they demonstrated the caring values of the organisation. This included the way they approached people and going the extra mile to help people achieve their goals.
- People's diversity was respected. Staff spoke about one person's lifestyle in a respectful manner. Staff had enabled the person to attend a specific support group to discuss their feelings. This had also helped staff in gaining a greater insight into the person's needs.

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

- People, and where appropriate, their families were fully involved in decisions about their care. We observed staff continually offering people choices and asking their opinion regarding what they wanted to do and who they wanted to spend time with.
- People were involved in their care plans, setting goals and reviews. One staff member told us, "When we draw up care plans we have them sat with us. The same when we do reviews."
- Relatives told us they were kept up to date regarding their family members care and were invited to reviews. One relative said, "When I go to pick him up they tell me about how things have been. We're invited to reviews every year."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Staff demonstrated an understanding they were in someone else's home and asked people's permission before completing tasks.
- People's privacy was respected. We observed staff knocked on people's doors before entering. On one

occasion the person did not answer so the staff member said they would come back later rather than walking in. Staff were able to describe to us how they supported people in a way which respected their dignity and privacy. One staff member told us, "We always knock on the doors, make sure doors are shut if they are in the bath or shower. We treat them as adults and don't speak to them like they are children."

- People were encouraged to maintain and develop their independence. People's care plans looked at what people were able to do independently before looking at what they required help with. We observed staff also provided support to people in this way and ensured they were involved in all areas of their support. This included meal preparation, daily living tasks, travel and taking part in activities.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives told us their family members were supported by staff who knew them well. One relative told us, "All the staff know him. They know how much he loves going out and if he didn't go his quality of life wouldn't be as good. They do all they can to keep him active so he can keep enjoying life."
- People received person-centred support which was in line with their needs, goals and preferences. Care plans recorded people's preferred routines, how they liked to be supported, what was important to them and things they disliked. Staff were aware of all of this information for each of the people we visited. Where people invited us into their rooms, their interests were clearly reflected in their personal items, decorations and photographs.
- People met with staff each month to discuss how they were, to set goals of things they wanted to do and to look at any additional support needs. Care records showed that where people had requested support from staff such as organising visits with family and friends, holidays or activities this had been provided.
- People's achievements were recognised. Staff organised an 'Annual Reflections Event' where each person was invited to develop a pictorial reflection of their achievements within the past year and share this with others. Achievements included travelling to see family independently, going on supported holidays and increasing road safety awareness. Family friends and staff were all invited to the event.

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.

- Each person had an communication care plan in place which gave detailed guidance to staff on how to present information, how the person preferred to communicate and how staff should respond to people's different styles of communication and gestures.
- Staff used a range of communication skills in order to support people's understanding such as verbal communication, signing and pictorial prompts. Photographs were used frequently to demonstrate people's involvement in activities and enable them to make choices going forward. For example, one person was able to tell us about their holiday by using a diary of photos staff had prepared. This showed how the holiday was planned, who with and what the person had enjoyed.
- Staff worked with health and social care professionals to support people's communication and understanding. Staff were finding it difficult to support one person when going out due to risks when crossing the roads. Staff worked with the community learning disability team to develop social stories for the person which prepared them for what they would be doing when they went out. This had reduced risks

to the person and staff and enabled them to take part in activities they enjoyed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in a range activities which were important to them. Staff supported people to make choices regarding how they spent their time by looking at different community events on line, making suggestions for activities they felt would be of interest to the person and from activities people had previously enjoyed.
- Social events were planned which gave people the opportunity to meet new people. One event had led to a person forming a new friendship and widening their social circle. Following a number of visits and phone calls the person was invited to join their friend and others on a holiday abroad which they told us they had very much enjoyed.
- People were supported to maintain relationships with families and others who were important to them. One person told us staff had supported them to buy cards and presents for their family and their partner. The person had photos of visits with their partner and told us they were supported to speak to them each evening. Another person had been supported to visit their relative who lived some distance away. Some of this journey had been undertaken independently which was a significant achievement for the person.
- One relative told us, "When it became difficult for him (family member) to use the phone staff suggested using facetime. They call me every week now and although its difficult to have a conversation it's good to see each other."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns and felt confident these would be addressed. One relative told us, "I'm sure they would listen if we had any concerns. They're all very approachable."
- Discussions at house meetings included sharing information on how people could raise a complaint or concerns should they be unhappy. The providers website had a complaints mailbox where concerns could be left anonymously.
- Systems were in place to monitor complaints. However, records showed that only one complaint had been received in the past 12 months. This was responded to immediately and action taken to address the concern.
- A log of compliments was also maintained. A recent compliment had been received anonymously from a member of the public complimenting staff on the way they supported people.

End of life care and support

- At the time of our inspection no one was receiving end of life care or support. The registered manager told us a booklet had been designed to support people to explore their wishes regarding the care they wanted when at the end of their life. This had been discussed with staff with the intention of raising this sensitive subject with people and their families as part of the review process. We will monitor this area of people's care planning during our next inspection

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Relatives told us they felt the service was managed well and all staff were approachable and willing to discuss ideas. One relative told us, "It's the perfect place for him. He knows everyone and they will do all they can to help him and us. (Service manager) is excellent and will always keep us updated."
- The provider had implemented systems and processes to ensure a positive culture which put people at the centre of their support. Staff were clear on the values of the organisation and told us these were now instilled in how they approached their roles. One staff member told us, "Right from the interview they are talking about staff having the right values. That they have the right ethos of giving people independence and being person-centred." A second staff member added, "We're support workers not carers. We're here to support them to have a good life. The values I've learnt here have made me a better person."
- We observed staff demonstrated these values in the way they supported people in partnership with them. Staff were clearly able to describe to us how each person liked to receive their support and how they ensured this happened.
- The registered manager and staff continuously looked for ways in which the service could improve. For example, following the reflections event a reporting tool was completed to look at areas including what had worked well, what they were pleased about and what had been learnt. This included reminders to people and staff to encourage them to use their cameras when out to record their achievements. One person showed us a number of photographs from a recent event which demonstrated this recommendation had been actioned.

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

- Quality assurances process were in place to monitor the service people received. A series of audits were completed which covered all aspects of people's care from care planning, social inclusion, environment and record keeping. In addition, a monthly report was completed and reviewed by senior managers to monitor systems such as accident and incidents, staff training, complaints and staff supervision. Where shortfalls were identified from quality systems this was recorded on the service improvement plan and responded to within set timescales.
- The registered manager was also the area manager for a large geographical region covering a number of services. Despite the diverse nature of their role we found they knew people and staff well and were able to relay detailed information regarding their likes, dislikes and what was happening in their life. When visiting

people in their homes it was clear people had a positive relationship with the registered manager who they greeted warmly.

- Staff told us they felt supported and valued in their roles. A number of staff had received 'You Rock' awards in recognition of their contribution and the support they provided to people. One staff member said, "I feel valued. I got a "You Rock" award from (manager). It's nice that somebody has noticed what you do. Makes you feel appreciated."
- Where incidents had occurred people and their family members were involved in discussions about what had happened and how they felt. This had a positive impact in helping staff devise care plans going forward to ensure lessons were learnt.
- The registered manager ensured notifications of significant events were submitted to the CQC in line with requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were fully involved in making decisions regarding the support they received. Where people lived in shared accommodation house meetings were held to discuss how things were running, to alert people about any staffing changes and discuss any concerns people may have.
- Feedback was sought regarding the service people received from both people and their relatives. The registered manager told us they were recruiting advocates to support people in giving their feedback to ensure it was independent. Feedback from relatives was responded to. One relative had provided feedback regarding their family members access to activities as their needs were changing. Staff had responded positively and had started to support the person to access sensory suites in addition to increasing contact with the persons family to share what they had been doing.
- The service supported people to engage with campaigns to ensure people with learning disabilities were able to exercise their right to equal access to services. For example, as part of the MENCAP 'Treat Me Well' campaign a group of people had visited a local hospital. They had spent the day visiting wards and speaking with medical professionals about how they wished to be supported with their health.