

Royal Mencap Society

# Mencap - Yeovil Support Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 Yeovil Support Service is a domiciliary care agency. The agency specialises in providing personal care and support for people with a learning disability or mental health condition living in the community. Mencap Yeovil Support Service is classed as a small agency which means that it provides support with personal care to no more than 100 people.

Not everyone who used the service received personal care. The Care Quality Commission (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 this inspection the agency was providing support with personal care to 10 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Quality monitoring systems included audits to ensure people received good care. However, these were not always effective as managers had not identified concerns raised throughout this inspection.

Medicine management was not robust. The service did not always follow relevant national guidelines around storing medicines, giving them to people, and disposing of them. This also applied to non-prescribed medicines. We have made a recommendation about the management of some medicines.

The provider had not considered the Mental Capacity Act 2005 fully. People were not always supported to have maximum choice and control of their lives and staff did not fully support people in the least restrictive way possible and in their best interests. We have made a recommendation that the provider reviews their current MCA systems and align them to current guidance and legislation.

The service applied the principles and values of Registering the right support and other best practice guidance.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people and their relatives was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk

management guidance was produced for staff which they understood.

People were supported by staff who received regular training and felt supported by the registered manager and both service managers.

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 registered manager was aware of the AIS and ensured information was shared in an accessible way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good [Published 1 March 2017]

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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Mencap - Yeovil Support Service

## **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

This inspection was carried out by one inspector over two days.

#### Service and service type

This service provides care and support to people living in '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.

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. The registered manager of this service was also the registered operational manager who had oversight of several Mencap Services. Two service managers managed the day to day running of the service.

#### Notice of inspection

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 9 September 2019 and ended on 10 September 2019.

#### What we did before the inspection

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.

#### During the inspection

We spoke with three people who used the service, and two relatives. We asked them about their experience of the care provided. We spoke with seven members of staff including the registered manager, two service managers, and four support workers.

We also reviewed a range of records. This included four people's care records, four medicine records and five staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including quality assurance audits, and policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two professionals for feedback but did not receive any responses from them. The provider also sent in other information to mitigate areas of concern raised during the inspection process.

# Is the service safe?

## Our findings

### 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Using medicines safely

- The provider had systems and processes in place for administering people medicines. However, not all their processes were in line with best practice.
- Two people were prescribed creams and other external preparations. There was no monitoring system in place to ensure that peoples creams were safely administered and still 'in date'.
- Body maps were not filled in to ensure support workers knew where people's creams should be applied.
- People did not have clear guidance in place about their 'as required' (PRN) medicines or any their homely remedies. This meant staff did not have all the information to tell them what the medicine was for, when someone may need it, how much to give and any risks associated with administering PRN medicine.
- When staff had administered PRN medicines, they had not recorded the outcome for the person after receiving the medicine. This meant the efficiency of the medicine could not be reviewed.
- Medicine Administration Records [MARs] were completed but not all had been filled out correctly. For example, two people did not have any allergies, however this was not recorded on their MAR chart. There were no gaps in administration.
- There was no medication audit checklist in place to show any actions that needed to be taken, which meant the provider could not show shortfalls and monitor improvement.
- The service manager did tell us they checked that MARs were completed correctly and checked people's medicines when they visited their homes but did not make a formal record of these checks.
- The registered manager showed us the provider had a PRN and homely remedy protocol available and said these should be in place for people in all their services.
- The registered manager also confirmed medicine audits should be completed in line with the providers policy, and they would make sure this was implemented properly. Our concerns were around record keeping and we found no impact on people,

We recommend the provider consider current guidance on administering prescribed medicines and take action to update their practice accordingly.

- All staff had received training in the administration of medicines, which the provider regularly refreshed, and the service had a medicines policy which was accessible to staff.
- Following the inspection, the provider sent us added evidence to demonstrate they had implemented new systems for medicines management. This included, PRN protocols and risk management plans.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. Staff knew how to recognise and report potential abuse. One staff member told us, "We protect people we support." Adding, "We have a number given to us if we want to whistle blow."
- Staff had been provided with training on safeguarding adults. Staff told us this was refreshed every year.
- The service manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary.
- There was guidance for people and their relatives on how to speak with external agencies about poor care if they felt the need. One person told us, "Yes, staff are here all the time." When we asked another person if they felt safe living in their home they responded with, "Yes happy man."
- A relative we spoke with told us, "Yes, I'm not there but [relatives name] is always happy."

### Assessing risk, safety monitoring and management

- People's care plans held detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. For example, people had access to a shed with wood working facilities and tools.
- Staff had completed a risk assessment with actions such as wearing personal protective equipment and staff supporting when using specific tools such as saws to ensure people remained safe.
- There were systems to keep people safe in the case of emergencies. There were personalised evacuation plans for people in the event an emergency occurred.
- There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about. Staff told us, "We complete a lone working workbook when we start and we have mobiles and first aid kits in our cars."

### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People and their relatives spoke positively about the staffing levels in the service.
- One relative commented, "There's always enough staff when I visit [relatives name]." A staff member said, "I do extra hours if we need staff cover." Another staff member said, "We use each other to cover for consistency as much as possible."
- The provider did not take on new packages of care without having enough staff to ensure people's needs could be met in full. The service manager told us, "We have not picked up new packages for some time, but we do have increased existing care packages." Adding, "We are continuously recruiting new staff to ensure people's needs are met."
- There were systems in place to ensure suitable staff were recruited. Checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

### Preventing and controlling infection

- People were protected from the risks of infection spreading. Staff were knowledgeable on how to prevent the risk of infection and told us they completed infection control training.
- Staff encouraged people to do their own cleaning as part of their daily routine. We observed a staff member supporting one person to do their daily cleaning chores.
- The provider ensured staff had all the right equipment such as gloves and aprons.

### Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- The provider analysed accidents and incidents, and action was taken where required to prevent further



incidents.

- Staff confirmed they knew how to report incidents and records confirmed incidents were managed appropriately.
- Where complaints had been received, records showed these had been reviewed and actions had been completed. The service managers communicated outcomes to staff which reduced the possibility of recurrence.

# 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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People being supported by Mencap Yeovil Support Service were living with complex health conditions, which affected some people's ability to make some decisions about their care and support.
- The service manager had referred two people to the local authority requesting they apply to the Court of protection to deprive someone of their liberty. Both referrals were in process and had not been authorised at the time of the inspection.
- Staff were also restricting two other people we met. Staff told us they would not let them leave their home unsupported because they felt they were not safe to do so, but the provider had not asked the local authority to submit an application to lawfully deprive these people of their liberty. The service manager assured us they would refer them to the local authority.
- People's capacity had been considered, but the current method of recording assessments was not always aligned to all the principles of the MCA. For example, one person's needs assessment stated they did not have capacity to make some decisions, in particular around their medicine administration. The provider did not complete any specific capacity assessments or hold any best interest decision meetings to agree how this person's medicine should be administered.

We recommend the provider seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

- Within some records the service had highlighted where a person had an appointed Lasting Power of Attorney (LPA) in place. Following the inspection, the provider sent us added evidence to demonstrate they had implemented new systems, ensuring people had appropriate MCA assessments in place and staff carried out best interest meeting when required.

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

- People's physical, mental, and social needs were assessed prior to agreeing a care package. These assessments were comprehensive and assisted staff to develop care plans for the person.
- Expected outcomes were agreed and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to ensure people's needs were met.
- Care, treatment, and support was mostly delivered in line with legislation, standards, and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies.
- Information was available for staff to support people living with some complex needs such as Autism. This helped staff to provide appropriate and person-centred care, according to individual needs.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge, and experience to deliver effective care and support. One staff member told us, "The training is exceptional." Adding, "When I came here I hadn't done support work and I thought the training was excellent." A relative said, "Yes they seem to know what they are doing."
- Staff completed an induction when they began employment. There was a system in place to remind staff when their mandatory training was due. Staff completed training in line with this system.
- Staff received training which was relevant to the individual needs of the people they supported. For example, all staff had received training in Autism and Epilepsy. One staff member told us, "I was also sent on a special sexuality course to help staff have those sorts of conversations with people."
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. Staff told us, "We have 'shaping the future' talks where we discuss what we do well and what we need to develop."

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

- Staff completed food hygiene training and showed they knew about good practices when it came to food.
- One staff member told us, "We try to make sure people get involved in their cooking." Another staff member told us, "[Persons name] likes to make certain things and likes to chop up the veg."
- One person told us, "I make my own breakfast and they help me make my tea." Adding, "I like cooking." A relative said, "[Relatives name] eats much more now they are supported by Mencap."

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

- Staff sought medical advice when people became unwell.
- People had access to a range of healthcare services and professionals according to their needs that included a registered GP.
- Care records confirmed people had access to other professionals such as speech and language therapists, psychologists, and physiotherapists.
- No concerns were raised by people or their relatives in relation to receiving input from external professionals when needed.

# 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 remained the same. 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 told us staff were kind and caring. Comments included, "[Staff members name] they help me." And, "Yes, I like staff they help me do things."
- Relatives told us staff were kind and caring. Comments included, "I can see how much [relatives name] has improved since being supported by the staff."
- Staff spoke positively about their work and the people they supported. One staff member said, "The best thing about my job is the people."
- Compliments from people, relatives and professionals had been received. One comment read, "Felt like looking after own loved ones at home." Another comment included, "I couldn't have got through the last four weeks without the support of the staff."
- People's religious beliefs were considered, staff told us, "We have people that go to church with staff support and some people go independently." Adding, "[Person's name] are well known in the community and get involved in church activities."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

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

- Staff supported people to make day to day decisions about their care and support.
- Staff described how they offered people choices. One staff member told us, "It's about making sure we don't just do things the way we want them done, but having a conversation with them instead."
- People confirmed staff asked their views when supporting them, they also confirmed their preferred time of getting up was respected and staff supported them with this.
- Staff gave examples of, and we saw staff, supporting people to make a choice, for example staff asked people what they wanted to eat at lunch time.
- One staff member asked if people wanted to go to the local disco that evening.
- It was clear staff had a good relationship with people as we saw positive communication and interactions between people and staff.

Respecting and promoting people's privacy, dignity and independence

- We saw people being treated with dignity and respect whilst visiting in their homes.
- A relative we spoke with told us, "[Relatives name] lived at home before and they didn't choose their own

clothes, now they do." Adding, "I can see how far they have come since moving out of home."

- People were encouraged to be as independent as possible, support plans detailed the level of support people needed.
- One person showed us their electronic tablet computer and told us, staff had built an application (APP), that had their routines on such as the exercises they should do. This meant they could see what they had to do without staff having to intervene.
- One person liked cars, staff supported them to purchase their own car, this person spent some time showing the Inspector the car and was very proud of it.
- Staff supported people to do as much as possible for themselves. One person told us, "I feel independent." Adding, "I do what I can, and they help me with what I can't do."
- People's confidentiality was respected, and people's care records were kept in locked filing cabinets.
- People were supported to maintain and develop relationships with those close to them. Relatives told us, "We see [relatives name] when we want, no one tells us we can't."

# 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

- Care plans were person centred which meant any inexperienced staff had clear guidance on how to meet people's needs.
- People's care records showed their individual needs, likes and preferences. These were reviewed and updated as their needs changed.
- Not everyone we spoke with knew what their care plan was. However, relatives confirmed they were involved in their relative's care plans and staff always informed them of any changes.
- One relative said, "They always invite me to the reviews and staff contact me if I need to know something."
- Staff explained how people had routines they had chosen. A staff member said, "[Persons name] goes to the local farm and they consider that their 'work'." One person told us, "They stick to my morning routine, they know how I like things done."
- Staff described how they responded to people's care needs. Staff showed they knew people well and understood their care and social needs. For example, staff told us how long people had been at the service, and what people were passionate about.

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 service managers were aware of the AIS and the importance of adhering to its requirements.
- Staff told us they would assess anyone who could not communicate and find the best way for people to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate.
- The provider offered all communications in an easy read format if required.
- People told us staff kept their records in the office and knew they could access them if they wanted to.
- Within people's homes, staff had access to picture aids and technology to support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. One person liked horse riding and told us, "Staff help me go riding every week."

- Another person liked to do wood work, they had a shed in their garden where they could do their woodwork when they wanted to.
- Staff told us, "We try to look at what people like, some like bird sanctuaries, one person likes the day centre and one person wants to go on holiday." Adding, "We discuss things in tenant meetings and arrange things all the time."
- We reviewed one person's record, it confirmed the activities they had completed.

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

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- People were given help and support if they needed to make a complaint. One person told us, "I have told them I need a new shower seat as mine is uncomfortable." We checked this with staff who told us they had referred this to the occupational therapist for review.
- Complaints we reviewed were investigated appropriately and responded to promptly.

#### End of life care and support

- At the time of the inspection there was no one being supported who needed end of life care.
- Two people out of 10 had future plans in place, which detailed what they would like to happen in the event they should need end of life care.
- Staff told us they had not had end of life training, which meant staff could not be sure they would be delivering the right care for someone if they should need end of life care.
- We discussed this with the registered manager who assured us they would review staff training. Following the inspection, the registered manager sent in additional information confirming end of life training now formed part of the providers induction for all new staff. They also confirmed they would request some bespoke training for other staff.

# 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

- The service managers carried out a range of quality monitoring audits, but these were not effective. For example, current governance systems had not identified the concerns raised during the inspection around people's capacity, or the poorly completed records in relation to people's medicine.
- The registered manager did not have full oversight of Mencap Yeovil Support Service due to the providers management structure. This meant they were not involved in the day to day running of the service and staff did not fully understand their roles and responsibilities.
- However, staff we spoke with were positive about the leadership of the service.

Working in partnership with others

- The service managers told us they did not have many links with healthcare professionals. We were told people did not have allocated social workers, so staff did not include professionals in people's reviews. This made it hard for the service to give collaborative care.
- The few professionals that staff were aware of, were not asked for their views and opinions as part of continual improvement systems, which could assist the provider to identify areas for improvement that may benefit people.

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

- The provider had a vision to deliver care and support that promoted a positive culture.
- Staff appreciated the values of the provider and the way it was run. A member of staff told us, "I wouldn't work for any other company in this area."
- All the feedback we received throughout the inspection was positive. People we observed were happy and comfortable during interactions with staff.
- The service manager was well known by people and their relatives. We saw one person interacting with the service manager in an easy and relaxed manner. People seemed pleased to see them.
- People told us they had confidence in the service managers. One relative said, "[Managers name] is very approachable, I can contact them for help anytime."

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 promoted the ethos of honesty and understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Notifications had been received by the Care Quality Commission (CQC) which meant that the CQC could check that appropriate action had been taken. They also ensure their current ratings were displayed for the public to see.
- The service managers told us that key messages were communicated regularly through staff meetings and the providers communication process.
- Staff we spoke with confirmed this and told us they felt communication was good. One staff member told us, "We get regular updates, we have the staff intranet and internal social media sites." Another staff member said, "We get a lot through emails, I check them all the time."

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

- People, and relatives were asked for their views via satisfaction surveys. The most recent feedback results showed that people were happy with the service they were receiving.
- The service managers completed staff observations and regularly visited people in their home. This enabled them to get regular feedback about the service. One person told us, "[Service managers name], comes here a lot, I can talk to them if I need to."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member told us, "We meet every three months and talk about everything." Adding, "We discuss what's going on with people if there are problems and what's been good."

Continuous learning and improving care

- The registered manager looked for ways to continually improve the service and keep up to date with national guidance. They showed us their improvement plan which had clear actions on and told us, "We have a compliance lead who sends regular updates, and I attend local provider forums."
- The service managers and the registered manager was also supported by the provider with manager's meetings which were held monthly, these discussions included sharing best practice and learning from incidents. Managers then shared the knowledge they gained with staff at staff meetings and one to one supervision.