

Royal Mencap Society

Mencap - Newark Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 8 and 14 March 2017. Mencap - Newark Domiciliary Care Agency provides support and personal care to people with learning disabilities living in supported living accommodation in north Nottinghamshire. Prior to the inspection the provider told us there were 34 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has 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 were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People were provided with the support they needed to take their medicines as prescribed.

People were provided with the care and support they wanted from staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the provider followed the Mental Capacity Act 2005 legal framework to make decisions in people's best interest.

People were supported by staff who understood their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with dignity and respect and their privacy was protected. Where possible people were involved in making decisions about their care and support.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had.

People were supported by a service which was person centred and put their interests first. There were systems in place to monitor the quality of the service so that improvements could be made when needed.

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.

Measures were in place to keep people who used the service safe because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the support they required from staff to meet their needs.

People were provided with the support they required to take their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Any deprivation of a person's liberty was recognised and the local authority were informed of this.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good 

The service was caring.

People were supported by staff who cared about them and treated them with respect.

People were involved in planning and influencing how they were

provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were supported to follow their interests and aspirations.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the support they received and about their involvement with the service.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

There were systems followed to monitor the service to recognise when improvements were needed and how these could be made.

Mencap - Newark Domiciliary Care Agency

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.

The inspection visits took place on 8 and 14 March 2017 and were announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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. We also looked at information we had received and whether we had been sent any statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some professionals who have contact with the service and asked them for their views.

During the inspection we spoke with six people who had used the service and four relatives. We also spoke with 12 staff consisting of seven care workers, a deputy service manager, three service managers and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for two people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us having staff present made them feel safe in their accommodation. One person told us they felt "very safe" when staff were around. Another person told us they felt "happy" and got on with everyone. They said, "There is no crying." Some people we spoke with now received their support from a different domiciliary care service, but they had been doing so from this service up until recently. There had been some problems and issues concerning safety within their supported living accommodation which had affected people. The registered manager told us they understood these concerns and described the actions they had taken, along with other health and social care professionals to address these.

Support workers were able to describe the different types of abuse and harm people may face, and how these could occur. The provider informed us on their PIR that safeguarding and incident reporting were included in the induction programme for new staff and all staff have this refreshed annually. Staff told us they had completed training on protecting people from abuse and harm and how to use the safeguarding procedures if they had any concerns. Support workers told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager and make records of what they had been told or witnessed. Staff knew how to contact MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

People were provided with the support they needed to keep them safe in their accommodation and when they were out in the community. One person told us they needed support workers to assist them with their mobility and said that they were provided with this. The person told us they felt safe when they were provided with this support. Another person told us support workers "give me good advice" about keeping safe. The person also told us they sometimes went to a local shop on their own. A service manager told us how the person had been enabled and encouraged to be able to do this.

Support workers described how people were empowered rather than restricted by the risk assessment process. One support worker told us the point of a risk assessment was, "Not to stop the person, it is to enhance the person." Support workers told us how they researched local facilities to find suitable places for people to go. For example ensuring a restaurant would be able to provide a specific type of diet a person required before going there for a meal. Service managers told us how risk assessments had positive outcomes for people. They told us through assessing potential risks people faced they had been able to plan and support people to take part in activities such as horse-riding and swimming. One support worker told us how one person now regularly used a hydrotherapy pool which they thoroughly enjoyed.

Support workers also told us how people were supported to be as independent as possible through assessing and identifying risk they faced when carrying out daily living tasks. One support worker told us how they had been able to reduce risks a person faced when making themselves a hot drink and as a result of this the person was now able to do this independently. Support workers also told us how they made people as safe as possible in their accommodation. This included using systems to alert them if a person who was at risk of falls got out of bed, having the right number of staff to provide people with support with their personal care and encouraging people to use any aids and equipment they had been assessed to need.

People were supported by a small team of staff who were assigned to work in the supported living accommodation they shared with a small number of other people. People told us there were always staff available to provide them with any advice and support they required. A relative told us as far as they were aware there were always staff available for their relation when they needed them.

The provider informed us on their PIR that staff were flexible to meet the needs of the service and that rotas were planned a month in advance. Support workers said they always had the number of staff needed to provide people with the support they required. Service managers told us staffing levels were maintained through planning rotas in advance. They told us if there were not enough support workers to provide the level of cover required they called on relief staff or permanent staff would work additional hours. Some support workers said there had been occasions when agency staff had been used as well.

Support workers also said additional staff cover would be arranged if this was needed, for example to fulfil a person's planned social support time in the local community. One service manager said there had been one person who had not been able to fulfil a regular daytime commitment due to staff availability, but this had now been resolved.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were provided with the support they required to take their medicines safely. A person told us support workers "give me my tablets in the morning". The person also said that staff always remembered to do this. A relative told us when their relation came to stay they were always sent with the correct medicines they would need whilst they were staying with them.

Support workers told us they had received training on supporting people with their medicines and that following this they were then observed and assessed to be competent at supporting people with their medicines to ensure they did this safely. These practices were described by the provider in their PIR and we saw some completed assessments of staff being observed administering medicines. Service managers confirmed that they, or assistant managers, undertook these assessments. Support workers displayed an understanding of safe practices and how to respond in the event of an error being made. One support worker told us they had felt confident in supporting people with their medicines once they had the training. Another support worker said they had not felt rushed and had been "allowed to take time" to feel confident in providing this support. Support workers also said there was always someone available to provide advice if needed.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. A relative told us, "I would say as an outsider looking in they are trained, they meet my [relation]'s needs." Another relative told us they had been pleased to hear about staff going on some specific training which they felt would be of benefit to their relation.

Support workers told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. Some recently appointed support workers told us they particularly liked the mixture of training sessions and shadowing experienced care workers where they could understand how the training was put into practice. One of them said they had found the induction training "insightful". Staff told us once the initial induction training was completed they undertook the Care Certificate. This is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Support workers told us they completed a training programme which covered the key areas they needed to provide people with the support they required. Staff spoke of a new training course being 'rolled out' to all staff entitled 'positive behaviour management'. Support workers who had attended this described it as "enlightening". One support worker described how this had helped them understand that a person's behaviour was their way of communicating and they needed to be able to understand this. Support workers told us they found the training beneficial but some of them did comment they found it difficult to access as they had to travel to other Mencap offices where the courses took place. The registered manager explained how training was shared with other Mencap services and staff were supported to attend these.

The provider informed us on their PIR that staff training was monitored regularly and service managers told us they oversaw this using an electronic system that highlighted when staff were due to be updated. A service manager showed us the staff training record they maintained. This showed the majority of staff were up to date with their training, and the service manager explained to us the reasons for the few staff who were not.

Support workers told us they received specific training when needed to support a person who had some particular needs, for example if a person needed to use a hoist to transfer. Some support workers told us they supported a person who had a health condition but they had not received the training for this, although they always worked with someone who had. The service managers told us this training had been arranged for support workers who needed this later in the month. Service managers also said support workers would be receiving training on understanding and supporting people with mental health needs in the near future.

All staff had an individual development programme, known as 'shape your future'. This provided a forum where staff discussed their work individually with a manager who was assigned to be their supervisor. This included identifying any additional training and support needs and receiving feedback on their work

performance through an annual appraisal.

People had their rights to be asked for their consent and to make decisions for themselves promoted and respected. People told us they were supported to make decisions and staff respected what they decided. One person told us, "I do" when we asked them if they made decisions for themselves. Another person said they had decided "to have a lie in this morning". A relative said their relation had always made their own decision before being supported by the service "which had not always been the best ones". The relative went on to say their relation still made their own decisions, but now they "did have some guidance to help".

Staff told us they obtained people's consent about their support and any other matters wherever possible. Support workers told us how people who could not communicate verbally told them when they did or did not want to do something. They described understanding their body language and watching to see how this and their eyes would give them clues about what the person wanted. Several support workers told us people made it very clear if they did or did not want to do something, which they respected.

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.

We checked whether the service was working within the principles of the MCA. The provider informed us on their PIR that the MCA principles were being embedded within practice in the different staff teams and that the best interest process was being introduced as a way to put people in control of their lives. There were assessments of people's capacity to make specific decisions included in their support plans. Where people had been assessed as not able to make a specific decision this had been made in their best interest.

Staff told us people were not subjected to any form of avoidable restraint other than where needed for their safety, such as using a strap on a wheelchair to prevent them from falling. Some support workers said there had been occasions when they had used a 'release move' when someone had grabbed hold of them and would not let go. These support workers told us this was very occasional and the release move was one they had been trained to use that made the person release their grasp without inflicting any pain.

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. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. Service managers told us they had notified the local authority of circumstances where people they supported may be deprived of their liberty for them to consider if an application was required. The registered manager showed us the spreadsheet they sent to the local authority containing this information.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. People told us they had "lots to eat", "nice food" and "lovely hot dinners". A relative told us their relation had a poor diet when they started being supported by the service but this had improved and they were now eating well.

Staff told us when they had identified any worries about a person's nutritional intake they had involved other healthcare professionals such as dietitians, GPs or speech and language therapists (known as SALT who provide advice on swallowing and choking issues). Support workers told us there was not anyone who required a specific diet for cultural or religious reasons but some people did need a health related diet. This

included having a low or high calorie diet, and having food prepared to a consistency they could swallow and digest.

The provider informed us on their PIR how people's health was monitored and they were able to access health care services. One person told us they had recently attended a hospital appointment and a support worker had accompanied them to this. Another person said support workers had supported them to do some physio exercises every day and this had "made a difference" to them.

Support workers told us they understood people's physical and mental health needs and how to support them with these. They told us they recognised signs that indicated if someone was not feeling well and accompanied them to any appointments they had, including routine health and wellbeing checks. The registered manager told us all staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Is the service caring?

Our findings

People felt they were supported by support workers who they had good relationships with and treated them well. They referred to staff being "kind" and "laughing a lot together". One person told us, "My keyworker is ever so nice" and we overheard another person having a good natured conversation with a support worker. Relatives agreed that people had good relationships with the staff who supported them. One relative said, "Staff are brilliant, there is a nice atmosphere when you walk in the building." Another relative whose relation was receiving end of life care described support workers as being "brilliant". The relative said they could not fault them and the way they had supported their relation.

A service manager showed us some photographs of a recent photoshoot activity one support worker had organised for people they supported. This had involved people wearing costumes from the 'wild west', brought in by the support worker, and posing for formal photographs. The service manager said this had been a very successful event and the photographs we saw supported this. The service manager said that people were going to select some of these photographs to be made into canvas prints and display these in the communal areas of people's supported living accommodation. We saw another photograph of a person being shown some sign language by a support worker. The service manager told us this person now used a few signs they had learnt as part of their communication. The registered manager told us the person's relative had been "amazed" at how they had been able to do this.

Staff spoke with passion about their work and providing people with the best care and support that they could. One support worker told us "care is my calling" and another said, "This is the first time I have ever had proper job satisfaction." Support workers spoke of getting satisfaction by enabling people to be more independent, seeing people develop and being able to be their voice when needed. They said that although the job could be stressful there was always something to smile about. A support worker said, "I can have the most stressful day but I go home smiling."

The majority of records made were written factually and used respectful terminology. However we found a small number of entries that did not use respectful language, and one comment that was inappropriate to have written in the person's support plan. The service managers said they would follow up with the support workers who had made these entries to ensure they knew how to make appropriate records in future. They also said that there was already some training planned for support workers on recording and record keeping. On our second visit a service manager showed us how they had addressed this and put a system into place that would identify this if it happened again in the future.

People were supported to be involved in planning and making decisions about their support. One person told us staff "listen when I want to do something". Another person said they "talk through what I would prefer" with staff and gave an example, "I prefer (to have) a shower." A relative told us their relation, "Definitely has their own way."

Support workers told us people were involved in planning their support through their person centred reviews. One support worker told us these reviews were "important, and used to plan their futures". Staff

told us these reviews involved people, and their relatives in setting goals people would like to achieve and then they made an action plan on how these would be achieved. A support worker told us they, "Feel people have the lives they want."

Support workers told us how they supported people to prepare a menu each week as a guide of what they wanted to eat for the week ahead. A service manager described an activity plan some people used to plan their activities for the coming weeks and months. This included their regular hobbies and interests and significant events. One support worker said, "We try to follow what they would like" and another support worker added, "If someone doesn't want to do something they don't do it." The provider informed us on their PIR that people were supported by staff of their choice.

Service managers told us that some people had been supported by an independent advocate when there had been occasions they needed support to make certain decisions, and to have someone to speak up on their behalf. This had included on how some people would be provided with healthcare support. The registered manager told us some people who had been having some difficulties within their accommodation had been supported by advocates to express their views about the issues and to say what they wanted to happen in the future. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. A support worker told us when one person had been visited by an advocate they had said "what a lovely atmosphere" in the property.

People who used the service had their independence promoted and they were supported by staff with dignity and respect. One person told us support workers, "Help me keep my room tidy." A support worker told us when they supported people to tidy their rooms they only did this with the person's consent and the person decided how they wanted this to be done.

Support workers told us how they respected people's dignity by being proactive and following good practices that protected their modesty when providing any personal care. The provider informed us on their PIR that it was emphasised to staff they were working in people's homes they must treat the person, their property and choices with respect and dignity. Support workers told us how they only entered people's accommodation when they were invited in and that they had separate arrangements for food and drink that did not involve people's own purchases. They also ensured that any staff possessions and work items were kept in a designated area.

Is the service responsive?

Our findings

People were supported to follow their interests and aspirations. People told us about some of the activities they took part in. One person told us they went out to play snooker with their keyworker and another person said they enjoyed visiting big shopping centres. People also said they enjoyed visiting local parks and going out for a meal, as well as watching television and baking when they were at home. One person told us support workers were helping them learn to read. A relative told us their relation had been "encouraged to do more" since they had been supported by the service.

The provider informed us on their PIR they had set up a local group to look at enhancing meaningful activities for people they supported. The registered manager told us about how support workers had helped people to arrange to hire a hot tub and we saw photographs in a newsletter of people being supported by staff to use this. Support workers told us how they tried to organise things people wanted, for example going away on holiday. Service managers also said that some people attended local day centres where they had some long standing friendships. Support workers told us people they supported occasionally met up with people and staff from other Mencap services for social events.

Support workers told us some people would feedback verbally and others through their behaviour and body language when they enjoyed doing something. They also said that people's relations gave them positive feedback about things they organised for their relations. Support workers said they felt they did meet people's needs and one added that they tried to do so "over and above".

The provider informed us on their PIR they always undertook an assessment on anyone wanting to be supported by the service. Service managers told us that anyone referred to them for support in a supported living service was assessed to determine if they could provide the person with the support required to enable them to take on the tenancy. The person then met any other tenants in the same accommodation to see if they were compatible to live together. A relative told us when their relation went through the 'matching process, "It went very well, [name] just seemed to fit in."

Each person had a written plan which described the support they needed and how this should be provided. One person who used the service told us, "I have been involved in my support plan." A relative also said they had been involved in preparing the support plan for their relation and had provided details of what they liked and what support had worked well for them previously. Support workers told us the support plans provided them with the information they needed to know about how to support each person. One support worker added, "But you can't beat getting to know them."

We saw people's support plans were well organised and detailed. They contained information about the support people needed with their daily living tasks as well as details of significant family, friends and any involved professionals for that person. There was information about people's preferred routines and any other activity or information that was important for staff to know about them. The provider informed us on their PIR how they were able to update people's support plans when there was a change in their needs or circumstances. We saw these plans were regularly reviewed and updated when there was any change to a

person's needs or routines.

People who used the service, or relatives acting on their behalf, were able to raise any issues or concerns which were listened to and acted upon. The provider informed us on their PIR that all concerns and complaints were fully investigated and that there had been three complaints made over the proceeding twelve months. We saw two people had been supported to write a letter of complaint to the registered manager raising issues about their living arrangements. We also saw a record made of the third complaint that had been made by a relative. These had all been dealt with following the provider's complaints procedure.

Support workers told us there was a complaints procedure in place but did not think this was something people who used the service could access independently and they would need support to do so. Support workers told us keyworkers asked people if they had any complaints or concerns when they completed a monthly review of their support. They told us they would pass any complaints that were made onto the service manager who managed their supported living service. Service managers said people were told how to make a complaint during tenants meetings that were held, and they were given an easy read information leaflet.

Is the service well-led?

Our findings

People told us they were happy with the support they received and everything was well run. One person told us, "I can't think of anything they could do better." A relative said that when they visited their relation in their supported living accommodation, "I think it's great, it's lovely there." Another relative said they were kept informed about how their relation was and if there were any difficulties or something they needed to know. The registered manager told us about initiatives underway to involve people more and provide them with opportunities to express their views. There was a communications group which was looking at how to make the best use of technology to obtain people's views, choices and wishes. The registered manager said they were also looking to introduce a tenants' forum to discuss tenancy related issues.

The provider informed us on their PIR that team meetings are held on a regular basis. Staff told us they had regular staff meetings and felt able to raise issues and contribute to discussions that took place. Support workers told us they were provided with answers to questions they asked and felt they received good support. We saw minutes from a recent team meeting that showed issues were discussed and decisions made. We also saw minutes from management meetings where each supported living service was discussed. Service managers told us they were 'signed up' to the Mencap values which were positive, inclusive, caring, challenging and trustworthy. They told us how they discussed these values with support workers during their 'shape your future' meetings and looked to see how they had followed these. The provider stated on their PIR that, "These values are driven in everything we do."

Some support workers told us when they had needed some personal support this had been provided and other support workers told us they were able to have a good "work life balance". Staff also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork. The provider informed us on their PIR staff had access to support at all times. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about. Support workers told us they were managed and supported in individual teams by one of the service managers. They told us they could contact the registered manager if needed and they saw them when they visited supported living accommodation, at staff meetings and other events.

The registered manager showed us the auditing systems followed to identify areas of the service that were working well and where any improvements could be made. This allowed them to check people had been provided with the support planned in all areas of their lives, such as attending medical appointments, undergoing health checks and making decisions they were able to. This information was used to prepare an

action plan to show what tasks were outstanding, who was responsible for arranging these and when they should be done by.

The registered manger told us they had distributed some survey forms to people they supported, relatives and other professionals they worked with to ask their views on the service. We saw some of these had been returned and the registered manager told us they would be preparing an action plan when any comments had indicated improvements could be made to the service.