

Royal Mencap Society

Mencap Personal Support - Waveney and North Suffolk

Inspection Report

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Summary of findings

Overall summary

Mencap Personal Support - Waveney and North Suffolk provides a domiciliary care service. At the time of our inspection the service was providing support to 19 people living in supported living services and one person received community support. There is a registered manager in post.

On the day of the inspection we saw people were preparing to go out and were involved in making decisions about how they wanted to spend their day. Interactions between staff and people who used the service were warm and caring. Staff talked passionately about the people they supported. They knew the needs of the people in their care well and were able to describe their needs.

Where people were unable to express their views due to communication difficulties, staff used different methods to understand their preferences about how they wanted their care provided. We saw that visual images, such as photographs, pictures and symbols were used to help people understand information.

The service had a keyworker system in place. A key worker is a named member of staff who works with the person and acts as a link with their family, where appropriate, to ascertain information which helps to provide appropriate care. We saw that regular key worker meetings were taking place, providing an opportunity for people to have a say about their care and what was important to them.

The provider had systems in place to manage risks, safeguarding matters, people's finances and medication which ensured people's safety. People who used the service had been provided with information so that they knew about their rights and saying 'No to abuse'. Where

safeguarding concerns had been raised the service had taken appropriate action by liaising with the local authority to ensure the safety and welfare of the people involved.

The provider had a positive attitude towards managing risk. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and ensured that activities were carried out safely and sensibly.

People were supported to have healthy and nutritious meals. Where people required support to eat and drink, for example, through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube we saw that staff had been trained to ensure they were competent to use the equipment and knew what to do if things went wrong.

Staff and relatives spoken with felt there were enough staff to meet people's needs. We saw that staff received the support and training they needed in order to carry out their duties to a good standard.

The service was well managed and we found there was a positive relationship between staff and management. Staff told us that their manager treated them fairly and listened to what they had to say and that they could approach them at any time if they had a problem or something to contribute to the running of the service.

Documents showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. This meant that the provider understood the requirements of the Mental Capacity Act (MCA) 2005 and put them into practice to protect people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because the correct systems were in place to manage risks, safeguarding matters, people's finances and medication and this ensured people's safety.

The registered manager was innovative through their provision of training and information sessions on safeguarding for the people who used the service.

People's best interests were managed appropriately under the Mental Capacity Act (2005).

Are services effective?

The service was effective because staff ensured people's needs and preferences regarding their care and support were met and they knew the people they supported well.

People were protected from the risks associated with nutrition and hydration.

Staff had received training which focused on the specific needs of the people who used the service.

Are services caring?

The service was caring because staff had the right approach. People were encouraged to make their views known about their care, treatment and support, and these were respected.

People and their relatives were positive about the care and support given.

People had their privacy and dignity respected.

Are services responsive to people's needs?

People had their care and support needs assessed and kept under review. Staff responded quickly when people's needs changed, which ensured that their individual needs were being met.

The service was organised in a way that promoted people's independence.

Concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Summary of findings

Are services well-led?

The management and leadership of the service ensured that staff delivered high quality care which was centred on the needs of the people.

There were sufficient numbers of staff, with the right competencies, knowledge, skills and experience available at all times, to meet the needs of the people who used the service.

We saw that systems were in place that enabled open communication between the people that used the service, their relatives, managers and the staff.

Summary of findings

What people who use the service and those that matter to them say

Not everyone who used the service was able to communicate with us verbally due to their complex health needs. We spoke with three people who used the service who were able to express their views. They told us that staff were kind and they respected their privacy and dignity. One person said, "Staff knock on my door before they come in." People told us they were happy with the care and support they received. Another person told us "I enjoy living here I feel safe and secure."

People said they were given choices about what they wanted to do. One person told us that they were interested in gardening and said, "I am growing my own fruit and vegetables." Another person told us, "I have one to one staff support and I can go out when I want to. I go to places that interest me, and I am saving for a holiday."

One person told us that they were happy to talk to staff if they felt unwell and that they were supported to see health professionals.

Another person told us that they had a 'Cook day' where they were able to choose what they wanted to eat and cook their own meal. They told us, "I have access to food and snacks when I want, but I am on a healthy diet as I am trying to lose weight, I get weighed regularly and go to the gym for exercise."

People said they were encouraged to maintain friendships with people that they knew. One person told us, "I like to pray and I used to go to Church, but I do not go now, but I would like to go." Staff said that this would be arranged.

We spoke with two relatives over the telephone. One relative told us, "I have no fault with the service, or the staff. They support my relative well, and they always look clean and tidy and well cared for, I am very satisfied." They also told us that the provider had made sure that their relative had everything they needed to promote their independence. They commented, "My relative is now getting out more, they go out every day, and the staff are helping my relative to arrange a holiday."

This relative also commented, "My relative is always happy to go back to the service, after a stay at home, and if there is anything wrong with their health, the staff act quickly contacting the GP, and they always keep me informed."

Another relative was very complimentary about the care given by the staff supporting their relative. They told us, "I like the way the staff do not treat my relative like a child".

Both relatives told us that they did not have any concerns about the service and if they did they would speak with the manager.

Mencap Personal Support – Waveney and North Suffolk

Detailed findings

Background to this inspection

We visited Mencap Personal Support – Waveney and North Suffolk office on 30 April 2014 and visited people who used the service on the 06 May 2014. The inspection team consisted of an inspector and an Expert by Experience who had experience of learning disability services.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process, under Wave 1.

Before our visit we reviewed all the information we held about the service. We examined previous inspection reports by the Care Quality Commission. The service was last inspected 05 November 2013. There were no concerns found at this inspection.

On the first day of the visit we looked at staff training records, a selection of the services policies and procedures and records relating to the management of the service. We spoke with four members of the management team and the registered manager.

On the second day we visited two out of the five supported living services where Mencap Personal Support provided staff to support people. We spoke with two people from two of the other services by telephone. We spoke with six members of care staff and two managers. Due to peoples complex health needs, not everyone was able to communicate with us verbally. We spoke with three people who were able to express their views and spent time observing the care people received in various areas of their home. We also spent time looking at three people's care plans and medication records. We spoke with two relatives over the telephone.

Are services safe?

Our findings

We spoke with three people who told us that they felt safe living in the service. One person commented, "I enjoy living here, I feel safe and secure."

The service's safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure that people were protected from abuse. Staff told us that they had received updated safeguarding training from a member of staff from the local authority adult safeguarding team. Staff had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that appropriate action had been taken liaising with the local authority to ensure the safety and welfare of the people involved.

Each supported living service had a designated member of staff who acted as a safeguarding lead. As part of this role, they had provided training to people who used the service, so that they knew how to raise concerns. We also saw that people had been provided with information packs called 'Say no to abuse', which told them about their rights. We saw in one person's records that they had raised a safeguarding alert themselves following an incident that occurred in the service.

Systems were in place which protected people from the risks of financial abuse. We saw that people had been assessed to see if they had capacity to manage their own finances. Where people did not have capacity, a Professional Deputy Service (PDS) had been appointed. The PDS is a professional service set up to support people with special needs or disabilities that make it difficult for them to manage their own finances. Records were held in each person's care plan which kept a running total of expenditure. These were regularly audited internally by Mencap, and externally by an independent auditor.

We looked at three people's care plans and saw that the service had a positive attitude towards managing risk. A range of assessments were in place that evaluated the risks of people accessing activities and managing their health. Support plans and risk assessments linked together and provided a detailed overview of the person's needs. For example, one person's bathing and showering support plan

guided staff to look at the risk assessment and plan for managing their epilepsy, so that they were aware of the risks associated with bathing. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and ensured that activities were carried out safely and sensibly.

We looked at how people's medicines were being managed. A medication file contained guidance for staff administering medication. This linked to Mencap's policy and procedure and the Royal Pharmaceutical Society guidelines for handling medicines in the service. These provided clear guidance for staff to follow and helped to ensure that medicines were managed safely.

We reviewed four people's Medication Administration Records (MAR) charts and saw that these had been completed correctly. Daily audits of medication were taking place. For example, a countdown sheet was in place, which was completed by staff each time they administered a person's medication. We checked the stock of medication against people's records and found that these were correct. Additionally, monthly medication audits took place to check that medicines were being obtained, stored, administered and disposed of appropriately. Training records confirmed that staff had received up to date medication training, to give them the competency and skills needed to administer medicines safely. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines, as prescribed.

The service understood the requirements of the Mental Capacity Act (MCA) 2005 and put them into practice to protect people. Documents showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. For example, we saw that one person had been assessed as not having capacity to make a decision about their end of life care. A planning meeting had been held with their consultant, learning disability nurse, the person's relative and manager of the service. A best interest's decision was made based on the person's current health issues for a Do Not Attempt Resuscitation (DNAR) to be put in place.

We looked at whether the registered manager was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults who use the

Are services safe?

service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is needed. We did not observe any potential restrictions or deprivations of liberty during our visit.

Are services effective?

(for example, treatment is effective)

Our findings

People told us that they were happy with their care and that the staff were kind and caring. One person told us that they were confident about talking to staff if they felt unwell and told us, "I have an appointment at the hospital for a check-up and an appointment to collect new glasses from the optician."

We looked at three people's care plans and found information had been written in a way that reflected how they wanted their care, support and treatment provided. A 'monthly record' booklet was being completed for each person which provided a detailed account of their health and wellbeing during that month. These included daily entries about how the person was feeling, the support provided by staff and things that mattered to them, for example activities they had taken part in. These records showed that staff had provided personalised care that met people's individual needs.

We spoke with five care staff and two of the supported living managers who knew the needs of the people in their care well. They were able to clearly describe people's needs and preferences. We asked staff how they were made aware of changes in people's needs. They told us that there were a number of ways in which information was shared. These included a communication book, people's daily records and a verbal handover session at the beginning of every shift where the incoming shift was updated on any relevant information. One member of staff told us that they regularly met with the person they were a key worker for, so that they were able to have a say about their care and what was important to them.

People told us that they had access to health care professionals when they needed them. Each person had a Health Action Plan (HAP) which detailed how they were being supported to manage and maintain their health. For example, we saw that people had access to their GP, the learning disability team, dentists, chiropodists, physiotherapists and the opticians, when needed. We also

saw that each person had a 'Hospital passport' in place with a summary of the their needs, their medication and how they communicated, so that if they were admitted to hospital health professionals would know about the person's needs and how to provide care and support.

We saw that people's nutrition and hydration needs were assessed and monitored so that they received a balanced and nutritious diet. Risk assessments were in place where specific risks associated with people's nutrition and hydration had been identified. For example, where people required support to eat and drink, through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube, clear instructions had been recorded guiding staff how to use the equipment and what could go wrong. These assessments had been reviewed on a regular basis, with the support and advice of the dietician to ensure that people's needs were being managed.

We observed one person helping to prepare their evening meal. We also saw that people were able to go into the kitchen and help themselves to food and drink of their choice when they wanted it. One person told us that they had a 'Cook day' where they were able to choose what they wanted to eat and cook their own meal. They told us they were on a healthy diet because they were trying to lose weight and were aware of the types of food that were healthy.

We found that people experienced a good quality of life because staff had the skills and knowledge to meet their assessed needs. Staff and management told us that they had completed a range of training that ensured they were able to carry out their roles and responsibilities. Training had been provided to meet the specific needs of people who used the service. For example, the dietician had provided training to staff that ensured they were competent to administer food and medication via a PEG feeding tube. Staff had also received training to manage people's epilepsy and where needed the administration of buccal midazolam. This is a specific medication to control seizures.

Are services caring?

Our findings

We visited two supported living services. The managers of each service showed us around and introduced us to the people living there and asked if people would mind us talking with them. One person told us, "I am treated kindly and with respect." Another person said, "The staff are very kind and they respect my privacy. They knock on my door before they come in." We spoke with a relative over the telephone who told us, "I like the way the staff do not treat my relative like a child". This showed us people's privacy and dignity was respected.

In the morning we spent time with four people who were getting ready to go out. Later in the day we spent time with a group of people who had returned from day time activities. We observed the interaction between staff and people who used the service and saw that staff had a caring attitude towards people in their care. People were involved in determining the kind of support they needed to have choice and control over their lives. We saw that staff offered people choices, for example how they spent their day and what they wanted to eat, and these choices were respected.

People were treated with kindness and compassion and their dignity was respected. For example, we observed a member of staff supporting a person following a seizure. They spoke to the person in a reassuring tone and adopted a responsive, patient and caring approach, where the person's mood had changed. This showed that staff responded in a caring way to people's needs, when they needed it.

We spoke with two people from two of the other supported living services by telephone. Both people told us that they were treated well by the staff, and that they liked living at

the service. One person told us, "I enjoy living here." They said that staff listened to them and helped them to accomplish domestic duties as well as spending one to one time doing activities of their choice. The other person told us, "I like to pray and I used to go to Church, but I do not go now, but I would like to go." We discussed this with the staff who reassured this person that this would be arranged.

One relative told us, "There is a commitment to keep the same staff at the service which is greatly appreciated by my relative and the family." The registered manager confirmed that a core team of staff had worked at the service for some time and knew the people they supported well. Staff talked passionately about the people they supported. For example, one member of staff spoke in detail about the needs of the person they were a key worker for. They told us that they had consulted with the person's relative to help them write their care plan. They had a good knowledge about the persons background, current needs, what they could do for their self, how they communicated and where they needed help and encouragement.

Systems were in place that encouraged people to make their views known about the kind of care and support they wanted. We looked at feedback forms completed by people who used the service. These reflected that people had had a say about their care. One person had commented, "I am very happy with my care, I chose four staff to work with me so that I don't get stressed with too many new faces." Another person had commented, "I like staff giving me different ideas, so I can choose what I want to do." The registered manager told us that staff had helped people to complete these feedback forms. Whilst they reassured us that staff were acting on people's behalf, we discussed that input from an advocate to complete these in future, would make it clearer that this was the person's own views and not those of the staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We saw that people were supported to take part in chosen activities that were important and relevant to them, including various day services, clubs and football matches. We saw one person was being supported to attend a regular horse riding session and a group of people were going to visit a stately home and gardens. One person told us, "I have one to one staff support and I can go out when I want to. I go to places that interest me, and I am saving for a holiday." Another person said they were interested in gardening and said, "I am growing my own fruit and vegetables."

We observed people were able to come and go from the service when they wanted to, without unnecessary restrictions placed on them. One person told us, "I have a key to the front door, so I can go out when I want to". A relative told us that the service promoted their relatives independence and said that they were, "Getting out more, they go out every day". This meant that the service was organised in a way that promoted people's independence and ensured their individual needs were met.

Most of the people who used the service had communication difficulties which meant they were unable to comment on decisions regarding their care. Where people were unable to express their views we saw that different methods had been used to help them communicate their needs and wishes and to reduce episodes of anxiety. Visual images, such as photographs, pictures and symbols were used to help people understand information. For example, maintaining a photograph chart of staff on duty helped one person manage their anxiety as they knew which member of staff would be on duty to support them. Care plans, questionnaires about the service and procedures for making complaints or raising a safeguard alert had been written in an easy read format to help people access information.

People and those that mattered to them were involved in making decisions in relation to their care, support and where required treatment. Records showed that relatives had been involved in the development and review of people's care plans. We also saw that regular key worker meetings were taking place, which provided an opportunity for people to have a say about their care and what was important to them. Where people lacked capacity to make decisions about their care or treatment, we saw that

mental capacity assessments had been completed. For example, we saw that where people had been assessed as not having capacity to manage their finances or end of life care, meetings had taken place with the relevant people and appropriate arrangements had been made in the person's best interests.

The three care plans we looked at took into account information regarding the person's interests and preferences as well as their health care needs. We saw in one person's care plan that their needs had changed significantly over the past year. The care plan had been regularly updated accordingly with clear guidance for staff on how best to support the person. For example, where their physical health had changed, the expectation of what they had previously been able to do for themselves had been changed to reflect the staff support they needed with regards personal care and mobility, in the light of their deterioration. We saw that the service had responded well to ensure this person kept appointments and dealt with their changing needs. A relative told us they felt the staff responded quickly to any changes in their relatives needs and reassessed them regularly to make sure that they were supporting them appropriately. They commented, "If there is anything wrong with my relative's health, the staff act quickly contacting the GP, and they always keep me informed." This showed that people received the individual support, care and treatment they needed, when they needed it, which helped ensure their safety and welfare.

The provider's complaints policy and procedure contained the contact details of relevant external agencies. The policy outlined clear stages of the complaints procedure with a timescale. The policy stated that complaints were used to improve the service.

We looked at the complaints book and saw that three complaints had been recorded since our last inspection in November 2013. We inspected the paper work associated with these complaints and saw these had been appropriately investigated in a timely fashion in line with the policy. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. Both relatives told us that they did not have any concerns about the service; but would know how to make a complaint if necessary and felt confident any complaint would be dealt with appropriately. People told us they did not have any concerns about the service, and said they were happy with how staff treated them.

Are services well-led?

Our findings

There was a registered manager in post, as well as individual service managers at each of the five supported living services. We found that the management and leadership that was in place assured that staff delivered high quality care which was centred on the needs of the people who used the service. Records we looked at, confirmed that people's care was individually led by well trained staff who demonstrated clear values in relation to involvement, compassion, dignity, respect, equality and independence.

There were sufficient numbers of staff, with the right competencies, knowledge, skills and experience available at all times, to meet the needs of the people who used the service. The registered manager provided a monthly service report, which listed the hours funded by the local authority and by direct payment. This is money from the local authority given to someone to pay for their own care. This report was generated on the computer and calculated the number of staff needed to cover these hours. The registered manager explained that when calculating the hours they allowed for additional staff to cover shared hours, such as sleep in staff at nights, sickness and annual leave.

We looked at the staff working rotas in two of the supported living services and saw that there were sufficient staffing levels to support people as required, including any additional support hours funded by the local authority. Staff and relatives spoken with felt there were enough staff to meet people's needs.

Staff told us that their manager treated them fairly and listened to what they had to say and that they could approach them at any time if they had a problem or something to contribute to the running of the service. They said they had regular supervision where they had the opportunity to receive support and guidance about their work and discuss their training needs. Staff told us that they also had an annual 'Shape Your Future' review, which measured their individual performance. Staff told us that the system helped them to move through the organisation and develop their career.

Mencap had developed their own induction pack for new employees that followed the Common Induction Standards (CIS). The CIS is a national tool used to enable care workers

to demonstrate high quality care in a health and social care setting. New members of staff were expected to have completed this induction within six weeks of commencing employment. The registered manager informed us that new staff worked with more experienced staff during this induction period so that they got to know people and how they preferred to be supported. At the end of the induction period the member of staff had a meeting with their manager to discuss their learning and understanding of their roles and responsibilities and to ensure they were ready to practice as a support worker. Staff told us that following on from their induction they had access to a lot of training so that they had the skills and knowledge to carry out their roles and responsibilities.

We saw that systems were in place that enabled open communication between the people that used the service, their relatives, managers and the staff. Regular house meetings were taking place in each of the supported living services where people discussed issues, such as keeping safe and living arrangements. Records showed that they also discussed things they liked to do, and the plans to make these happen. For example, we saw that one person stated that they wanted to go on holiday. Action was recorded that this person's key worker was to discuss with the individual dates, and check prices and availability. This person told us that their holiday had been booked.

Other meetings included Joint Action Group (JAG) meetings which included people who used the service, relatives, the housing association and staff where maintenance and upkeep of the services was discussed. The registered manager informed us that the service held periodic 'Learning disability' weeks. During this week families and other people involved in people's care were invited to informal meetings with the managers of the supported living services. The registered manager told us this was an opportunity for people to meet socially and discuss any issues of concern they may have with the service.

The service had a computerised system for recording and managing complaints, safeguarding concerns and incidents and accidents that occurred. We saw that concerns and complaints were responded to promptly and were used as an opportunity to improve the service. Records showed that the service worked well with the local authority to ensure safeguarding concerns were effectively managed. Detailed records were made of accidents or

Are services well-led?

incidents that had occurred and the immediate action taken. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

We looked at how the service reviewed the quality of care people received. The registered manager told us that relatives had been sent questionnaires to complete. Out of 20 relatives who had been sent the questionnaire, four had been returned and we looked at these. The survey results overall produced positive results, however relatives felt communication with the service could be improved and that some changes that had taken place, had not been fully explained, for example, changes in staff. The registered manager explained that once all the questionnaires were

received a spread sheet would be made to properly analyse the feedback which would be shared with relatives, with the action taken to address the issues raised. They said that the 'Learning disability' week would be a good forum to discuss the issues raised by the relatives.

We saw letters complimenting the service written by professionals involved in people's care. One community care practitioner commented that, "Following my visit I am very impressed with the site and the staff, as well as the welcome and the help I received from two of the tenants." One social worker had written, "The service is well run and promotes people to be as independent as possible, whilst meeting their needs."