

Royal Mencap Society

Mencap - East Cornwall Support Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MENCAP – East Cornwall Support Service is a supported living service which provides personal care to people living in 11 settings in the east of Cornwall. Some of the settings had previously been registered as care homes. In supported living, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living and this inspection is focused on the quality of care and support people received.

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

People were comfortable with their staff and sought support without hesitation. Relatives told us people were safe and said, "[The staff] have fantastic patience".

Staff were using PPE correctly and were following current infection prevention and control guidance to help keep people safe. All staff had been provided with additional training in relation to the Covid-19 pandemic and regular testing was underway.

Risks had been appropriately assessed and staff were provided with detailed guidance on the action they must take to ensure people's safety. Accidents had been investigated to identify areas of improvement or learning and to prevent similar incidents from reoccurring.

The service's recruitment practices were safe. In most settings there were enough staff employed to meet people's support needs. One setting was short staffed. Agency and bank staff had been used to ensure safe staffing levels were always achieved. A recruitment drive was underway to address this situation.

Managers and staff had a good understanding of the Mental Capacity Act and people were supported to make meaningful decisions and choices. Restrictive care practices had been reviewed following our last inspection with appropriate input from involved health professionals. People's care plans included clear guidance for staff on how to meet their support needs if they became upset or anxious.

Staff were sufficiently skilled to meet people's support needs and their training had been regularly updated.

Staff told us they were well supported and confident any issue they reported to managers would be addressed. The provider had supported the registered managers learning and development. On promotion they had initially allocated the registered manager to an adjacent 'good rated' service to give them time to complete additional training and develop their skills.

Quality assurance systems were effective and action plans had been developed to ensure all issues identified were resolved.

The duty of candour was understood by the registered manager. Relatives told us the service communicated

with them effectively and had kept them informed throughout the pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 23 December 2019) when breaches of the regulations were identified.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on the 12 and 15 November 2019. Breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to help ensure service users were protected from the risk of abuse and improper treatment and poor governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion or were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MENCAP – East Cornwall Support Service on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mencap - East Cornwall Support Service

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 safety and leadership of the service and provided a rating under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector, two assistant inspectors and an 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

MENCAP – East Cornwall Support Service provides personal care and support to people living to the east of St Austell in Cornwall. This service provides care and support to people living in 11 '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 is required to have 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. There was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was done to ensure the inspection could be completed safely during the covid-19 pandemic and to gain people's consent before visiting their homes.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited two of the settings in which people were supported and spoke briefly with four people who used the service. We had longer conversations with six members of staff, a setting manager and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were requested.

After the inspection

We looked at two staff files in relation to recruitment.

We spoke via telephone with five people's relatives and a further 12 staff. In addition, we reviewed the documents requested during the site visits and completed an analysis of the services rotas.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff and managers had a good understanding of their roles and responsibilities in relation to protecting people from abuse or discrimination. Staff understood how to raise safety concerns outside of the service if this became necessary but were confident any concerns reported to management would be addressed.
- People were comfortable with their support staff and the atmosphere in both settings visited was positive, supportive and caring. One person told us, "Yes they do look after me".
- Relatives told us, "It is generally very safe. [My relative] is not streetwise so has support going out. [they have had] trips to the seaside or shopping", "[The staff] have fantastic patience" and "It is wonderful. [My relatives] epilepsy is under control and medication is looked after well."
- There were appropriate procedures in place to ensure people were protected from possible financial abuse.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments and guidance for staff on how to protect people from known risk. These documents were informative and had been regularly updated. Staff told us, "All the information is in place with risk assessments and care plans and any new staff that come in we make sure we give them time to read through" and "All risk assessments are in place. There are two huge great folders of information, I was given time to read all of that before I started, and my manager ensured that happened".
- Guidance in relation to the management of choking risks had been update with support from appropriate professionals. One staff member told us, "We've had dysphagia training, the Speech and Language Therapy team are on board quite frequently with a couple of our tenants. We had a Teams meeting and a couple Zoom meetings' around dysphagia".
- There were systems and procedures in place to ensure people's safety in emergency situations.

Staffing and recruitment

- Staff were recruited safely. All necessary checks, including DBS checks, were completed to ensure prospective staff were suitable for employment in the care sector.
- Relatives and staff in most settings were confident there were enough staff available to meet needs and ensure people's safety. Comments received included, "We have enough staff absolutely", "There are always [the correct number of] staff every shift I have worked. We definitely have the time to spend with people that we need to" and "We don't usually have agency. I can't remember using them before."
- One setting we visited was short staffed. In this setting agency staff were being used regularly to meet people's support needs. A targeted recruitment drive was underway and a number of interviews of

prospective staff were planned. Staff from this setting told us, "We are under recruited at the moment so using relief and agency a fair bit, dropping to [minimum safe staffing levels] occasionally", "We are understaffed at the moment, I can't lie. We use agency staff, it's not a huge problem. We try to use agency staff that have been before so people we support get good quality of care" and "Not very often is it [at minimum safe staffing levels] and only with staff who are confident to do it. It is not happening every week because we have agency."

- We reviewed this settings rota for the month, prior to our inspection, in detail. We found the setting had been safely staffed. Agency staff had been used regularly to support the employed staff team and on only two occasions in the previous four weeks had the setting been staffed at minimum safe staffing levels.

Using medicines safely

- Medicines were managed safely. Staff had received training in how to support people with their medicines and staff competence to provide medicines support had been assessed. Staff told us, "When you first start with Mencap you do the big bulk of training, and you do refreshers and then every now and then our manager will observe us administering medicines and will ask us questions afterwards" and "Medication training refreshed annually".
- Medicines administration records were fully completed and there were appropriate protocols in place to provide staff with guidance on when as required medications should be used.

Preventing and controlling infection

- We were assured that the provider was operating effective system and processes to manage infection control risks during the COVID -19 Pandemic.
- In both of the settings we visited, staff used PPE appropriately and systems were in place to prevent visitors from catching and spreading infections.
- Staff told us they had access to good supplies of PPE, that regular COVID testing was completed and that they had completed additional infection control training.
- Managers had a good understand of current guidance and policies and procedures had been reviewed and updated in response to the pandemic.

Learning lessons when things go wrong

- All incidents or accident that occurred were documented on the provider's digital incident recording system. This information was reviewed and investigated by the manager of each setting to identify any learning or areas for improvement. The registered manager had oversight of these investigations and ensured learning was shared between settings.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

At our last inspection we found restrictions to people's freedoms had not been regularly reviewed and staff did not have enough guidance on how to support people if they became upset or anxious. This was a breach of the requirements of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Some people lacked capacity and their care plans were restrictive. This information had been reported to the local authority and applications for the authorisation of these restrictive care practices had been made to the Court of Protection.
- Staff and managers had a good understanding of the Mental Capacity Act. Where people lacked capacity to make specific decisions for themselves, best interest decision making processes had been used.
- Restrictions in place in relation to one person's access to food and snacks was identified as an area of concern at the last inspection. These arrangements had been subsequently reviewed with appropriate input from health professionals. Best interest decisions had been made and recorded detailing why these restrictions were necessary.
- Since our last inspection people's care plans had been updated and staff were now consistently provided with enough guidance on how to meet people's support needs when they became upset or anxious.
- In both of the settings we visited, people were supported and encouraged to make decisions and choices. Staff understood people's communication preferences and ensured they were given sufficient time to process information and make meaningful choices. Staff told us, "[People] are involved as much as we can do, we have a couple of people with more complex needs, they are given choices, we try not to bombard

them with too many choices but we take their views into consideration" and "We ask [people] wherever possible, always consult them and let them know [what we are doing]."

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

- Staff understood people's specific nutritional and dietary needs and how to manage associated risks. Guidance supplied by professionals in relation to swallowing risks was understood and acted upon.
- In each setting, people were supported to plan and, where possible, prepare meals with support. Staff told us, "People choose their own food. We go through it on Sunday night. We have options with pictures" and "We have to adapt [their] meals but make sure they have a choice on their menu as much as possible".

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge necessary to meet people's support needs. They told us, "The staff are well trained" and "My relative can't talk, so they know his body language. They know him inside out".
- Staff training had been regularly updated and refreshed. Online training had been used regularly during the pandemic and as lockdown restrictions were easing the service had made arrangements for face to face practical training to be reintroduced. Staff told us, "I have done different training since Covid I have done about 10 online training courses. That goes through PPE to supporting people during this time, it is always updated" and "I'm getting good training, Covid has affected it, I can't do group sessions. I've seen what training I'm booked for and the digital training that I can do at work and in my own time".
- All new staff received induction training and those new to the care sector were supported to complete the care certificate. During the Covid pandemic staff had completed their initial training online prior to commencing work in individual settings.
- Records showed staff had received regular supervision and annual performance appraisals. Staff felt well supported and told us, "We have 'Shape the futures' which are six monthly [supervisions] but we can talk to [managers] whenever we want anyway", "I feel well supported. [The manager] has been really helpful" and "I have definitely felt supported. We have online video calls and go through info and have a quiz at the end".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been completed by managers before support was provided. These processes ensured staff had a good understanding of people's needs and expectations before they moved into a setting.
- People's initial care plans were developed from information gathered from the person, their relatives and any previous care provided during the assessment process.

Supporting people to live healthier lives, access healthcare services and support

- Managers and staff supported people to access healthcare services whenever required. Timely referrals for professional guidance and support had been made in response to changes to people's care or support needs.
- Information had been developed to help hospital staff understand people's specific support needs in the event of their admission to hospital. Relatives told us, "There is a booklet about [my relative's] needs they took with [my relative] to hospital".

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found there was a lack of stable management at the service and quality assurance systems were not sufficiently robust to ensure compliance with the requirements of the regulations. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Since our last inspection there had again been a change of registered managers at the service. The experienced registered manager who had been moved to the service just prior to our last inspection had remained in post for approximately one year. They had focused on driving improvements to the service's performance and addressing the breaches of regulations.
- The service's current registered manager had initially been allocated by the provider to an adjacent 'good' rated service following their promotion. This enabled the newly promoted registered manager to develop their skills and complete any additional training without the additional pressure of having to address known breaches of regulations. Once the registered manager was sufficiently confident and improvements had been made within the service, they had taken on responsibility for managing MENCAP- East Cornwall Support Service.
- The registered manager was supported by a team of four setting managers, each of whom was responsible for overseeing and directing the care provided in a specific area. The roles and responsibilities of all managers were well understood and there was effective, regular communication between the service's management team. Relative's had confidence and the service's leadership and told us, "I am very happy with the managers, Concerns are always dealt with".
- Staff spoke positively of the service's leadership. They told us, "We have a new manager who is very supportive", "Very happy with the [setting manger], [They] are very professional and ensures all the paperwork is all up-to-date. [The manager] is easy to talk to and I am confident I can talk to [them] about any issues and [they] are good at listening" and "I think the management and everyone is good, you feel you can go to anyone and things are sorted out. [The registered manager] has been in a couple of times to check we are ok."
- There were effective and robust quality assurance systems in place. Each setting manager reported regularly to the registered manager.

- The service's quality assurance systems were appropriate and regular audits had been completed to monitor performance. Where issues had been identified, action plans were developed for each setting. These plans were reviewed by the registered manager to ensure necessary action had been taken to drive improvements in the service's performance. In addition, a number of peer review inspections of individual settings had been completed by manager from other areas. Action had also been taken in response to the feedback provided.
- The service's records were well organised, and the registered manager was able to provide all of the information required during the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were consistently complimentary of the service, it's culture and the quality of support it provided. Their comments included, "It is the best care possible. the staff are fantastic", "It is a splendid [place]. It has been a wonderful success" and "It is first class individualised care. The staff idolise [my relative]. They say [person's name] is so special".
- In one of the settings we visited, the carpets on the stairs were threadbare and flooring in the corridor outside a bathroom had been water damaged. The service had raised these issues with the landlord prior to the inspection and following our site visit arrangements were made for repairs to be completed.

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

- Staff and managers communicated openly and effectively with people's relatives. Where incidents or accidents occurred relatives were both kept informed and any failings of the service acknowledged. Relatives told us, "If there was a problem I would be informed".
- Managers and the staff team were open and honest throughout the inspection and responded positively to feedback provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Continuous learning and improving care

- Feedback from people and their relatives was valued and acted upon. Surveys had been completed using accessible documentation and support from staff, to enable people to report any issues of concern. Staff recognised the value of people's feedback in improving the quality of support provided. They told us, "It is really important and it is about how we can improve the quality of peoples' lives."
- Residents meetings were held regularly and records showed people's requests had been acted upon. Staff told us, "We have just had a meeting on Monday, called a house meeting and so if we have anything that needs bringing up, that is where we can do it. We have it once a month" and "We have a tenants' meeting every week, to see how they're feeling, anything they want to change in the house and deciding food for the week. People will choose their meals so we can get the shopping in". Relatives said, "There is a lovely homely atmosphere. [People] are involved in running it".
- During the pandemic relatives had been supported to stay in touch with their relative using video conferencing and other technologies. Managers had ensured relatives understood why the additional restrictions were necessary to ensure people's safety and had kept relatives informed of changes to national guidance.

Working in partnership with others

- The service worked collaboratively with health professionals, acted on advice provided and incorporating this information into people's care plans. Relatives told us, "They inform me of any doctor's appointments so I can go with [my relative]" and "They can deal with health emergencies".

