

Royal Mencap Society

Mencap - Staffordshire Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mencap Staffordshire domiciliary care agency is a care at home service providing personal care to people who may have learning difficulties. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection six people were receiving assistance with their personal care needs.

People's experience of using this service and what we found

Where people were supported with medication, we found it was not documented appropriately, for example on a medication administration record. However, staff were aware of people's medication needs. Risk's to people were assessed and people told us they felt safe. We found people were protected from potential abuse and the risk of cross infection as staff wore personal protective equipment when supporting people with their personal care.

Governance systems required strengthening. The provider had a clear vision for the service and staff told us management were approachable. The service worked in partnership with other professionals

People's needs, and choices were assessed, and care plans detailed how people liked to be supported. Staff had received training to ensure they delivered care effectively and people were supported to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew them well. One person told us staff were, "Very kind" and they were happy with the care they received. Staff respected people's privacy and dignity and promoted their independence.

Support plans were personalised to meet people's preferences and people told us staff knew their likes and dislikes. The provider was following the Accessible Information Standard and people told us they knew how to complain. At the time of inspection nobody was receiving end of life care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 March 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Mencap - Staffordshire Domiciliary Care Agency

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 June 2019 and ended on 11 June 2019. We visited the office location on 4 June and 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, manager, and care workers. We reviewed a range of records. This included three people's care records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and spoke with one professional who worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where it was the providers responsibility to support people with their medication, records were not always reflective of this. For example, we found staff were supporting one person with medicated creams, but this was not recorded on a medication administration record (MAR). This meant there was a risk people may not be offered their prescribed medication and it would be difficult to monitor. Following our feedback, the registered manager stated they would implement a MAR to mitigate this risk.
- Staff told us, and records confirmed they had received training in medication administration and knew about people's medication needs.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us they felt safe with the carers, with a relative telling us both they and their family member, "definitely felt safe."
- Risks to people were assessed. For example, risk assessments were completed for supporting a person with their personal who experiences epilepsy and issues with mobility.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew how to protect people from abuse and who to report their concerns to. For example, one staff member told us they would report their concerns to management but were also aware of other external agencies such as social services and the police if necessary.
- The provider had safeguarding, and whistleblowing policies in place.

Staffing and recruitment

- Staff were safely recruited. Disclosure and Barring service criminal records checks were completed before people started working for the service. This helps the provider make safer recruitment decisions.
- Relatives told us staff were on time and enough time was allocated to their family member to support them with their care needs. One relative told us, "A rota is sent out for the month, so you know who is coming."
- Staff had enough travel time in between calls to get to people on time.

Preventing and controlling infection

- People were protected from the risk of cross infection.
- Relatives told us staff wore personal protective equipment when undertaking personal care with their family members.
- Staff told us they had access to personal protective equipment, with one staff member telling us they, "Change gloves every time I use creams [for people]."

Learning lessons when things go wrong

- The provider had systems in place in learn from accidents and incidents. For example, there was an incident with a person in the community. This was recorded and reflected on to ensure the person was provided support to best suit their needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the principles of the MCA. One person told us staff asked for their consent before undertaking personal care.
- Staff told us they had received training around mental capacity and they ask for consent, "All the time" before undertaking personal care tasks with people.
- The provider had the appropriate documentation in place to assess capacity and best interest decisions when necessary.

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

- People's needs were assessed before they started using the service to ensure the provider could meet people's needs.
- People's protected characteristics under the Equality Act 2010 were assessed to make sure that if a person had any specific needs, for example relating to religion or sexuality, staff could meet those needs.
- Support plans detailed how people liked to be supported and their likes and dislikes. For example, how to best support a person when they were experiencing behaviour which challenged.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to deliver care effectively.
- New starters received an induction, which included shadowing existing staff, so they could get to know people. One staff member told us, "I couldn't start doing anything without the manager signing to say I had had training."
- The provider completed competency checks to ensure staff were carrying out their roles effectively. For example, competency checks were completed around medication.

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

- At the time of the inspection the provider was not supporting anybody to eat and drink. This will be looked at during the next inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. The provider had contacted health professionals when necessary to ensure people received the treatment they needed.
- The provider supported people to attend health appointments if necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well.
- One person told us staff were, "Very kind."
- A relative told us, "All carers are very nice and know [person's name] needs."
- Another relative told us their loved one is, "Usually very happy to see them [carers] and can't wait for them to come."

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

- One person told us they were happy with the care they received and wouldn't change anything.
- A relative informed us when the carers arrive to support their loved one, "They have a chat beforehand, all three of us so we are all in the loop."
- Relatives told us they are involved and consulted in their loved one's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us the carers respected their loved one's privacy and dignity, "At all times".
- Staff gave us examples of how they promoted people's dignity and privacy such as closing curtains and covering people up when undertaking personal care.
- One staff member told us they, "Promote independence by talking and encourage people to do things to things by themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed to meet their preferences. For example, one care plan we saw gave staff clear direction on how best to support a person when helping them with their personal care routine.
- When asked if staff knew their likes and dislikes, one person told us, "Yes, they know me."
- One relative told us, "A rota is sent out for the month, so you know who is coming." This provides reassurance for their family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider presented information in a format to people who had learning difficulties could understand. For example, pictures of faces were used to show if somebody was happy or sad and photographs were used in people's care plans of what was important to them, for example hobbies that interested them.

Improving care quality in response to complaints or concerns

- At the time of the inspection the provider had not received any complaints, however there was a system in place should people wish to complain.
- One person told us if they were not happy with something they would, "Tell them [the provider]."
- Relatives told us they felt able to complain should they need to, with one relative telling us they would, "Approach the manager [they are] a nice person."

End of life care and support

- At the time of inspection, the service was not supporting anybody at the end of their life.
- However, the service had systems in place to support people with this if necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems had failed to identify records were not present in people's care plans. For example, medication administration records and guidance for staff around health conditions.
- Incidents that occurred within the service were recorded, however systems had not picked up these had not been recorded on the appropriate system as per the providers procedures.
- Written records of people's care visits were not kept, unless there was a specific incident. This meant there was a risk the provider could not assure themselves care to people was delivered in line with their care plan. We spoke to the registered manager about this who stated they would implement a system to record visits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear vision for the service, which consisted of a five-year plan, to end in 2020 with five priorities included. For example, making a difference to the lives of people with a learning disability here and now.
- A relative told us the manager, "Deals with anything and puts me at ease with anything I aren't certain about."
- Staff spoke positively about providing good care for people which enabled their independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour responsibility and was in the process of implementing new paperwork in this area.
- Staff told us there was a whistle blowing policy in place and they would be confident in what to do if necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider did engage people in using the service by sending out surveys to people and relatives but had not received a response back at the time of inspection.
- The registered manager acknowledged they needed to be more proactive in supporting people to complete these surveys and dedicate time with staff to help people complete them as currently they do not

get chased up.

- Staff told us they received supervision and could request additional training if they felt they needed it and it would be approved.
- Staff told us managers were approachable. One staff member told us, "If I have any problems I text and ask to meet managers."

Working in partnership with others

- The provider worked in partnership with others. One health and social care professional told us they, "Seek guidance [from them] and the manager goes above and beyond."