

East Kent Mencap

# East Kent Mencap Domiciliary Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on the 18 October 2016 and was announced.

East Kent Mencap Domiciliary Service is registered to provide personal care to people living in their own homes. Each person had a tenancy agreement and rented their accommodation. The service supports adults who have learning disabilities, physical disabilities and mental health needs throughout East Kent. At the time of the inspection six people were receiving a personal care service, they were all living together and sharing their support.

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

People received their medicines when they needed them and were encouraged to be as independent as possible when taking their medicines. Staff had sometimes hand written people's medicine administration records (MARs). These were not signed by two staff members to confirm that they had been checked and were accurate. This was an area for improvement.

The registered manager carried out audits to identify any shortfalls in the service and ensure consistent, high quality, personalised care was being provided. However, these audits were not carried out in line with the timescales contained within the provider's policies and procedures. This was an area for improvement.

To enable the provider to continuously improve the service, people, their relatives and staff were regularly surveyed to gain their thoughts on the service. The results of the surveys were collated and displayed on the provider's website. Any areas of improvement were identified and actioned. Other stakeholders, such as health care professionals had provided informal feedback about the service but there was no system in place to process and act on this information. This was an area for improvement.

The registered manager had identified that people's emergency evacuation plans needed to be reviewed and these were being updated. There was a contingency plan in place in the event of an emergency to ensure people still received the support they needed. Staff told us they could always contact a manager out of hours for advice or guidance if necessary.

Any accidents and incidents were looked into to so they did not happen again. Risks relating to people's health, their behaviour and other aspects of their lives had been assessed and minimised where possible.

Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. The registered manager was seeking advice from people's doctors to ensure unstable health conditions such as epilepsy were managed fully.

People told us there was always staff available when they needed them and there was enough staff to meet people's needs. Staff had been checked before they started to work with people. Staff had received induction, training, and supervision to support people effectively. There was an ongoing training programme to ensure that staff had the skills and knowledge to meet people's needs. Staff knew how to recognise and respond to abuse. The registered manager had reported any safeguarding concerns to the local authority and these had been investigated fully.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). In supported living applications for DoLS are made to the Court of Protection. DoLS are a set of checks that are designed to ensure that a person who is deprived of their liberty is protected, and that this course of action is both appropriate and in the person's best interests. The registered manager had made some applications to the Court of Protection but these had not yet been authorised. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and DoLS. They supported people to make their own choices where possible.

People were supported to eat healthily. They were involved in planning and preparing meals. Staff told us they supported people to go to supermarkets of their choosing to buy the food they wanted.

The provider's values included 'being people-centred' and 'empowering, including and respecting all people.' There was a culture of openness and honesty and people were supported to be as independent as possible. They helped to clean and maintain their homes. People and their relatives said that staff were kind and caring. Staff always asked people if they wanted support and knocked on the doors of their flat and rooms before entering.

Staff were responsive to people's needs. People were able to meet staff and other people using the service before moving in. People were involved in writing their care plans and in regular reviews and meetings with staff to check they were happy with the care they received. People attended the day service attached to the office, if they wished, and participated in a range of activities there.

There was a complaints policy in place and people told us they knew how to complain if they needed to. Complaints were documented, investigated and responded to.

Both people and staff told us they thought the service was well led. The registered manager was experienced in working with people with learning disabilities and providing person centred care. The Care Quality Commission (CQC) had been informed of any important events that occurred at the service, in line with current legislation.

The provider had been nominated at the Kent Learning Disability Partnership Awards in the 'supporting people with learning disabilities' category.

## 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.

The registered manager needed to review people's emergency evacuation plans. Potential risks to people had been identified and there was clear guidance in place to help manage the risks.

People received their medicines safely. Staff had not signed handwritten entries on the medicine records to make sure they were accurate.

People said staff were there when they needed them. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

### Is the service effective?

Good ●

The service was effective.

Staff received induction, training, and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make day to day decisions about their lives.

People were supported to prepare and eat wholesome and nutritious food.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

### Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring.

Staff knew how to communicate with people and supported

them to speak out.

People were treated with dignity and respect. Staff knocked on people's doors and always asked them if they wanted support.

Staff supported people to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in writing their care plans and met regularly with staff to check they were happy with the care being provided.

People participated in a range of activities, both at the day centre attached to the office of the service and in the community.

Complaints were documented, investigated and responded to. People told us they had no complaints about the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager chaired local groups to help share best practice and keep up to date on changes within social care. The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care was provided. They regularly surveyed people, and gathered feedback from other stakeholders to contribute to the continuous improvement of the service.

# East Kent Mencap Domiciliary Service

## **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 18 October 2016 and was announced. The provider was given notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. We wanted to let people know we were coming so they could speak with us if they wished to. One inspector carried out this inspection.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information we held about the service, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the supported housing manager. We spoke with four members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicine records and quality assurance surveys and audits.

We visited people in their homes and at their day centre. We spoke with five people in total.

We last inspected the service on 4 February 2014 when no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe and that staff were always there when they needed them. One person told us, "I am safe" and "I ask staff if I need help and they do it." People were relaxed in the company of staff and staff responded quickly if people's needs changed. Staff knew people well and said they had built up good relationships with the people they supported.

The registered manager had identified that people's emergency evacuation plans (PEEPs) had not been reviewed since 2014. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from their homes in the event of an emergency. The PEEPs in place were detailed, and people's needs had not changed in the past two years, but the registered manager said they wanted to review them to make sure they were up to date. This was an area for improvement.

Staff had identified the risks associated with people's care, such as physical health needs, mobility and people needing support to communicate their needs effectively. Each care plan explained how to manage these risks and ensure people received the care they needed to minimise the risks from occurring. There was detailed guidance in place to help staff support people when they were out in the community and got tired or if they displayed behaviours that may challenge. Some people were living with unstable health conditions such as epilepsy and the supported housing manager was liaising with people's doctors to ensure that there was up to date guidance in place for staff.

Staff recorded accidents and incidents when they occurred. The registered manager reviewed each incident form and action was taken to reduce the risk of incidents happening again. One person had fallen down a grassy verge whilst out with staff and their support plan had been updated to ensure staff reminded them to be careful and stay away from the edge in future.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. People told us they were confident they would still receive the care they needed if an unexpected situation occurred.

People were supported to take their medicines safely. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff completed training in the administration of medicines and were observed and signed off by the registered manager or the supported housing manager as competent before being able to support people to take their medicines.

People were supported to obtain the medicines they needed. Most people had printed medicine administration records that came from a local pharmacy. However, some people had handwritten medicine administration records. Staff had written the medicines on these records and signed to say the information was correct, but this had not been double checked by a second member of staff to ensure it was accurate. This was not in line with current guidance and was an area for improvement.

Senior staff regularly checked people's medicine stocks and records with them to ensure they were accurate and up to date. They told us that they had identified one recent error when staff had not signed when they had administered someone's pain relief medicine. They were investigating what had happened and why this was the case. When errors occurred staff completed new training and their competency was re-checked.

People said that staff were there when they needed them. One person said, "Oh yes, there's always staff here and they help me if I get stuck." Another person said, "I go out on my own, I like doing that, but other people go out with staff, there's always enough staff for them to do so." The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. People told us that staff regularly accompanied them to appointments, helped them with their shopping and around their home and assisted them when they went out in the local community.

The staff team was small and they knew people well. Sickness levels and staff turnover was low but if staff were unavailable, the rest of the team covered the shortfall. The provider had their own 'bank' of additional staff that could assist people if the regular staff team were unavailable. People were never supported by staff they did not know or had not met before.

There was an on-call system in place so there was always a member of the management team available. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

People were involved in recruiting new staff so they could have a say about who might support them. They asked staff questions and then ticked a form to say if they liked or disliked them. Staff confirmed that people had been involved when they had been interviewed. They said this was helpful, as it meant people had met them before they began working with them.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. The Kent and Medway safeguarding protocols were on display in the office for all staff to refer to if needed. Staff told us they would report any concerns to the registered manager. One member of staff said, "I trust that the management team would do everything they could, but if something happened, and I needed to I could go to the safeguarding team or CQC. In an emergency I would call the police." The registered manager was aware of their safeguarding responsibilities and had made referrals to the local safeguarding authority when required. Action had been taken to reduce the risk of incidents happening again. People's money was managed safely and they were supported to budget and purchase the things they wanted.



# Is the service effective?

## Our findings

Staff were trained and supported by the provider to have the right skills, knowledge and qualifications necessary to give people the right support. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals. One person told us, "I think they know what they're doing."

There was an ongoing programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy.

Staff had also received training on people's specific needs such as anxiety and autism. Staff had a good understanding of people's varying needs and conditions and spoke with confidence about how they supported people effectively. People told us that liked the staff and felt staff knew them well. People said that staff were "helpful" and "friendly." Staff completed competency assessments to test what they learned from the training and ensure that they fully understood the information they had been provided.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. One member of staff said, "I have supervision regularly, it is formalised now, which is so much better, I appreciate the time it takes [my manager] to do."

The registered manager had recognised that some staff were due an annual appraisal. An appraisal is a formal meeting which gives staff the opportunity to reflect on their performance and set goals for improvement for the coming year. There were plans were in place to complete the appraisals for all staff by the end of the year. Appraisal records showed that when these meetings had occurred staff were given feedback from their manager and where training and support needs were identified, plans were put in place with detailed information about how this would be achieved, such as additional training or shadowing other staff.

New staff worked through induction training during a six month probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. In supported living services an application must be made to the Court of Protection. Some applications for people had been made to the Court of Protection, and these were waiting to be authorised.

Staff had received training on MCA and spoke confidently about people's capacity to make decisions. One staff member told us, "You should always assume people have capacity. People should be given the time and space to explore different options and find different ways of doing things."

People signed their care plans to agree with their care. People were able to make day to day decisions about their lives. They were supported to plan their weekly shop, decide how to spend their money and what they wanted to do day to day. People's care plans contained details about how to support them with decision making and how to communicate those decisions.

People were supported to eat and prepare a variety of healthy and nutritious foods. On the day of the inspection it was one person's 'house day.' They told us that they spent this time planning with staff their meals for the week and then going shopping for the ingredients. Staff told us that this person liked going to one particular supermarket, so they always took them there when they went shopping.

People told us they were supported to be as independent as possible and received assistance from staff to cook and prepare their meals. One person's support plan said, 'I can make my own breakfast and would like staff to support me to cook my breakfast at the weekend.' Staff confirmed that this person made their own breakfast during the week and the person told us, "I love a cooked breakfast. Sometimes I go out to have it or I eat it in my flat."

People were supported to live healthy and full lives. Staff assisted people to attend a variety of healthcare appointments and check-ups with the doctor, optician and dentist. One person said, "We've got the doctors round the corner" and another person told us, "They phone the doctor when I need them." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

Staff made prompt referrals to healthcare professionals when people's needs changed. One person's behaviour had changed and staff made them an appointment with the doctor. They were now having blood tests to check if there was an underlying reason why their behaviour might have changed.

Staff followed recommendations made by health care professionals. One person had recently been discharged from the mental health team, and their nurse had written to staff saying, "It seemed that at the moment what you had put in place was working really well for [the person]."

# Is the service caring?

## Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person said, "I like [staff member] they are funny" and another person told us, "Staff are nice to me." People were relaxed in the company of staff and staff told us they knew people well and had built up good relationships with them.

Staff knew how to communicate with people effectively. One person's care plan stated, 'I can talk very fast when I get excited about things, staff may need to remind me to slow down a bit so I can tell them what I want.' We spoke with this person and they became very animated talking about what they liked to do. Staff encouraged the person to slow down, and the person was able to tell us about their recent camping holiday and the social club they liked to attend on a Friday.

People were supported to stay in touch with their families and friends. Some people were supported to call their loved ones on a regular basis. Staff always wrote down when people's relatives were due to come and visit so that people did not forget. One person showed us their bedroom and they had pictures on their wall of their friends and family. They pointed at them and told us about their different family members. The person had recently been on holiday with their family abroad and they said they had enjoyed the sun.

Staff supported people to be as independent as possible. People told us they were responsible for keeping their home clean and tidy. One person told us, "I do my own laundry" and another person said, "I do mine as well." Staff had noticed that one person was struggling to use the vacuum cleaner in their flat, so they helped them to buy a new lighter one. This person was now able to vacuum their flat with ease.

People were encouraged to be in charge of their own care plans. People kept a copy of their care plans in their rooms with other important documents and information. When we asked people about their care plans one person went to their room and offered to show us what was inside. They sat with us as we looked through it, pointing at the pictures that were inside.

People had identified goals that they wanted to achieve and work towards. These were continuously reviewed, and staff recorded when people had completed their goals and made new ones. One person had a goal 'To be able to select breaks/holidays and larger activities and to be part of the process in arrangements.' This person told us they were going to go to Disneyland with one of their friends. They were visibly excited about the trip and told us they had looked at brochures to help them decide where to go.

Staff treated people with respect and dignity. People had their own key to their doors and were able to lock them when they were not at home. Staff knocked on people's doors and always asked them if they wanted support. One member of staff told us, "I know this is [the person's] home. I love my job and supporting them, but you should never forget that."

People received the right care and support when their needs changed. There was a communication book which was used to update staff about any changes to people's health and care needs.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but they had done so in the past. Information was displayed about advocacy and the support it offered to people.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. People were supported to access the activities they wanted and were involved in planning their care. One person said, "I like living here" and another person said, "I don't worry as they [staff] help me."

Before anyone moved into the service a detailed assessment of their support needs was carried out. People could come for tea to meet the other people and staff who may be supporting them.

People were involved in writing their care plans and risk assessments and participated in their annual reviews. People signed their risk assessments and care plans to show they had been involved in writing them and to give them ownership of them. People had regular meetings with their keyworkers to check they were happy with the support being provided. One person said, "I've got [staff member] as my key worker. They write stuff down and then they sort it." Key workers are members of staff who take a key role in co-ordinating a person's care and support and promote continuity of support between the staff team.

People received the care and support they needed, in the way they wanted. People's care plans contained detailed information about how much support they needed to carry out tasks in their homes. One person's said, 'I require reminders to do my laundry and prompts in putting it away after.' The person confirmed that they were able to do their laundry independently, although needed staff to prompt and remind them. They said, "I do my own laundry, I'm good at that."

People were supported to take part in a variety of activities both inside and outside their homes. There was a day centre on the same site as the office of the service. People regularly attended the day centre and took part in arts and crafts and sport activities of their choosing.

People regularly went out in the community when they wanted to. One person had been to Dreamland (a local historical theme park) on the morning of the inspection and talked excitedly about their trip on their return. They had been to a fast food outlet for lunch and said, "I love their food, it is my favourite."

People were supported to be as independent as possible and learn new skills to help them with their daily lives. One person was encouraged to get the water needed to dissolve their medicines. They told us this was important to them, as they knew that their medicines helped them stay healthy. Staff told us that they encouraged people to do their own cleaning and household chores by making it as fun and interactive as possible. One staff member said, "I think I'm good at helping to promote the cleaning, we get good results. I make it more interesting by lifting up the chairs and showing people how to Hoover underneath it. Everyone seems to like that."

The provider had a complaints policy in place and a complaints leaflet, with pictures to make it easier to understand. People told us they knew how to complain and were happy with the service provided. One person said, "We haven't got any complaints here, have we?"

The registered manager documented any complaints and ensured they were investigated and responded to as necessary. They analysed each complaint to look for any areas of improvement and when more than one was received looked to see if there were any trends or themes to prevent issues from happening again. The registered manager said, "We welcome any feedback, as it will always help us to improve. I'm glad if people feedback any concerns to us."

## Is the service well-led?

### Our findings

People told us they knew and liked the registered manager. One person said, "Oh yes, [the registered manager] is alright, I like him." Another person said, "I know I could go to [the registered manager] if I had any problems." People knew who the registered manager was and greeted them warmly when they took us to meet people in their homes.

Staff and people were asked for their feedback about the service on a regular basis. People were given an easy read questionnaire, with pictures so it was easier to understand. Feedback was positive and 100% of people using the service felt they received good support when they needed it. Professionals involved in the service and other stakeholders, such as relatives gave informal feedback on the service via emails and cards, however there was no formal way of them doing so. This was an area for improvement.

Feedback had been read and considered and the registered manager acted to address any issues that were raised. The results of the surveys and any actions taken were included in the provider's newsletter and on their website. This meant that everyone could read about what actions had been taken.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities for over 20 years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it. One staff member said, "They listen and act on any concerns. They were brilliant when I was off recently."

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They chaired a group for other registered managers in the area and a group for local service providers. The registered manager said this helped them to share best practice and develop areas of improvement within the service. They regularly organised events as part of these roles, inviting speakers with a range of expertise within social care to share their experiences.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Documents and records were up to date and readily available and were stored securely.

People had detailed care plans and risk assessments in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

The provider had been nominated at the Kent Learning Disability Partnership Awards in the 'supporting people with learning disabilities' category. People told us that they received good support and felt this nomination was well deserved.

There were links with the local and wider community and people had friends in the local area. People regularly attended social clubs and visited local shops and cafes. Staff said people were well known in the local area.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. The provider's values included 'being people-centred' and 'empowering, including and respecting all people.' Staff confirmed that they understood these values, and people were supported to be as independent as possible in all aspects of their lives.

Staff meetings were held monthly at the service. Minutes showed that staff were kept up to date with changes to the service and were able to add their own agenda items and ask questions. Staff had suggested improvements within the service, such as a change in shift pattern to ensure an extra staff member was available in the morning to assist people with their medicines and introducing a communication book for staff to write in and share information. These had all been introduced and were in place at the inspection.

The registered manager carried out checks on the service covering a range of areas such as staffing, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out. Records showed that these had not been completed monthly, in line with the provider's guidance. The registered manager acknowledged that these had not been completed as often as the provider suggested, and said they would ensure they happened more regularly in the future. When completed checks had identified issues, such as a test of the fire alarms being overdue, action had been taken to rectify any issues.

The registered manager had completed half-yearly audits following the Care Quality Commission (CQC) methodology as a guideline to check if the service provided was safe, effective, caring, responsive and well-Led. Reports were completed with actions and timescales for completion after each audit to help improve the service.