

Royal Mencap Society

Mencap Central Notts Services

Inspection report

Ashfield Court
Stoneyford Road
Sutton-in-ashfield
NG17 2DR

Website: www.mencap.org.uk

Date of inspection visit:
19 February 2019

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12 March 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 Central Notts service provides care and support to people living in three 'supported living' settings, so that they can live 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. There were 13 people using the service.

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

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control and independence and inclusion. For example, people's support focused on them having as many opportunities as possible to gain new skills and increase or maintain their independence.

People told us they received safe care by consistent staff members. People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

People's rights to make their own decisions were respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

People received caring and compassionate support from the staff. Staff referred to people in a respectful way. People were complimentary about staff and the positive relationships they had with them. Staff respected people's privacy and dignity and people were supported to be as independent as possible.

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

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve standards. We received positive feedback on the management and leadership of the service. The service worked well with other community partners.

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 the next planned inspection is scheduled accordingly.

More information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Mencap Central 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 Central Notts Services is a domiciliary care agency which provides personal care to people living in their 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: This was an unannounced visit.

What we did: Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority and their safeguarding team and the local 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.

The inspection site visit activity took place on 19 February 2019. We visited the office location to see the registered manager and service manager; and to review care records and policies and procedures. We looked at care records for four people, medicine records for four people, recruitment records for four staff and other records relating to the management and quality monitoring of the service.

We also visited one of three properties where people who use the service live. We spoke with two members of staff and spoke with all five people who lived there.

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.

- People told us they felt safe with the staff that supported them. One person said, "Yes I do, I like all the staff here."
- There were effective safeguarding processes in place. Staff had a good understanding of safeguarding. Staff also knew about the whistle blowing procedure. They said they had not needed to use it but would not hesitate if needed. One staff member told us, "We are encouraged to speak up about anything."

Assessing risk, safety monitoring and management .

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- Risk assessments covered care needs such as mobility and other individual conditions, as well as environmental risks in the person's home. The service immediately put in place an assessment for a new electric bed, one person had just purchased, when we pointed out it had not yet been risk assessed.

Staffing and recruitment.

- Safe recruitment procedures were followed but some improvements were needed. The robustness of references could be improved to ensure that all recent care references were sought to ensure staff suitability to work with vulnerable people. Applicants' suitability was assessed thoroughly through interview before being offered a job.
- People received care and support from the right amount of suitably skilled and experienced staff.
- People we spoke with said, "There is always someone here," and "I can go out with staff if I want to."

Using medicines safely.

- The provider continued to manage medicines safely.
- Staff completed safe handling of medicines training; other checks were completed to ensure they were competent to give people medicines.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- Staff had access to personal protective equipment, and knew how and when to use this.
- Infection control audits were in place.

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, medicines stock was not being managed correctly. The registered manager told us,

"We changed pharmacy, got more training, we did daily stock control checks and focussed on it as part of our annual competency assessments."

- Accidents and incidents were recorded and investigated thoroughly.

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 assessed to identify how their care should be provided. The assessment considered religious, cultural or spiritual needs people might have.

Staff support; induction, training, skills and experience.

- Staff were well supported and received the training they needed. One staff member told us, "The support here is great, we work well as a team but if we need any help, the service manager is always available."
- Training, supervision and appraisals were up to date for all staff.

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

- People received support with eating and drinking, where they had needs in this area.
- Eating and drinking care plans were personalised; they included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.
- Where required, people were referred to health professionals such as speech and language therapists.

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

- Support plans noted any support people needed with their health care needs and relevant professionals' advice for staff to follow.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.

- Staff had completed training and demonstrated a very good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.

Adapting service, design, decoration to meet people's needs.

- The service had been specifically designed to meet people's needs. It was spacious and offered people the choice of having their own personal space, as well as communal areas to spend time with other people.
- There was a highly personalised environment in house for people to enjoy; people's rooms had been decorated and furnished to their likes and interests. One person showed us their room and was delighted to show us their new bed which they had recently been supported to purchase.

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 spoke positively about the support they received from staff, who they described as kind and caring. Comments included, "I love it here me," and "I like living here with my friends."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. We observed lots of fun and laughter; when needed people were given appropriate reassurance and support.
- Staff were proud of where they worked. They told us it was a caring service.

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

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, pictorial meeting minutes, individual activity timetables and visual menus and shopping lists. These were used to good effect when we visited the service.
- The service supported people to maintain relationships with friends and family. Staff helped people to celebrate special occasions. Each year a Reflections event was held where people, staff, family and friends came to together to celebrate what had gone well and what people would like to work on and complete next. At one event there was a disco, karaoke and buffet and lots of photographs on what people had achieved in the past year.
- Staff showed a good understanding of people's preferred communication methods.
- People were supported to express their choices and make decisions. For example, pictures and photographs were successfully used to help people make decisions about choosing activities.
- Information about advocacy services was available; staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner, and knocked and waited for permission before entering their rooms. When we arrived at the service, a staff member supported a person to greet us and welcome us into their home rather than just a staff member answering the door.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential. Staff we spoke with said, "We all talk about confidentiality as it's really important not to disclose anything about people we support to anyone else."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People told us staff knew their needs well. One person said, "Everyone knows me and what I like really well."
- Staff were responsive when people's needs changed. One staff member told us about one person whose mobility needs were changing. They had supported them to get reviewed by healthcare professionals to ensure they had the right equipment and support.
- Support plans were person centred, up to date and reviewed regularly. They covered areas such as health, happiness and money, friendships and social inclusion. Plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve.
- People were supported to access a range of activities. A commissioner we spoke with told us, "People seem to live active and purposeful lives."

Improving care quality in response to complaints or concerns.

- People knew how to complain. People told us if they had any concerns they would speak to staff or a member of the management team. One person said, "We talk about things in our meetings and I can tell the staff if I am not happy."
- Information about the complaints procedure was available in various formats, such as easy read and pictorial.
- The provider had an effective procedure to deal with complaints if needed.

End of life care and support.

- People had the opportunity, if they wanted, to discuss their future care wishes. These were recorded in people's support plans to raise awareness of preferences.

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 demonstrated a commitment to providing quality services and respecting people and staff members.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "It feels like a big family," and "We all look out for each other." The service manager told us they used social media to help communicate with staff. When a staff member went sick at work recently, their shift was covered by other staff responding to a post online within ten minutes."

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

- The registered manager was pro-active in meeting their regulatory responsibilities. For example, they submitted statutory notifications on-time to CQC following significant events at the service.
- The registered manager made sure people received good care and support. For instance, they carried out regular visits to all the homes and met with people and staff to seek their views and to check on records and safety.

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

- People and relatives were provided with opportunities to share their views. For example, relatives met with relatives from other services by attending the provider's Reflections events.
- Staff shared their views and suggestions. At staff meetings their views had been raised and discussed and staff we spoke with said they felt listened to.

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service.
- Actions arising from audits carried out by the provider and registered manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.
- The service was implementing an electronic pilot scheme called Better Faster Digital. This was a mobile app where information relating to people was held. The service manager told us, "It's great, when staff record significant events we have instant oversight, so for example last week one person was unwell. I was able to ring and ask what we had done about it. We supported the person to hospital where they were diagnosed with an infection." This showed the service worked well with technology to improve people's

experience.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals. A commissioner we spoke with told us, "The manager is very accommodating, open to discussion and open to possibilities of change."
- The service had good links with the local community. People attended lots of local events and groups, supported by staff.
- An annual review took place involving people and other important people in their lives, such as relatives. People's care was discussed at great depth including a review of what people had achieved in the previous year, their future wishes and identifying areas for improvement.