

Equal People Mencap

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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 took place on 5 and 6 April 2016. The first day of our inspection was unannounced. The service was meeting all of the regulations we checked the last time we visited on 30 January 2014.

Equal People Mencap provides support with the activities of daily living to people with learning disabilities living in the community. The service covers the Royal Borough of Kensington and Chelsea and is based in the north Kensington area. There were 41 people using the service at the time of our visit.

The service had a registered manager in post. 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 using the service expressed positive views about the service and the staff. People felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and appropriately managed and people were supported by a sufficient number of staff.

The service received referrals from social workers. This information was used to inform and develop care plans in consultation with people and their family members (where appropriate). This ensured people's support needs could be identified and risk assessments completed before staff began working with people.

People's risk assessments covered a range of issues including personal care, finances and budgeting and access to community facilities. When required, staff supported people to make appointments and attend health appointments. There were protocols in place to respond to any medical emergencies or significant changes in a person's health and well-being.

Where staff were responsible for prompting people's medicines, staff had completed training in medicines administration and completed appropriate recording charts. People received the support they needed to safely manage their medicines and (where appropriate) were encouraged to be as independent as possible in this task.

Staff had the knowledge and skills to care for people effectively and felt well supported. Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take if they suspected abuse was taking place.

The provider was meeting the requirements of the Mental Capacity Act 2005 and protecting people's rights. The staff we spoke with understood what the MCA is designed to do and described how they supported people to make decisions where possible. We saw that appropriate people had been involved in the decision making process and a care plan put into place which reflected the decision. Staff were aware of such decisions and told us that they still helped people to make their own decisions where possible.

People's independence was promoted. People were supported to do the things they wanted to do, such as attend college, sport and recreational facilities. Staff were aware of people's specific dietary needs and preferences and people received the level of support they required to have enough to eat and drink.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. The provider promoted people's involvement in the way the service was run and sought feedback from people using the service and staff on a regular basis; this included surveys, staff team meetings and spot checks carried out by the registered manager. 02

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.

A range of risk assessments were completed in relation to the environment, people's mobility, financial management and personal care needs.

Staff were able to explain their understanding of safeguarding and whistle blowing policies and provide examples of how these policies related to their duties and responsibilities.

Before commencing employment, staff were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received support through training and supervision.

People were able to provide consent and where people lacked capacity their rights were protected.

People were supported to eat and drink enough and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Care and support records contained information about the way people wanted to be supported and by whom.

People were cared for by staff who had developed positive and caring relationships with them and who understood their needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred support and people's care plans were regularly reviewed and updated.

People felt able to raise any concerns and complaints and these were appropriately investigated and responded to.

Staff supported people to carry out any hobbies and interests they had which helped to avoid social isolation.

Is the service well-led?

Good ●

The service was well-led and had a registered manager in post.

There was an open and positive culture in the service and people were asked for their views about the way the service was run.

There was an effective quality monitoring system to check that the care provided met people's needs.

Equal People Mencap

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 5 and 6 April 2016. The first day of our inspection was unannounced. This inspection was carried out by a single inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with seven people visiting the Equal People Resource Centre, the registered manager, an administration assistant and six support workers.

Records we looked at included six sets of care records, six staff records and records relating to the management of the service. We contacted a commissioner (who funds the care for some of the people using the service) and a safeguarding coordinator to gain their views on how the service is managed.

Is the service safe?

Our findings

People were supported by staff who knew what to do to keep them safe and the action they would need to take to report any concerns. The people we spoke with told us they felt safe when staff were caring for them. One person said, "Yes, I am safe." Another person said, "I feel safe, all the staff are very nice."

Appropriate arrangements were in place to protect people from the risk of abuse. Staff were able to access information outlining the provider's policies and procedures relating to areas such as safeguarding adults and whistle-blowing. Staff had a good understanding of these key policies and provided examples of how they related to their duties and responsibilities.

Staff had completed a range of on-line training in safeguarding adults prior to working with people who used the service. Staff understood how to recognise the signs of abuse and told us they would speak to their manager and/ or social workers if they had concerns about a person's safety and/or welfare. Staff told us they would report any concerns they may have to their managers and the local authority if required. Relevant information had been shared with the local safeguarding authority when any incidents had occurred.

People were protected from harm by a range of risk assessments that were completed in relation to the environment, people's mobility, finances and personal care support needs. There was an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves.

The registered manager told us that care plans and risk assessments were reviewed annually or more frequently if and when people's needs changed. Staff told us, "We sit with the client, go through the support plan and talk about any changes that may be needed." Risk assessments we reviewed were up to date and had been signed by relevant parties.

Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Before staff were employed they were required to provide two satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We saw documented evidence that staff had been recruited safely.

Most staff had previous experience of working in care settings. Staff had completed training linked to the Qualification and Credit Framework (QCF) in health and social care. The QCF is the nationally recognised system designed to provide an accessible, flexible and simple unit and qualifications framework in England and Wales. The service was contracted to provide a certain number of support hours to people each week and this was used to devise staff rotas. Staffing levels on the day of our visit were adequate to meet people's needs.

People received the support they required to safely manage their medicines. People's care records contained information about what support, if any, they required with their medicines and this matched what staff told us. At the time of our visit we were told that only one person required supervision with medicines. We were told that staff completed medicines administration records (MAR) where required to confirm whether or not people had taken their medicines. Staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. We saw that in response to a recent safeguarding incident involving medicines, concerns had been investigated appropriately and systems revised to ensure that repeat incidents did not occur again.

Is the service effective?

Our findings

People we spoke with told us that staff were competent and provided effective care and support for them. One person said, "Staff treat me well, I trust them." Another person told us, "Staff are helpful, I'm happy."

People were supported to maintain good health. People's care records contained adequate information relating to their healthcare needs and included relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact a manager, family members and/or emergency services.

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 make 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. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

The registered manager had a good working knowledge of current legislation and guidance in relation to the MCA. We did not observe people's freedom being unnecessarily restricted in any manner. Staff we spoke with understood what the MCA is designed to do and described how they supported people to make decisions where possible. We saw appropriate people had been involved in the decision making process and a care plan put in place which reflected the decision. Staff were aware of such decisions and told us they still helped people to make their own decisions where possible.

Staff were supported to carry out their roles effectively. Records showed that staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety. There was a system in place to ensure that training was refreshed at regular intervals and staff remained up to date with their training.

New staff were provided with a thorough induction which included training and shadowing more experienced staff. We observed new members of staff taking time to read people's care plans and get to know the people they would be supporting. One new member of staff told us, "The training is good, really interesting. I like that we are given time to prepare. We have been made very welcome."

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff confirmed they had completed an induction and received adequate supervision. We saw evidence in staff records that supervision sessions were conducted on a regular basis. The registered manager undertook periodic observations of staff

practice to assess staff competency and provide constructive feedback.

People were supported to access the food and drink of their choice. Staff told us they had received training in food hygiene and were aware of food safety issues. Staff had a detailed knowledge of people's support needs regarding eating and drinking and this support was provided in a way which met people's individual needs and levels of independence. Information about people's dietary requirements, likes and dislikes was available in care records and staff were aware of this.

People we spoke with told us that staff helped them to make healthcare appointments and, if required, would also attend the appointments with them. The records we saw confirmed that people had access to a range of healthcare services such as their GP, dentist and speech and language therapy (SALT) services.

Is the service caring?

Our findings

People we spoke with were complementary about the staff who supported them and told us that all staff were caring. Staff developed positive caring relationships with people using the service. One person told us, "I like the staff and I'm happy." Staff we met during our visit were friendly, polite and caring. People were cared for by staff who enjoyed working at the service and valued the relationships they had developed. One member of staff told us, "We enjoy being with [people using the service], they motivate us, they are happy and well cared for."

We looked at people's support and care records which included their care planning documentation, risk assessments, healthcare documentation and other records. Care records we read contained information which people had expressed was important to them which meant that staff knew about people's family connections, likes and dislikes and daily routines.

We saw staff interacting with people visiting the Equal People Resource centre, explaining their actions, asking permission to perform various tasks and offering reassurance when needed. Staff supported people to express their views and involved them in decisions about their daily lives and support. For example, people were asked about their well-being, what they would like to eat at mealtimes and if they wished to partake in any activities.

People were supported to maintain links with their local community by attending various local groups and clubs. Staff provided people with information about places and activities which may be of interest to them. Staff described how they involved people in day to day decisions relating to their care and emphasised that giving people choice was central to their role. One staff member told us, "I think it's a good service, we offer different activities; [people using the service] tell us what they would like to do and how they would like to be supported." One person using the service told us, "I do computers and cooking", and staff told us that others went to the cinema, ate out and went on outings and holidays.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission, telling them what they were going to do and making sure curtains were drawn and doors were shut whilst people attended to or were being supported with their personal care.

Is the service responsive?

Our findings

The provider tailored support to each individual. Where possible, people were involved in making decisions about their care and support needs. Where people were not able to make these decisions for themselves, family members (if appropriate) and/or health and social care professionals contributed to the development of care and support plans.

People we spoke with told us they received the support they needed and it was provided in a person-centred way. Before people started to use the service the amount of hour's support they needed was agreed so that staffing could be planned accordingly. Staff supported people to carry out any hobbies and interests they had which helped to avoid social isolation.

The registered manager told us they reviewed people's care and support needs on a regular basis and involved family members where appropriate. All the care plans we looked at were current and had been reviewed in line with the provider's policies and procedures.

People's health action plans had been completed and gave details of the range of healthcare professionals involved in people's care including psychiatrists, GPs and social workers. Information was recorded in relation to people's health appointments and we saw that people were supported to attend dental and GP appointments when required to ensure that their health needs were met.

Staff told us they entered information in people's daily logs. We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meals, activities, appointments and medicines prompting.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members and family members to inform them of any emergency situation.

The provider had a complaints policy which was available for people using the service and their family members. We saw there was an easy read document for people on how to make a complaint to support people's understanding and people spoken with were aware of this. One person using the service told us, "I'd complain to the manager if I needed to." Complaints were managed as soon as they were received and investigated in line with the provider's policies. We reviewed the complaints logged and noted that complaints had been followed up appropriately. The service had also received several compliments from people and their relatives in relation to good care delivery.

Is the service well-led?

Our findings

The service had a registered manager who understood her responsibilities. The people we spoke with told us they knew who the registered manager was and felt that she was approachable, fair and demonstrated good leadership skills.

People benefitted from an open and honest culture within the service and told us they felt comfortable speaking with staff. Staff we spoke with told us there was an open culture where they felt able to raise concerns, make suggestions and be honest about any mistakes that may have been made.

The registered manager told us that staff meetings were held every six to eight weeks which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. Minutes from recent staff meetings showed that issues such as people's finances and personal budgets had been discussed. Support staff told us that staff morale was good. The registered manager told us, "We discuss issues on a daily basis. I want people to come and see me, we can talk about anything and at any time, I believe this is the best way to deal with things immediately."

The service had quality assurance systems in place. The registered manager told us she completed regular and ongoing checks of care and financial records and carried out spot checks to monitor and assess staff performance. Staff told us they thought feedback about their practice was helpful and an opportunity to learn and develop.

We saw that efforts had been made to obtain the views of the people supported by the service and their relatives. This was either in the form of meetings or surveys. People were supported to attend meetings and contribute to the agenda and the content of the meeting. The provider also published an annual report which was available to people using the service and their relatives, staff and the general public.

The provider conducted surveys on an annual basis. We saw that pictorial surveys had been simplified and sent out to people in their own homes. We looked at the results of a survey carried out in January 2016. A hundred surveys were sent out to people using the service and of these, 41 were completed and returned. 97.5% of people receiving support said that they felt they were listened to by staff and 100% of respondents were happy with the support they received and felt they were treated with dignity and respect.

We saw documents that demonstrated systems were in place to log, monitor and respond appropriately to any accidents and/or incidents. Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records and report the matter to senior staff. There was an out of hours contact point for staff and people using the service.