

Royal Mencap Society

Mencap - Taunton Deane Support Services

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

This inspection took place on 10 and 12 December 2018 and was announced.

Mencap – Taunton Deane Support Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing including supported living. It provides a service to older and younger disabled adults as well as people on the autistic spectrum. At the time of the inspection, 18 people were receiving support we regulate. Others required guidance with medicine administration and other types of support. There were options to have up to 24-hour support from staff because there were sleep-in facilities in some of the homes.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good

People received care from staff who knew them incredibly well. The people were involved in decisions about their care and these were respected. If they were unable to be involved then the relevant individuals were asked to decide on their behalf. The staff continuously were finding ways to share the information with people and used different communication methods. Feedback from people informed us about how well cared for they felt.

Care and support was personalised to each person, which ensured they could make choices about their day to day lives in line with their needs, hobbies and interests. Information about people's preferences were gathered in detail prior to them receiving support. Time was provided for new staff to learn about people's care through the care plans. However, one type of document had not been obtained to inform the person's care and support needs. This was rectified by the management following the inspection.

People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service was responsive to people's individual needs. Although activities were not part of our remit we saw these were personalised to each person's preferences and hobbies. People and staff felt there were enough staff all aspects of their care. This had been improved recently by the management.

Interactions were kind and caring. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Most medicine were managed safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised. There was a system in place to manage complaints and people felt listened to.

The service continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special support or equipment to eat had their needs met and healthy eating was promoted. Staff had most of the skills and knowledge required to effectively support people. Staff did not have training to provide some specialist support for one person. This was resolved after the inspection. People told us their healthcare needs were met and staff supported them to attend appointments when it was required.

The management had an ethos to ensure staff were supported. Systems were in place to ensure people received safe care in line with their needs. People and staff were positive about the registered manager and other senior staff. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Mencap - Taunton Deane Support Services

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 inspection took place on 10 and 12 December 2018 and was announced. This inspection was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living and care in people's own home. We needed to be sure that the management would be in and arrange for us to visit people.

On 10 December 2018 we visited a person in a supported living service. On 12 December 2018 we visited more people in a supported living type environment and spent time in the office where another person visited us.

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 the inspection we reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people using the service had learning disabilities or autism so were not always able to tell us about their experiences. We used different methods such as observations to help us understand people's experiences. We spoke with four people who used the service and had more informal interactions with other people. We also spoke with seven members of staff. This included the registered manager, service managers and care staff.

During the inspection, we looked at two people's care and support records. We looked at records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Following the inspection, we asked the registered manager to send us some policies, training and recruitment information and audits. These were all sent within the time frame given.

Is the service safe?

Our findings

The service continued to be safe. People told us they were safe and staff knew how to keep them safe. One person said the staff, "Keep [them] safe". Another person told us they were, "Safe and happy".

Staff recognised the signs of potential abuse and knew what to do to keep people safe. One staff member explained how they would see a change in the people they knew well. All staff told us they would tell the management and agree something would be done. Systems were in place to keep people safe from potential abuse. Staff knew the external bodies they could speak with to raise any concerns to.

Medicine was managed safely. One person told us staff supported them to take their tablets and knew what they were. They told us if staff did not help them they, "Would forget some medicines". Other people confirmed they were always on time. If it was assessed as safe then people could choose to manage their own medicines. There was a service wide approach of reducing the medicines people were on. Medicines were stored securely and most records kept identified how medicines should be administered safely including people's personal preferences.

However, one person's administration records had some gap so it was not clear if the medicines had been administered or missed. No impact was found for the person. The registered manager told us this had occurred during their absence and a change in management. During the inspection they started to follow it up with relevant staff to prevent it from reoccurring. Temperatures were not being recorded for the medicine cupboards for one person. There had been no impact to them. During the inspection the service manager put a system in place to rectify this.

People were supported by enough staff to keep them safe. One member of staff felt there were now enough staff. There had been a time recently when it was difficult. Another member of staff said, "Staffing is a lot better". The registered manager explained the provider had been working hard to recruit new staff. They were clear they wanted to make sure the staff employed were quality not just quantity.

Systems were in place to ensure appropriate staff were recruited to work with vulnerable people. This included getting references from previous employers, looking at employment history and getting police checks. However, one member of staff who was due to start working did not have all the checks completed in line with current legislation and the providers systems. Following the inspection, the registered manager assured us all checks had now been completed and the staff member was safely starting work.

Most risks to people had been assessed and ways to mitigate them found. This included for mobility, accessing the community and using transport. One person's care plan stated they had a history of fabricating information. Staff were given guidance about how to manage this in the person's risk assessment. Other people had risk assessments and detailed plans in place about their behaviours which could challenge themselves or others. All staff working with these people were aware of how to support them to reduce their anxieties and keep everyone safe.

One person had a catheter managed by the district nurses. There were times when staff had to support the person with their catheter. Staff had not received training to safely do this to reduce the risk of infections spreading. The person told us they had not had any infections. Following the inspection, the registered manager updated us about actions they had taken to ensure staff received relevant training.

Systems were in place to ensure infections would not spread and that health and safety had been considered. Staff had access to gloves and aprons when supporting people with intimate care.

Is the service effective?

Our findings

The service continued to deliver effective care. People's needs and preferences were assessed prior to support being provided to them. A group of people had chosen to live together because they were friends from college. Prior to one of them moving in their health needs had significantly changed. The provider had ensured substantial adaptations to the home had occurred to meet the person's needs and make it possible for them to receive the appropriate care and support.

Systems were in place to ensure people saw health professionals when their health declined. One person recently had visits to hospital supported by their relatives in relation to a health issue identified by staff. Other people had seen specialists in relation to their health conditions.

People were supported by staff who had been trained with most skills to keep them safe and meet their needs. One member of staff told us that as well as completing basic training they had undertaken additional diplomas in health and social care. They had also asked to complete additional training for specific health procedures for a person they supported and this had been sourced by the provider. Another member of staff said, "Training is really good".

New members of staff had completed shadow shifts and informed us how supportive the other staff were. The registered manager told us all new staff complete an induction which is in line with the Care Certificate. The Care Certificate is a set of basic standards for health and social care to ensure staff have the required skills.

Staff sought from consent from people prior to offering them help. However, some people lacked capacity to make specific decisions. 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.

Staff were aware of a variety of methods, in line with best practice to help people communicate and consent to care, treatment and support. When people lacked capacity to consent then staff knew to consult other people important to the person. Then a decision was made in the person's best interest.

When it was required, people were supported to eat a healthy balanced diet. If they wanted to lose weight for health reasons then relevant health professionals were contacted to support the process. One person told us they required specialist cutlery to help them eat more independently and the staff had helped them source it.

Is the service caring?

Our findings

The service continued to be caring. One person told us, "They are brilliant". Another person explained staff were, "kind" and they were spoken to, "nicely". All interactions seen between people and staff were positive. The people appeared comfortable in staff presents. One person had a game of hide and seek with a member of staff. At the end of the game they were both laughing and part of the joke.

The positive relationships staff had developed with people had helped to increase their well-being. One person was now talking a lot more since starting to be supported by the staff and moving to their flat. They were also getting less anxious and distressed as they had done in previous placements. One staff member said, "I love working here. The people we support give me so much joy". They continued, "I don't treat them [meaning the people] any different to how I want to be treated".

People were supported to make choices and these were respected by staff. One person was making decisions about where they wanted to eat and what they wanted to do that day during their breakfast. The staff spoke calmly with them and gave them time to think about the options. If people had preferences about the gender of staff supporting them this was reflected in their care plans.

People were encouraged to see people who were important to them. They regularly saw their family if it was appropriate. Some people had girlfriends and staff supported them to go on dates and have them round their house. One person told us they see their family regularly.

People from different cultural and religious backgrounds were respected. Staff facilitated where possible them having the opportunity to experience them as much as they wanted. One person from a different culture had family who regularly bought them traditional food. There were plans for recipes to be shared with staff so the person could be taught how to prepare the food. The age of members of staff was considered so people could have peers working with them as well as older people.

Is the service responsive?

Our findings

The service continued to be responsive to people. People were aware of their care plans and contributed to them regularly. One person told us where their care plan was and what it said. Care plans were personalised to each person. They contained important information about the person's needs and preferences. One person had information about those important to them and goals or aspirations they had. This included wanting employment because they had previously successfully worked. Staff knew people well and the details which were in their care plans.

For young people who were still in education or had recently left school or college the provider was not ensuring they received copies of people's Education, Care and Health Plans (EHCP). EHCPs are statutory plans for people up to the age of 25 that identify educational, health and social needs and set out the additional support to meet those needs. This meant there was a possibility important information may not be gathered. The registered manager and staff were not aware of these plans. Following the inspection, the registered manager informed us they had obtained copies of all EHCPs and were ensuring these were being followed for each person and they reassured us the information had been collected through other elements of the thorough assessment.

People's care plans were regularly reviewed with them. One person told us they had asked for things to be put in their care plan if it was not already there. The changes had been made. When appropriate, other agencies and relatives were involved. Care plans were updated in line with agreed changes. One person's behaviour had improved so much a risk assessment was archived as it was no longer relevant. One health and social care professional put, "Mencap have supported [name of person] fantastically and ensured he is given choice and control". The person had also won an award due to the positive changes.

Although outside our inspection remit people were supported to access the community and a variety of activities to enrich their lives. One person told us they regularly went shopping and swimming with support from the staff.

Staff worked hard and with people to try them to meet their aspirations. One person had a desire to go on holiday on an aeroplane despite having a fear of them. By staff working with the relatives the person managed to travel on an aeroplane by visiting one when it was on the ground.

We spoke with staff and the management about the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. There were different ways communication was shared with people to ensure it best met their differences. This included using pictures, symbols to support text and special sign language to support speech. Each person's care plan outlined their communication needs.

Each person knew who they could complain to if they were unhappy. All of them felt listened to when they did raise concerns. One person told us they were concerned about the behaviour of a member of staff towards them. They agreed the registered manager had made changes to their staff by the next day. There

were systems in place to manage formal complaints.

Is the service well-led?

Our findings

The service was still well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had positive relationships with the management. One person told us, "[Name of service manager] is lovely and sound". All people were comfortable and joked with members of management. At times they would seek them out.

Staff were positive about the service managers and the registered manager. One member of staff said, "[Name of service manager] is really going to turn things around" and continued, "She is really nice" and "She is passionate about the people". Another staff member said, "The management is good" and explained there was an on call system if they were not about.

There was a clear line of accountability and systems to monitor the quality and safety of the service people received. The registered manager was supported by service managers who were allocated to specific services and areas. They completed monthly reports to feed into the registered manager's report to the provider. One staff member said they, "Felt really supported" and they could go to the registered manager if needed help. There was a practice manager who helped to audit systems and support the service managers. Staff knew who they could speak with if they had any concerns and all of them felt supported by their managers.

The registered manager showed us a new bespoke electronic system which the provider had introduced to further enhance the monitoring of quality and safety. This allowed service managers to ensure staff training was up to date and people's care was regularly reviewed. The registered manager and provider then had oversight to ensure there were no shortfalls. When concerns had been raised at the inspection the management were incredibly responsive at resolving the situations. Most of them they were already aware of.

The management provided support to staff and regularly had individual supervisions with them. This was to monitor their performance and discuss any ongoing issues. When concerns had been raised by staff they felt listened to. One member of staff said, "I always feel listened to. I get a reply really quickly". Another member of staff had been provided with additional support to complete their training after discussing it with their service manager and the registered manager. Further adaptations were considered to meet the staff members individual needs.

The provider wanted to develop strong partnerships with the community and promote a community feel with those who received support. Every year they had a Christmas party where people living in their homes receiving support and staff were invited. Additionally, members of the community were invited to attend and share the experience with the people. People we spoke with were positive about this event and

reminisced fondly about the recent party.

The provider had notified us of information in line with their statutory obligations.