Royal Mencap Society

Mencap North Essex Domiciliary Care Agency

Inspection report

Unit 16, East Lodge Village
East Lodge Lane
Enfield
Middlesex
EN2 8AS

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09 November 2017

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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 was the first inspection of this service. It provides care and support to adults with learning disabilities or autism, physical disabilities, sensory impairments and/or dementia. The care and support is provided in six 'supported living' settings, so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

The service had a registered manager, which 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was very effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support. The service helped people to live healthier lives, and to have their nutritional and medicines needs met.

The service enabled people to receive personalised care and recognised their potential. For example, people were supported to follow their interests, and to develop and maintain relationships that mattered to them. People's friends and relatives were able to visit and keep in contact without being unnecessarily restricted.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. There was an open, positive and transparent culture at the service. People's concerns and complaints were responded to and used to improve the quality of care.

The service ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. This included through safe recruitment practices. Staff had the skills, knowledge and experience to deliver effective care and support, and received support for their roles.

Risks to people using the service were assessed and actioned, to balance their safety with their freedom. The service promoted people's independence. The service's systems, processes and practices safeguarded people from abuse, and there were sufficient systems for the prevention and control of infection.

The service was working towards ensuring it supported people to be protected by the Mental Capacity Act 2005 in the event they lacked capacity to make some decisions.

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. There was good use of online monitoring tools in support of this. The service learnt and made improvements when things went wrong.

The provider had a clear vision and credible strategy to deliver high-quality care and support. The strategy was well-embedded at this service. Systems at the service supported continuous learning and improvement.

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 using the service were assessed and actioned, to balance their safety with their freedom. The service learnt and made improvements when things went wrong.

The service ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. This included through safe recruitment practices. The service's systems, processes and practices safeguarded people from abuse.

The service ensured the proper and safe use of medicines, and protected people by the prevention and control of infection.

Is the service effective?

Good

The service was effective. It made sure staff had the skills, knowledge and experience to deliver effective care and support.

The service was very effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support. The service supported people to live healthier lives and to address nutritional needs.

The service was working towards ensuring it consistently supported people to be protected by the Mental Capacity Act 2005 in the event they lacked capacity to make some decisions.

Is the service caring?

Good

The service was caring. People were treated with kindness, respect and compassion, and were given emotional support when needed. People's friends and relatives were able to visit and keep in contact without being unnecessarily restricted.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The service promoted people's independence.

The service ensured people's privacy and dignity was respected

and promoted, and information about people was kept confidential.

Is the service responsive?

Good

The service was responsive. People's changing needs were identified and responded to. The service enabled people to receive personalised care. For example, people were supported to follow their interests, and to develop and maintain relationships that mattered to them.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care.

Is the service well-led?

Good

The service was well-led. The provider had a clear vision and credible strategy to deliver high-quality care and support. The strategy was well-embedded at this service. Systems at the service supported continuous learning and improvement.

There was an open and transparent culture at the service. It worked in partnership with other agencies and stakeholders to support care provision and development.

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. There was good use of online monitoring tools in support of this.

Mencap North Essex 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 inspection took place on 8 and 9 November 2017, and was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was phoning relatives of people using the service to ask them their views of the service.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often at one of the supported living schemes as part of their managerial roles. We needed to be sure that they would be available for the inspection visit.

The inspection was informed by feedback from questionnaires completed by three people using the service, one relative, and five staff. The feedback was mainly positive, but also led the inspection team to explore a few areas of feedback.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and other community professionals

involved in the service for their views, however, we received no replies.

Inspection site visit activity started on 8 November 2017 and ended on 9 November 2017. It included visits to three supported living schemes, to meet people living at those schemes, staff working with them, and to check records kept at the schemes. We also carried out observations of people's interactions with staff and how they were supported, as some people were unable to communicate with us due to the complexity of their conditions.

We also visited the office location on 9 November 2017 to meet the manager and office staff; and to review records relating to the management of the service.

There were 15 people using the service at the time of our inspection visit. During the inspection, we spoke with four people using the service, three relatives, one visitor, four support staff, two agency staff, three scheme managers, and the registered manager.

We reviewed the care records for six people living at the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for three members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run. We then requested further specific information about the management of the service from the registered manager following our visits.

Good

Is the service safe?

Our findings

Our discussions with people using the service identified no safety concerns. People's relatives said they felt confident their family members received a safe service. One relative said, "My son has never come to any harm and there are risk assessments in place."

The service's systems, processes and practices safeguarded people from abuse. Staff said they had completed safeguarding training so knew what signs to look for and how to report concerns. One staff member told us, "I would report safeguarding concerns to my line manager. I have also been given a card with numbers on that I would use." Records showed staff undertook annual refresher training on safeguarding processes.

The provider notified us as required of any allegations of abuse, and promptly reported allegations to local authority safeguarding teams. Their responses showed allegations, including those from whistle-blowers, were taken seriously and appropriately investigated, during which safeguards were put in place to address safety risks to those involved. Where necessary, action was taken to minimise the risk of reoccurrence, for example, adjusting care plans to reduce risks where one person using the service had assaulted another.

Staff received specific training and capability assessments in relation to people's financial support to help protect people against the misuse of their money. A system was in place for accounting for how the person's money was spent and ensuring the balance was correct. Expenditure was accounted for through keeping receipts.

Staff assessed and managed risks to people, to balance their safety with their freedom. Individual risk management plans recorded what the risk was and how to minimise the hazard occurring. Examples for different people were seen in relation to skin integrity, eating and drinking, medicines, safety in the kitchen, using the stairs, and going swimming.

The risk assessment for someone at risk of choking included guidelines from a community speech and language therapist (SALT) team that had to be followed. This meant the food should be a particular consistency and the person should be sat in an upright position when eating and drinking. We saw staff following these instructions. This helped to reduce the risk of the person choking.

Fire safety arrangements at the schemes we visited were robust. Individual personal emergency evacuations plans were up-to-date and fire drills took place at least every six months. Each scheme had a fire safety risk assessment from 2017. Where these identified concerns, we were shown this had been followed-up with the landlord.

The service ensured sufficient numbers of suitable staff to support people to stay safe and meet their needs. A relative said, "There used to be lots of staff changes but since the new manager has been in place things are more settled." Staffing schedules showed staff were allocated to meet people's needs. The registered manager told us this enabled, for example, one person to attend a disco that finished late in the evening.

The registered manager told us of reviewing and increasing staffing levels to meet the developing needs of two people in different schemes. This helped one person remain in the home they had lived in for many years.

Staff said bank and agency staff were used to cover shortfalls and that shifts were always covered. One scheme we visited was regularly using agency staff, in particular, the same agency staff members wherever possible. The scheme manager explained that although new permanent staff had been appointed recruitment checks needed to be completed.

The service promoted safe recruitment practices. Staff files showed checks of employment histories, relevant written references, identification and criminal record checks. Staff were interviewed by at least two managers across a broad range of topics that included many questions exploring the provider's stated values. Records indicated recruitment checks took place before staff started working with people.

The service ensured the proper and safe use of medicines. Records showed staff had training on supporting people with medicines, and had their competence checked by managers at least annually. Information about people's medicines was in their care records and included an explanation about what each medicine was for. The service supported people to use equipment to store their medicines securely.

People's current medicine administration records indicated they had been supported to take medicines as prescribed. Some people were supported with medicines offered 'as required' and protocols were in place with clear instructions for staff to follow. However, these were dated 2015, so may not have been up-to-date.

Records showed where medicines errors occurred, checks were made with healthcare professionals on the effect this could have on the person involved. Investigations took place to minimise the risk of reoccurrence, including for one discrepancy we found between the stock and records of a medicine for one person. Daily stock checks also took place, which would also have identified the matter we found.

The service protected people by the prevention and control of infection. The schemes we visited were visibly clean, comfortable and well maintained. One person told us, "I wash the floors." An agency staff member said, "I think it is very clean here." A visitor told us, "It's clean and tidy and furniture gets replaced when it wears out." Records showed staff received training on infection control and food hygiene matters.

The service learnt and made improvements when things went wrong. The management team told us, where two people experienced falls, action was taken to stop it happening again. For one person, this meant occupational therapist support and adaptations to their home. The other person needed reminders to keep their hands out of their pockets to help them retain greater mobility. Records were kept on all accidents and incidents. Staff told us of one person having a recent fall, for which we found a corresponding accident record. The registered manager told us the provider had a health and safety team that kept them updated on latest guidance and risks.

Good

Is the service effective?

Our findings

People using the service told us they liked it. Relatives said they would recommend the service to others. One relative said, "It's an excellent service," explaining it met their family member's needs very well. Another relative told us, "It is much better now; since the change in manager things are being followed through."

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.

The service was working towards ensuring it consistently supported people to be protected by the MCA in the event they lacked capacity to make some decisions. We noted people (or their legal representatives) had not signed their care plans to consent to their planned care. When their capacity to consent to the decision was in doubt, some people did not have capacity assessments in relation to their care plans or specific restrictive decisions such as use of wheelchair straps. Staff and managers may therefore have been making decisions in people's best interests without formally assessing whether the person could make the decision and documenting the process they followed. Following our visits, we were sent some capacity assessments and best interest decisions for specific people that helped to demonstrate action was being taken to address these matters.

People can only be deprived of their liberty in order to receive care and treatment in their best interests. For people living in supported living schemes as opposed to care homes, this must be legally authorised under the MCA by the Court of Protection. Records showed scheme managers had asked applicable people's social workers to make an application to the Court of Protection. Following our visits, we were shown evidence of progress being made with these processes.

People had no concerns about being unduly restricted. One person said, "I can go out when I want." A relative told us, "They don't force him to do anything he doesn't want to do. He will let staff know how he is feeling in his own way and staff understand him."

Staff said they had received training in on the MCA and demonstrated some good understanding about what this meant for their role. They explained how they involved people in decisions about their care and sought consent. They were aware some people sometimes made unwise decisions, for example, about what they ate. Staff were clear that people who understood the impact of their decisions had the right to make their own choice.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. Staff were proactive in seeking support for people when their needs changed such as people with a decline in cognitive function. This had, for example, resulted in acquiring coloured plates and bowls which were considered to be helpful due to the person's greater visual

needs. Staff said these had been of benefit to the person.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff told us the training provided equipped them for their role. One member of staff commented, "The training is really, really good. It's very interactive." Training records showed staff attended mandatory and refresher training for a variety of topics including moving and handling, fire safety and person-centred care. The registered manager told us the majority of training was face-to-face, including a two-day positive behaviour support package.

Records and feedback from the management team showed new staff underwent a 12-week induction program in line with national training standards. This included a minimum of two weeks initial training, and shadowing of experienced staff, before working as part of the service. The process encouraged staff to record reflections on what they were learning, to help demonstrate their knowledge. At the end of the programme, staff undertook a formal knowledge assessment in which a manager checked they could demonstrate sufficient competency for the role. Staff confirmed this process occurred in a timely manner and helped them with their support roles.

The management team told us of training in respect of people's specific needs such as where someone was at high risk of choking and where a few people were developing dementia. Staff confirmed this training was being provided. The dementia training included use of an experiential 'dementia suit' as loaned from a local authority. The registered manager explained the suit altered such things as the user's vision, hearing and mobility. This enabled staff to better understand the experiences of a person with dementia, for example, why certain tasks may take much longer. Training records also showed some staff attending courses relevant to the people they supported, such as on creative communication and lone working.

Staff felt supported by their managers and told us they received developmental supervision. These sessions were called 'Shape Your Future meetings' and formed part of the annual appraisal process. The format of the process included discussions on performance and identifying objectives and training needs for the following year.

The service supported people to eat and drink enough and maintain a balanced diet.
People planned individual menus with staff help on a weekly basis and were supported to shop for their food and prepare their meals. We saw staff supporting people in the kitchen and encouraging them to do as much as possible for themselves. One member of staff commented that they were on a mission to encourage people to use more fresh food.

One person's care records described how they should be supported with their food and drink. There were clear instructions for staff such as, 'stay with me', 'cut up my food', 'I use a plate-guard and spoon' and 'I like to take my time'. This cross-referenced to their risk assessments for eating and drinking, and dangers in the kitchen. This person was weighed monthly and a food and fluid intake chart maintained.

The whole service worked in co-operation with other organisations to deliver effective care and support. The registered manager told us of supporting one person, whose needs were increasing, to visit a new service as part of transitional arrangements to ultimately move in. However, shortly before the move was to complete, the person stated they wished to remain where they lived. The service supported the person to demonstrate capacity to make that decision, which resulted in them staying where they lived with increased support and adaptations to meet their needs.

One person's care records showed the service had been concerned by the decline in their cognitive

functioning. As a result input had been sought from the learning disability service, neurologist and occupational therapy service. Additional equipment had been sourced because the person had become unsteady on their feet. Arrangements for staffing the service at night had also been changed, to better meet the person's needs.

The service supported people to live healthier lives, have access to healthcare services and receive ongoing healthcare support. One relative said, "My son has access to the gym and swimming every week." Another relative told us their family member's "health has deteriorated and they [the service] seem to have managed this transition really well." A staff member told us one person "has lost a stone at Slimming World." The management team confirmed this, adding the person had put up their 'Slimmer of the Week' certificate on their wall. They explained it was important to find the right slimming group so that the person did not have to stop eating the food they liked but instead ate smaller portions with more emphasis through the group on healthier eating. They felt the process had also benefitted the person's breathing.

People were referred to healthcare professionals where required and their care plans reflected what the professionals had advised. When talking with staff they knew how best to support the person based on advice from relevant professionals involved in the person's care. 'Hospital passports' had been completed and were up-to-date. These provided guidelines for use by hospital staff on how to understand and support people according to their individual needs and abilities.

The management team had access to an online system that monitored aspects of people's health. For example, this showed when people last had routine health checks and checks specific to their needs. People's weight was monitored so that additional support could be provided if concerns arose.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. People spoke positively of the staff. Their comments included, "The staff are fine" and "I get on with staff." Relatives told us staff and mangers were caring, kind, confident and responsive. A relative told us, "Staff know him well, they understand his mood." Another relative said, "Staff seem to have a very good rapport with all the residents."

One person had a special birthday coming up and staff were seen to support the person with the preparations. Another person was excited about Christmas and staff had planned a number of activities they would enjoy.

Caring and positive relationships had been developed between staff and people who used the service. Staff spoke positively about people and knew people well. They spoke about the values of the organisation and commented that their work was very rewarding. One member of staff said, "The people are so lovely. It's an absolute privilege to be here."

The management team told us of liaising with community healthcare professionals in support of one person's mental health needs. This resulted in recognition the person wished to explore aspects of their identity that challenged cultural stereotypes. The person's support plans were changed to reflect this, and staff were given specific training on this. The person was now much more engaging. This demonstrated the caring and accepting approach the service had to one person's emerging diverse needs.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The management team told us a few people had advocate involvement due to their communication needs. They attended formal meetings, to help represent the person's wishes.

People using the service were supported to take part in the recruitment of staff and influence the outcome. The management team told us people using the service were sometimes involved with interviewing new staff, and staff were often invited to a scheme as part of the recruitment process to see how they interacted with people. A staff member confirmed a visit to one scheme as part of their recruitment process. People's views on new agency staff were also listened to, which had resulted in certain staff not being used again.

The service ensured people's privacy and dignity was respected and promoted. A relative told us, whenever they visited unannounced, everyone in the scheme was "always very well dressed." Another relative said, "Staff are respectful and they don't invade my son's privacy or dignity. They always knock before they enter his room." An agency staff member told us, "When I first came I was taken around and introduced to people."

People we met had all been supported with their appearance. Staff explained one person liked to have their hair and nails done regularly and so was supported to achieve this. Another person was pleased with their

hair cut after attending a barber on the morning of our visit.

Staff and the management team told us one person often did not want to shut the toilet door. Therefore staff came up with the idea of, and implemented, a curtain that fitted across the door frame in order to promote the person's dignity when using the toilet.

The service ensured information about people was kept confidential. A relative told us when staff discussed anything about anyone at the scheme where their family member lived, "They always close the door so he doesn't overhear anything, which I think is very respectable." Records showed staff had recently attended specific training on data security.

The service took people's needs and preferences into account when scheduling staff. The registered manager told us each person had a one-page profile of their preferences and activities they followed. This enabled new staff to be matched during recruitment to people based on shared interests. We saw these profiles in place in people's homes.

The service promoted people's independence. A staff member told us, "There is a focus on independence." People were supported with daily living activities such as cooking their lunch and folding laundry. One person answered the door to the scheme when we visited. Where judged as safe to do so, people went out alone and had keys to the scheme they lived in.

People's friends and relatives were able to visit and keep in contact without being unnecessarily restricted. A relative told us, "They have an open door policy; sometimes I call in advance but on other occasions I have just turned up, which I think is really important." Another relative said, "I can pop in whenever I want to. Many a time I just knock on the door to see him, and staff are very welcoming."

Good

Is the service responsive?

Our findings

The service enabled people to receive personalised care that was responsive to their needs. One relative told us their family member always took pride in their appearance. When the person's support needs increased, the service identified new clothing that met these needs but still "fitted properly on him, so he is always well dressed." The management team told us of supporting the person to acquire adaptations to the scheme they lived in, so that their changing needs could still be met there. This enabled the person to remain in an environment they had been familiar with for many years. The management team demonstrated good understanding of how the person's changing needs impacted on them. For example, their changing perception of vision was causing them anxiety, and so colour-contrast adaptations had been implemented in their home. The registered manager also told us of increasing staffing levels to help meet the person's developing needs. We saw recently recorded compliments from a social worker and a relative about the service's responsive support of the person.

The management team told us that, following a review of another person's needs that resulted in positive behaviour guidance and training for staff, the person engaged much more, for example, taking pride in their appearance and re-engaging with community activities. They no longer needed pressure-relieving equipment as risks relating to that had reduced.

The management team told us of supporting a third person with increasing care needs to remain at the scheme where they lived. Equipment had been acquired such as door sensors to help meet safety and dignity needs. Additional staffing support was also being supplied. Their care plan had been adjusted to reflect they could still take part in community activities they enjoyed when able, but that they needed greater support at home on other days. A staff member told us of starting to develop a memory book with the person. By enabling the person to remain in their home, the positive relationship they and their housemate shared was also sustained.

The registered manager told us of inviting some people to attend training courses for staff on specific conditions relevant to them, such as for diabetes. This helped people better understand their own health needs, and helped focus the training on their needs being addressed.

People's support plans were highly personalised, and contained information on their life histories. Their care records were informative, reflected the care and support they required, and showed they were helped to pursue agreed goals. Support plans were reviewed on a six-monthly basis and staff signed records to confirm they had read and understood their content.

Relatives told us their views had been sought, through regular review meetings, for the development of their family member's support and the associated support plan. One relative said, "Any changes or suggestions are taken on board." Another relative told us that in the past, review meetings for the family member did not result in agreed plans being actioned. However, "Now we have review meetings and the manager will chase up things straight away."

The service supported people to follow their interests. People spoke of going out for activities they enjoyed. One person told us, "I go to college and work in a shop." Another person said, "I am trying a new club tomorrow in Clacton." An agency staff member told us, "I like that people do their own thing." A volunteer from Canine Concern visited one scheme on the day of the inspection and people enjoyed their time with the dog.

Support plans included information about the leisure and social support required to maintain people's daily activities and interests. Some people had schedules but these were flexible. People were involved in various activities such as holidays, swimming, shopping, discos, meals out, college and work. Some people preferred to relax at home rather than going out, which was respected.

Staff spent time with people during the inspection. For example, one person had chosen to stay at home and wanted to listen to music on their iPad. Staff facilitated this and spent time talking to the person about the music. Another person wanted to do a jig-saw puzzle. Staff found a puzzle and encouraged the person with it.

The service supported people to develop and maintain relationships that mattered to them. This was in line with one of the provider's main aims for the year. The management team told us of supporting one person to write letters and send photos to family they had lost contact with. This ultimately resulted in relationships being re-established and some family members visiting the person. Additionally, this helped to explore the person's life history, to help give the service a wider appreciation of the person's behaviours and preferences. The service's goals for the year included running relationship workshops for people to explore what educational needs they had in these areas. The registered manager told us these sessions had been held for people who wanted to be involved.

The service supported the communication needs of people with a disability. Staff told us that for one person with sensory needs, "We use visual cues and objects of reference." There were easy-read versions of many documents such as complaint and safeguarding procedures. We saw tenants' meetings included the use of pictures to help facilitate the process. People were encouraged to complete their daily notes with the support of staff and these were in an accessible format.

People's communication needs were evident in their support plans. One plan explained the person's communication and awareness varied daily but guided staff to still try to engage with the person. It stated, "Only tell me one thing at a time" and "Offer me choices by showing me two objects." Staff were seen to follow these instructions and the person was content and settled.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. Records showed new staff received training and guidance on recognising and handling complaints. Records showed tenants' meetings were sometimes used to ask people if they had any concerns with the service and to take action where needed.

The registered manager told us there had been no formal complaints in the last year. Records showed one relative complained a year previously about staff leaving the scheme where their family member lived. In contrast, there was a recently documented compliment from them about the service being much improved, as staff with a "poor attitude" were no longer working at the service. This helped demonstrate the long-term effectiveness of the complaints procedure.

Good

Is the service well-led?

Our findings

The service had a new registered manager in place this year. They knew people using the service individually, and demonstrated high standards of relevant knowledge for the role. They told us of having relevant qualifications, including one enabling them to train staff.

The provider had a clear vision and credible strategy to deliver high-quality care and support. Staff demonstrated they were familiar with the values of the organisation and said these guided their work. A new staff member said of their induction, "There is a focus on the Mencap values, not just what you need to know." The registered manager pointed out staff were expected to give examples of how they had pursued all the values within their annual appraisals, as an example of how the values were embedded in all the work undertaken.

One of the values was to challenge. The registered manager showed us records where a safeguarding concern had been raised after community healthcare professionals had taken too long to address one person's health needs. They also spoke of challenging negative attitudes amongst some staff that were not empowering people using the service to develop. As a result, some of these staff adapted and others left, but the effect was to embed the provider's core values across the service. This better enabled good outcomes to be achieved for people and to raise everyone's expectations of what the service could achieve. Relatives confirmed this effect. They told us of improved management at the service this year due to some management team changes, and of there generally being better support for people to achieve agreed goals. One said, "The manager is very accommodating."

Staff told us they worked well as a team and enjoyed their job. One member of staff said, "I feel supported by management. We see the area [registered] manager occasionally and we can get hold of her if we need to." Another told us, "I am supported by the manager one hundred per cent." A scheme manager told us, "Staff are open, positive and use their initiative."

There was an open and transparent culture at the service. Relatives told us of being kept informed of significant changes at the service. For example, one relative said, "When the new manager took over, a letter was posted to inform me of the change." New staff received training on equality and inclusion, challenging discrimination, and whistle-blowing as part of their induction process. Whilst we heard of many service achievements, the management team were also realistic about where the service was and what needed improving. For example, one scheme manager told us work was needed in relation to teambuilding and streamlining documentation. Another told us, "I need to make sure team meetings are monthly."

The provider's governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. The registered manager told us they had recently implemented monthly reports from scheme managers, to oversee service development and risks. We saw these reports considered risks and achievements in relation to both people using the service and staff, along with progress in relation to the service's annual objectives.

The management team showed us various online governance tools used at the service. One tool monitored the extent to which individual staff and staff at the service collectively were up-to-date with mandatory training. It prompted for when staff needed to attend refresher training. Another software package was used to monitor aspects of people's support and ensure safety checks occurred. For example, it showed when people last had routine health checks and their finances audited, so that further checks could be prompted for if needed. A plan of action arose from it, in which scheme managers then recorded when the necessary action was taken. The registered manager told us these tools were accessible to relevant senior managers, for further scrutiny purposes.

The provider engaged with and involved stakeholders in the development of the service. The registered manager told us surveys to people and their representatives had been sent out in the previous few months. Overall results for each scheme were had just been made available. These showed predominantly positive feedback, but identified areas for improvements.

The staff programme, 'Shape Your Future,' gave staff the opportunity to look at their performance and contribution to the service. Staff meetings took place regularly and staff were able to contribute ideas and suggestions to develop the service. There were also regular tenants' meetings by which to try to influence how each scheme operated from the point of view of people using the service.

Systems at the service supported continuous learning and improvement. The provider had a "Top Five Priorities" document from which the service had developed its own plan on different ways to achieve these goals across the year. The registered manager showed us that many of the goals were achieved, for example, for specific health improvement matters for people using the service.

There was a continuous improvement plan for the service, based on the registered manager's checks of each scheme both through visits and online checks. For example, this process identified any gaps in people's care records, and health and safety matters needing attention. There had also been a "Reflection Day" a few months before this inspection. This enabled members of the management team to discuss what had worked well or been achieved at each scheme, and what areas needed further work.

The service worked in partnership with other agencies to support care provision and development. The service's compliments records included positive feedback from community professionals about co-operative working. Training equipment had been loaned from a local authority in support of a few people's developing dementia care needs. The registered manager told us of the provider's national quality team supplying information and sometimes workshops regarding best practice, including recent innovations in support approaches.