

Royal Mencap Society

# Mencap North Notts Services

## Inspection report

Dukeries Business Centre  
31-33 Retford Road  
Worksop  
Nottinghamshire  
S80 2PU

Tel: 01909712255

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit:  
03 April 2019

Date of publication:  
17 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Mencap North Notts is a service which provides care and support to people living in 12 'supported living' settings, so that they live as independently as possible. People's care and housing are under separate contractual agreements. CQC does not regulate the premises used for supported living: this inspection looked at people's personal care and support. There were 36 people using the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles of Registering the Right Support in the following ways; promotion of choice, control and independence and inclusion. For example, people's support focussed on them having as many opportunities to gain new skills and live as full a life as possible. Staff and managers concentrated on finding solutions to barriers which may have prevented people from doing activities they enjoyed.

People received caring and compassionate support from staff who had the appropriate skills and knowledge to carry out their role. We found that staff were passionate about the work they did and people using the service were at the forefront of everything they planned. This included staff thinking of innovative ways that people could achieve outcomes despite challenges. For example, barriers to social inclusion when a person using the service becomes anxious and upset with some groups of people outside of the service.

People's rights to make their own decisions was respected. People were supported to access healthcare services where needed. People had enough to eat and drink and staff encouraged healthy eating.

People received personalised support based on their assessed needs and preferences. Staff knew how to support people in a way that they preferred. People knew how to complain.

The service was managed by a registered manager who had a very clear vision about the quality of care they wanted to provide. There were six service managers who shared that vision and who supported staff in a meaningful way ensuring that staff always had regular supervision and less formal chats when faced with challenges. Each service manager managed two services. Staff told us that they felt well supported to do their role and were encouraged to be innovative.

Rating at last inspection: At the last inspection the service was rated Good (report published July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure that the next planned inspection is scheduled accordingly.

## 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.

### Is the service effective?

Good ●

The service was Effective.

### Is the service caring?

Good ●

The service was Caring.

### Is the service responsive?

Good ●

The service was Responsive.

### Is the service well-led?

Good ●

The service was Well-Led

# Mencap North Notts Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Mencap North Notts is a supported living service who provide care and support in people's own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure that there was a manager available at the office. Inspection site visit activity took place on 3 April 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection took place, we reviewed the information we had about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. We also contacted the local authority, safeguarding team and Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

We reviewed a range of records, this included staff files and care records, incident reports and audits. We spoke with five staff members, three service managers and the registered manager. After the inspection visit we spoke with three relatives.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding processes in place. Staff had been trained in safeguarding and knew how to make a safeguarding alert should they need to. Staff knew about the whistleblowing policy and told us that they would challenge anyone who they felt were not treating people with dignity and respect. One staff member told us they had recently challenged another member of staff regarding how they spoke to a person living at the service.
- Staff were aware of the signs of abuse and the importance of noticing changes in people's behaviour when they may not be able to communicate their feelings verbally.
- There was a system in place to record and monitor incidents and this was overseen by the provider's quality department to ensure appropriate actions had been taken. This also created a report where people could see any patterns and be able to identify any triggers to incidents including those which provoked behaviours that challenge or heightened anxiety.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when people's needs changed. These explained what actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines.
- One person had a risk regarding decoration in their bedroom. The decoration was for privacy reasons and so staff had looked at alternative ways to protect the privacy of the person but also reduce the risk. The staff worked with the person to try alternatives and eventually managed to agree décor which was suitable for its use and acceptable to the person who lived there.

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. Staff could tell us how they managed medicines in people's homes and that they were kept in a locked cabinet.
- There was an audit in place to check medicine including MAR (medicine administration records) to ensure that all entries had been signed when people had been given medicine. The service managers and registered manager were responsible to carry out audits and ensure that medicines were managed and monitored.

- Two people received their medicine covertly. Managers and staff had worked with professionals to work out how this should best happen, and the pharmacy had been involved about the safety of altering the form of the medication. There were clear protocols in place as to how this should be carried out in the best interest of the people receiving their medicine this way. Covert means the person was given their medicines in their food without their knowledge.

#### Preventing and controlling infection

- Staff had access to personal protective equipment and knew how and when to use this.
- Staff had completed training in infection control. Information on preventing the spread of infection was available as was information on effective handwashing.

#### Learning lessons when things go wrong

- The registered manager stated that they had not received any complaints but could talk us through an incident where a relative had been involved in the administration of medication.
- The home had protocols in place and a best interest meeting had been held to use a technique when administering medicine for epilepsy. The person had not suffered a seizure in some time and the training and methods used for the least restrictive ways of administering the medication were out of date and could not be used. The registered manager worked with the relatives, professionals and a training provider to update the information and ensure that the person received the medication appropriately and safely when the seizures had started again recently. The relative told us "I can't praise them highly enough, I did contact the manager regarding [name] medication and I appreciate it is difficult, the registered manager worked with me, sourced a new training provider and had other professionals involved, [name] is now able to take the medication and the seizures should reduce."

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and regularly reviewed, this included the outcome people hoped to achieve from planned care and support. This was carried out in partnership with relatives and professionals.
- One relative told us "Staff are well trained in meeting the needs of [name] they like to go out in the car, not particularly to go anywhere but just enjoys having a ride out, staff are recruited who can drive to enable [name] to do this."
- Staff we spoke with were knowledgeable about the support needs of people they worked with. One staff member said "We work as a team and support one another, we work well together, everything we do is to benefit the people who live here."

Staff support: induction, training, skills and experience

- Staff were supported well and apart from formal supervisions, they are supported in a less formal way by service managers and the registered manager. Staff told us "The service managers are really supportive, they phone on a Monday to see how the weekend has gone and we can phone them at any time if we have any issues."
- Staff had a comprehensive induction and training plan and shadow more experienced staff when recruited to the service. New staff were invited to visit the service as part of the recruitment process so that they could see what is required of them within the role.
- Staff were trained well in all mandatory areas and specialist training to enable them to support people with complex conditions. This includes epilepsy, autism, challenging behaviour, training was specifically tailored to the people the service supports to give staff the knowledge and information to best support people.

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

- One person could display behaviour that challenges for various reasons. Staff had identified that this can be caused by IBS (irritable bowel syndrome) which was caused by certain foods which could cause pain and discomfort. Staff explained that they had worked out what foods to avoid so that a balanced diet can be maintained but without irritating the existing condition.
- One staff member told us "[name] would eat fish and chips for every meal so we have looked at different ways of preparing this so we do fish with steamed vegetables instead which is healthier."

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans. People's relatives had been involved in supporting them to attend appointments where appropriate. We



saw evidence of positive relationships with the management team, relatives told us that the staff and managers were lovely, and they trusted them completely to look after people living at the service. One relative told us "They involve the GP when necessary and other specialists such as the speech and language therapist especially about eating and drinking where there have been concerns in the past."

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

- Support plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all this information was detailed in the support planning and staff were made aware of any changes where needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 freedom and liberty in the community by the Court of protection. At the time of our inspection applications had been made and approved by the court of Protection as people did not have the capacity to make decisions regarding care and treatment.

- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.

- Decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. A relative told us "We are involved in best interest meetings as [name] wouldn't be able to understand aspects of finance and matters regarding health."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People had effective relationships with staff who provided their care and support. Staff had worked out ways to best communicate with those people who had no verbal communication. This was by Makaton, often in a person's own version and pictures. Staff also used notice boards, whiteboards and tablets. Staff could explain how they had worked towards better communication and that different systems worked for different people.
- People were encouraged to enjoy activities which they wanted to do, and staff worked at making the activity accessible to them.
- We visited one property on our visit and saw staff interacting with people. Staff were kind and caring and encouraged people to enjoy various activities. One person liked to open and close the door to visitors and staff watched as they opened and closed and locked the door. One staff member told us "[Name] enjoys seeing people in and out and likes to know who is visiting and when they have left."

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

- People were enabled to make choices about aspects of their care where they had capacity to make that decision. People were given the opportunity to choose their meals and plan activities. People also had a way of planning activities out so they knew what was happening on a given day.
- Families and professionals were involved when decisions were made about different aspects of care and treatment, however, staff also had an involvement. One relative told us "They are marvellous, I can't praise them enough. I completely trust the staff there and they have worked wonders with [name]."

Respecting and promoting people's privacy, dignity and independence

- One member of staff told us "I always make sure people are treated with dignity and maintain privacy when giving personal care. I ensure that the door and the blinds are closed and they as I prepare the bath I wrap a towel around so that they are never completely undressed until they are in the bath or shower."
- Staff told us about promoting independence and encouraging to do what they could. Staff told us they only helped when they were needed and encouraged independence

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Mencap North Notts specialises in providing care to people with complex, high level support needs. We found that people received a comprehensive assessment of their needs prior to living at Mencap North Notts, to ensure the service could safely and effectively meet their needs. Staff were given specific, detailed guidance and full training to best support the individual needs of each person at the service. Support was tailored to the person and staff were recruited and deployed at locations which helped best meet people's needs. This meant that people received care that was, responsive, person centred and enabled people to live their lives in a way that reflected their wishes, independence and lifestyle.

- People using the service had a health file, finance file and a main support plan. The planning was comprehensive, and person centred showing how people liked to be supported.

The provider had worked to ensure information was accessible to people using the service by using easy read format and including pictures of what people liked to do and activities they liked to be involved in

- Care planning was comprehensive and regularly updated. Staff told us, and we observed, that care records were 'live' documents which were constantly updated following changes in people's care, successes with treatment plans, challenges or other incidents. This meant that people received care that was very responsive and accurately reflected their current needs.

- The service provided support that was focussed on positive outcomes for people and finding innovative solutions to removing barriers to enable people to carry out preferred activities. For example, one person displayed behaviours that meant they were unable to socialise with certain groups or environments. This had led to the person experiencing loneliness and social isolation which had a negative effect on their wellbeing and increased behaviours and anxiety. Staff reviewed the situation and suggested a way that they could reduce and manage the risk to enable the person to take part in activities they would like to. From this the person was able to carry out their own shopping, attend social events and even had a short break holiday. Staff told us the person responded very positively to this and they had observed increased happiness and reduced anxiety and negative behaviours. For example, as a result of this work, the person was able to enjoy activities and live their life in a way that expressed their individuality and choices.

- A second person displayed self-injurious behaviour which resulted in ongoing harm and injury, repeated health problems and social isolation. Staff told us how they worked with other professionals and the person's family to devise a support plan that allowed the person to express themselves but limited harm in the least restrictive way possible. They told us, "We decided to try a different type of clothing to prevent [name] harming themselves. We had a lot of professionals and various meetings regarding this, it was quite difficult to agree but we now have it in place and [name] is happy with it and there have been no more injuries or longer-term infection and soreness which must be good."

- Staff told us "As a staff team we have completely turned things around with [name] so that we have reduced the challenging behaviour. We worked out that sometimes [name] just doesn't want to do things

because they are tired or over stimulated and that's fine." This allows the person to enjoy activities more and not become over stimulated.

- A third person's file demonstrated how staff had worked to reduce behaviour that may be challenging and clearly showed what triggered the behaviour, what to try and what to avoid. One relative told us "We are involved in everything, they have worked miracles with [name] we weren't at all sure about supported living after so long in the care system but there is no going back [name] is thriving in that environment, the staff are marvellous."

- One person likes to play a musical instrument and staff contacted a band who were willing to visit the home and play in the garden, so the person could join in. This was timed to coincide with a birthday celebration and friends and family were invited. One relative told us "They (staff) just can't do enough, they think of everything they can to improve the quality of life and think of ways that activities can be achieved."

- Staff organised a favourite superhero to visit one person after a period of illness, to perform acrobatics and tricks in the person's room. This supported recovery and photographs were taken so that they had something to refer to regarding the experience during the recovery period.

- Most people receiving support by the service had access to their own cars. A relative told us "They know I like them to employ staff who can drive, [name] likes to go out in the car, not always to somewhere to visit but just to drive and the pleasure of being out. Staff are always taking [name] out for a drive now, sometimes they will get somewhere and [name] is not interested and will just get back in the car but that's what they like doing and the staff are happy to accommodate their wishes and support what they want to do."

- Staff could request specialist training if they feel that it would be useful in supporting a person. We saw that further, detailed, training on understanding and supporting people with autism and challenging behaviour was provided. Staff told us they know how important equality, diversity and human rights were and worked hard to make sure that the people who they supported had every opportunity to realise their potential and can do everything they would like to do embracing protected characteristics and encourage positive risk taking where appropriate.

#### Improving care quality in response to complaints or concerns

- Regular meetings with families, staff and management are held to ensure any issues are raised and dealt with as soon as possible. This meant that no formal complaints were received in the year preceding our inspection. One relative told us "If I had a concern I would tell staff or one of the managers but since we are always consulted and have meetings, there is no need for it to turn into a formal matter."

- One service manager told us "Staff are quick to inform us if they don't think that things are right either with a member of staff or someone using the service. We are quick to act on that information and can usually resolve concerns before they become a matter which will impact on people who use the service." Staff told us "Managers are supportive and we have lots of contact with us, we can talk through everything and they support us well, they are always at the end of a phone."

#### End of life care and support

- People living at Mencap North Notts were mainly younger adults, however they had complex needs which required specialist input from professionals. Staff had received end of life training and told us they had used this and found it very helpful when supporting a person receiving end of life care. The staff and management, worked with the person and their family to put together an end of life care plan which incorporated all the persons wishes and requirements at end of life. This included how the person wanted to be supported at end of life, medication required for palliative care and who they wanted with them in order that they had a dignified, peaceful and pain free death.

- Relatives were asked about end of life care and the service are aware of the importance of planning, however, not all relatives wanted to discuss or plan for this when people are young. Systems were in place to offer the opportunity to discuss this when people or their relatives felt ready.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team showed us evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person-centred, high-quality care tailored to the needs of people living at the service. They also monitored training and development of the staff and ensured that they had appropriate tailored training to support individual complex needs. Staff had their competency assessed in different aspects of their role including medication which all staff were trained to administer.
- Management empowered staff to realise their potential within both their role in the organisation and their innovative plans for people who use the service. This had benefitted those people who suffered from high anxiety and challenging behaviour as staff had looked at ways of managing triggers. Holidays and outings had increased as staff had thought of ways to enable people to access different activities.

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

- The registered manager consistently met their regulatory responsibilities. For example, the submitted statutory notifications on-time to CQC following significant events at the service.
- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. For example, staff would look for ways that people to take part in activities they wanted to so and then work up a plan with the service manager. This allowed people to be able to take part in outings and activities they would otherwise be unable to do.
- Managers and staff took pride in the work that they did with people and it was clear from speaking with relatives and staff they had changed people's lives for the better and been successful in presenting new opportunities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were consistently engaged in the service and their views sought on every aspect of care and support. One relative told us "I trust them implicitly, they have really made a difference."
- People who used the service were involved in all aspects of their care and support. One person continually removed an item from their room every morning causing damage. The staff have worked in such a way that the person can remove the item as part of a daily routine without causing any damage. The person had no verbal communication and so that staff have other ways of nonverbal communication which works to best support the needs of the individual. Professionals and relatives have also been engaged in discussions

regarding this activity.

#### Continuous learning and improving care

- Management and staff are continually working to improve the lives of people being supported by the service. Training is readily available in specialist areas and staff are keen to learn and grow in their roles encouraged by both the service manager and registered manager. Many of the managers we spoke to had been promoted through the service having started in a care and support role and they used their knowledge and experience to mentor and support the staff.

#### Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required and this is monitored as to its effectiveness for one person. A relative told us "[name] wasn't getting as much out of a day service they were attended as they wanted to do other things which they can support here. Staff understood this and now he has reduced time at the centre by two days and he does activities with staff here. Staff told us "[Name] wasn't doing the activities that they wanted to do and was becoming disinterested and bored, we can take them out in the car and do things they enjoy."
- One person had increased seizures which was worrying for staff and unpleasant for the person. Staff worked for some time with neurologist and epilepsy nurse to try different medications to reduce seizures, they eventually found a rescue medication which worked and the seizures have reduced significantly.