

Royal Mencap Society

# Mencap - North Suffolk and Coastal Domiciliary Care Agency

## 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

Mencap – North Suffolk and Coastal Domiciliary Care Agency is registered to provide personal care to younger adults and people who have learning disabilities or autistic spectrum disorder who live in supported living schemes in the Norfolk and Suffolk areas. At the time of our inspection 21 people were receiving personal care from the service and there were 39 support staff employed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's support plans contained very detailed person centred information. The information was up to date and correct.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions.

People were assisted to be as safe as possible because risk assessments had been completed for all assessed risks. Staff had the necessary information they needed to reduce people's risks.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. There was a complaints procedure in place, with 'easy read' formats. People were supported to make a complaint if they needed to.

Systems were in place to monitor and review the safety and quality of people's care and support. People and their relatives had been contacted for their comments about the service provided.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by service managers and the registered manager during the day. An out of hours on call system was in place to support staff, when required, in the evening and overnight.

## 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.

Risks to people's safety and welfare were assessed and minimised effectively.

People were protected from harm because staff had an understanding of what might constitute harm and the procedures they should follow. There were enough staff to provide the necessary care and support for people.

Staff were following safe practices when they administered or recorded medicines. This meant that people received their medicines as prescribed.

The recruitment process had been followed to ensure that only suitable staff were employed to work with people in the supported living schemes.

### Is the service effective?

Good ●

The service was effective.

People's capacity under the Mental Capacity Act 2005 had been assessed to ensure decisions that were taken were in their best interest.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, compassionate and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans and reviews were up to date and accurate. This meant we could be assured that staff could provide and meet people's needs.

People's preferences were recorded and acted upon and their needs were responded to in a person-centred way.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

### Is the service well-led?

Good ●

The service was well led.

There were effective systems to monitor the ongoing quality of the service. This meant that any shortfalls in the service provided to people were identified and acted upon.

People were involved in the quality of the service being provided to them.

Staff felt supported by the registered manager and service managers. Staff understood their responsibilities in relation to their roles in the service.

# Mencap - North Suffolk and Coastal Domiciliary Care Agency

## **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.

This comprehensive inspection took place on 24 and 25 November 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We requested information from health and social care professionals.

During the inspection we visited the agency office where we spoke with the registered manager and three managers. We spoke with three care support staff and four people who were using the service.

We looked at four people's care records; audits; minutes of staff meetings and records in relation to the management of staff. We saw provider questionnaires completed by relatives in August 2016.

# Is the service safe?

## Our findings

People told us they felt safe and one person said, "Yes I'm happy here. I'm safe in the home [supported living service] and with the staff [care support workers]."

The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One member of staff said, "We protect people; for example with financial abuse we have money sheets and the money is checked daily. I've had safeguarding training and [if they saw any bruising for example] I would write an incident report and tell the manager." They went on to say that staff encouraged people using the service to tell them if members of the public made negative comments to them. This meant staff could provide appropriate support to protect people.

People were kept as safe as possible because the registered manager and staff were aware of their responsibilities in protecting people from harm. We saw that where safeguarding concerns had been raised investigations had been undertaken by the registered manager. Appropriate action had been taken to make improvements to the service where necessary such as staff being disciplined and receiving further training.

People were kept safe because risks were assessed and measures were put in place to manage those risks. Advice from health professionals was requested where necessary and their input was recorded in people's risk assessments. Detailed information in people's support plans provided evidence of how they were supported with risks. For example one person was supported to administer their own medicines and there were detailed records for staff to support that person. Another person had a risk assessment in relation to choking, whereby the risk was reduced if staff cut food into small manageable pieces and food was cooled. The person was not to be left unattended and all staff had First Aid training. Staff confirmed they were involved with people in the reviews of their risk assessments at least every six months. This meant staff were up to date on how to manage people's areas of risk effectively.

Staff said they had completed training related to fire safety. Staff told us that there were regular fire drills where everyone evacuated the building. One staff member said, "I've done the fire training. We do two evacuations, one planned [announced] and one unplanned [unannounced]. We had one recently and all the tenants [people who used the service] left the building [as they should]. The fire alarms and things [like lights] are tested." This meant people and staff knew how to respond in the event of a fire.

There were sufficient numbers of support workers to meet the needs of people they supported; and staff confirmed this to be the case. There was evidence that people were able to undertake activities when they wanted. However one person said they were not always able to go in their car as, "sometimes there is no-one [staff] to drive it." Staff told us more drivers were being recruited by the management. Where the person had specific one to one time, evidence showed how this was provided. Staff said that where extra staff were required to accompany people extra staff were provided. There were three service managers and the registered manager who provided out of hours support for staff and people using the service. This meant

there was managerial support available in the event of an emergency or issue.

Information from the provider, and records showed that staff underwent a rigorous recruitment and selection process. Staff said they had attended interviews which involved visiting one of the supported services to talk with people who used the service as well as a face to face interview with service managers. All checks, including a police check had been completed before new staff started work. One staff member said, "There was a meet and greet with the tenants [people who use the service] and then an interview with questions. I took my ID and then completed the DBS [check by the disclosure and barring service]."

Information from the provider, and staff confirmed that training in medication administration had been provided and they attended regular updates each year. Staff said they had been assessed in medication administration and their competency was checked every year. One staff member said, "I have had medication training and six months ago I had my competency checked again by my manager who observed my practice." Extra specific training was provided to staff in relation to some medicines. Staff and training records confirmed this. We saw information in one person's file that showed they did not have the capacity to understand the need for one medicine and it could, in specific circumstances, be sprinkled on the person's food. There was information to show that the GP had been involved and agreed with this medication being administered in this way and that it was in the best interest of the person.

Audits had been carried out on people's medication administration records. When errors were identified, staff were provided and attended further training in the administration of people's medicines.

## Is the service effective?

### Our findings

Information from the provider showed that new staff received a 12 week induction followed by shifts undertaken with a more senior member of staff. One member of staff said, "I had an induction and two months of shadowing before I felt capable. They give us enough time for us to feel comfortable."

The provider information showed that staff had training in relation to specific topics such as Positive Behaviour Management. This was in relation to one person and was to ensure staff had the necessary training to provide safe and effective support. Staff told us about the types of training they had undertaken such as First Aid, manual handling, introduction to Mencap, epilepsy, fire training, medication management and finance. Information from the provider showed that "All staff receive training and are observed by managers supporting people with their finances. Managers carry out annual observations on moving and handling people and medication administration for all staff involved in this activity."

People using the service had a variety of ways in communicating. There was information in the support plans so that staff would know how to respond. For example one person enjoyed interacting with people by clapping their hands and when people mimicked their noises. That was seen as their method of communication. There was information on the type of signs the person used such as touching their nose meant yes. There were details of how they further expressed contentment or happiness by laughing/smiling/clapping. We were told by staff of the different methods they used such as the use of pictures, facial and body language and that those were always detailed in the support plans.

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.

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 were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. At the time of our inspection where people did not have the mental capacity to make decisions about certain areas of their care, appropriate safeguards were in place and best interest decisions had been recorded.

Two staff said they had attended training in the application of the MCA and DoLS and refreshers had been planned for January 2017. One member of staff said, "I haven't done the MCA and DoLS training yet but I understand the principals that if a person has capacity they make their own decisions, to make their own choices, even if they are not sensible choices. If their capacity gets worse, then we ask for the person to be assessed." The provider had clear policies in place to guide staff in relation to the MCA and DoLS legislation.

The provider told us in their PIR, and staff confirmed that they received regular one-to-one supervision. Staff said they felt this supported them and enabled them to discuss the people they assisted, any issues they



had or training they needed. One staff member said, "I have a meeting every three months to talk about work, how we would change anything, are we getting on all right and our future [including training needs]."

People's nutritional health needs were met. People told us that they were able to make choices about what they wanted to eat and drink. One person said they went to the shops to buy the food they liked. Staff told us people liked to be involved with the preparation of the meals. Information about people's likes and dislikes were noted in their support plans and staff told us about individual people's favourite foods and drinks.

We found that people's health needs were being met. Staff said they ensured people's health and welfare was maintained because they supported people to attend all appointments including the GP, psychologist, optician and dentist. Information in people's health support plans showed that people had attended appointments as required as well as health professionals attending people in their supported living schemes.

## Is the service caring?

### Our findings

One social care professional told us about one person who 'would have been happy to become dependent on staff'. However, staff were aware that that would not be in the best interest of the person. The social care professional said that as a result the person was achieving their goals and working towards independence and it also meant the person's wellbeing had improved. People were able to tell us that staff encouraged them and helped them remain as independent as possible. People told us they went out to buy their groceries and made decisions about what they wanted to do. One person said, "I'm happy now. I used to be upset. I'm happy with all the staff." The staff explained the reasons the person had been unhappy and how they had helped the person's wellbeing improve.

Information from provider surveys completed by relatives and people using the service showed that people were "well looked after". One relative had commented that the choices their family member made were because staff gave them the information to make their own informed decision. They also said that their family member was feeling more safe and secure and enjoyed having male staff around them.

In their PIR the provider wrote, "When recruiting new staff we ensure we ask questions which help us to assess the suitability of the candidate for the role, taking into account their values. We have introduced a day long assessment and interview process which tests candidates' values and commitment. People we support are an integral part of this interview process." One member of staff was able to tell us about one person, how they encouraged the person's independence, what they enjoyed to do in relation to activities and about their family. During the inspection we telephoned people in their supported living schemes. We noted that it was only when the person requested help from a member of staff in relation to the questions we asked that they (the staff) got involved. We heard how staff encouraged the person to think about the answer and did not immediately respond on their behalf.

Staff told us that people had relatives who were very involved in their care and wellbeing, however, people's right to make choices about their care and daily lives were respected. Information was recorded in people's files. For example, whether the person preferred to have their care provided by a male or female staff member. Choices about people's preferences were recorded in detail and examples included meals, activities, holidays and shopping.

People had regular visits from, and travelled to stay with relatives as well as keeping in touch with them by telephone and Skype (via the use of a computer). This meant people were not restricted with the times or number of visits to relatives or friends.

## Is the service responsive?

### Our findings

People and their relatives were involved in the assessment and reviews of the care and support being provided by the service. Records showed that people had discussed their care with the member of staff who worked with them closely (keyworker). This meant people had regular opportunities to talk about any changing needs, any concerns or positive outcomes. The information in all the support plans we looked at were individualised and very detailed. The plans gave a picture of the person, their abilities as well as areas that required support from staff, the things that made them laugh, the things they found difficult and their preferences.

One staff member said, "Family sometimes don't realise how much the tenants [people who use the service] can do for themselves. We sit with them to go through their support plans, risk assessments and health plans. We then read it to them and update the changes. We do use pictures and anything else that helps them to understand." There was evidence on support files we saw during the inspection that this was the case. This meant staff were aware of the current guidance for each person and could provide the consistent support that people needed.

We saw that people were supported by staff to undertake activities and interests that were important to them. People told us about the variety of activities they had undertaken and trips they were involved in. They told us they attended clubs of their choice and decided with staff on holiday destinations both in England and abroad. They told us they were enabled, through the use of their mobility cars, to make trips to the shop and other local amenities. One person said, "I've just been to [club name] and I see videos. I see friends. I've been to the Isle of Wight and Scotland. They [staff] come with me. I have a computer too." Another person told us, "The carers are all right. They take me out in my car, I went shopping today. I like gardening and grew peas and sweetcorn [last year]." Staff told us there were a number of people who enjoyed arts and crafts and for one person arrangements were being made to support them in learning to swim. Seven out of eight relatives who had responded to the provider's questionnaire agreed that people were helped to do the things they enjoyed and made them happy.

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. We saw that there had been two complaints about the service recorded in the log since the last inspection. We checked to see if the complaints procedure was effective and found that it was. We looked at the information in relation to the complaints and saw that they had been investigated and the complainants had been satisfied with the outcome. One person wanted a change in keyworker and this was done. A clear response was written that was 'easy read'. It was evident that the person had been encouraged to speak up about their concerns directly to managers and supported by staff to do so. The other complaint was in relation to a staff who had not followed their procedure after an incident. As a result changes in the policy and procedure about incidents/accidents had been made and a member of staff was identified as shift leader for each shift. This meant the provider learned from the concerns raised and made changes to make improvements for people using the service.

We saw that support plans, the complaints procedure and other documents had been written in a format

that people were able to read. This meant people had access to the information they needed and were assisted with their understanding of the information provided to them. Staff told us that where a person would be unable to read information they would verbally explain and discuss things and record any response the person made.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection and they were supported by three service managers and support workers. Staff said they enjoyed their work and felt the registered manager and service managers listened to them. One staff member said, "As a team we really support each other. The [area] manager is really good and supportive. If we have any problem she sits and listens. I have seen the registered manager but not often, but he is supportive when I see him." Another member of staff said, "Management is brilliant. I've been lucky enough to have [name of service manager]. [Name] was a [support] worker and is easy to talk to and very efficient, has a good level of authority and has the tenants and staff [needs] at heart. I have seen the registered manager a couple of times this year. He's available at any time [to speak with]." Staff also felt supported because there were staff meetings and support for stress at work whereby the service provided counselling.

Records showed that people were supported in very individual ways by staff. Staff were well trained to ensure people needs were met in a way that was safe and effective. Staff told us about the values of the service and they were aware of their responsibilities. For example one staff member said, "The guys [people using the service] are number one. I treat them as I would want to be treated and supported." Staff discussed people in a way that was compassionate and explained how they valued people's dignity, respect and independence.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service being provided. The registered manager had an understanding of their role and responsibilities such as supporting staff, providing training and notifying the CQC when required. They were aware of when a notification was required to be sent to CQC when there were events in or affecting the service. Notifications had been sent as required.

Information in the PIR showed that the provider's national quality team "provided support to review quality generally or with a specific area of focus, such as health, communication or finance." These were used to ensure best practice across the services.

The provider and staff said there was a supervision and appraisal procedure called 'Shape Your Future', which involved three monthly review meetings, followed by an annual appraisal each year. Service managers carried out formal and informal observations on practice and specific support activities. These ensured people's needs were met and the support provided was consistent with their support plan.

Staff told us people who used the service had meetings every two months, which were informal because people sometimes became anxious if they were too structured. Staff told us about one person who daily gave their views about their support and these were recorded and used as part of their support plan review. One staff member said, "There are tenants meetings but [names] didn't want to talk. We suggested [to the service manager] we talk to them on a one to one basis and feedback anything they want to raise. It happens now and is so much better [for the people who use services]."

Meetings for staff were held regularly in each supported living scheme. These were used to discuss social events like a Halloween party, where people were to send out invitations to relatives and friends. Issues about people's care and any resulting training necessary actions and goals for people were also discussed. Staff said they were confident that they would be listened to if they wanted to bring an idea to the meeting. For example staff told us they had raised an issue that a form that needed to be completed with a person was too childish. As a result changes were made to the form. According to minutes a community health team worker had attended one meeting to discuss recording and reporting documents to be put in place for one person due to their behaviours. We saw that these had been put in place. This showed that there were regular discussions/meetings to identify improvements that could be made to the service.

Quality assurance requests were sent to people who use the service and their relatives was completed monthly, the last report completed August 2016. There had been nine people or relatives who had responded and overall found the service to be very good. One concern had been raised in the responses. A relative had not been informed when their family member was unwell. As a result of this concern the provider had made changes by putting a date in the diary to regularly update the relative and the person's support plan had been updated with details about informing the person's relative. These meant improvements were made by the provider as soon as possible. This showed people and their relatives that concerns were listened to, taken seriously and action taken.