

Nottingham Mencap

Nottingham Mencap Short Breaks Service

Inspection report

Harpenden House
203 Edwards Lane, Sherwood
Nottingham
Nottinghamshire
NG5 3JA

Tel: 01159204433

Website: www.nottinghammencap.org.uk

Date of inspection visit:
18 May 2022

Date of publication:
05 July 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Nottingham Mencap Short Break Service is a domiciliary home care service providing care to children and adults with personal care needs. The children and adults they care for have a learning disability and/or communication need. They care for children and adults for an agreed time period within their own homes and out in the community. The service provides short breaks from caring responsibilities for relatives and carers. They were providing a service to three people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care within their own home. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

Staff supported people and children to take part in outings and activities which they enjoyed doing and further supported them to experience new recreational activities.

People had a choice about how they wanted to be supported and communicated with. Staff were matched with people so that they formed a good relationship which built up trust.

Staff enabled people to access specialist clubs and social groups where they could enjoy activities with other young people.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise

and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

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

Rating at last inspection and update

The rating at the previous inspection was requires improvement (Published 20 November 2020). At this inspection we found that improvements had been made and the service has been rated as good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was Safe.

Details are in the Safe section below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Nottingham Mencap Short Breaks 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 hours' notice of the inspection. This was because we wanted to ensure the provider would be available when we carried out the inspection.

The inspection took place on 18 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority care commissioners and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give

some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with one person who uses the service and two relatives. We also spoke with the provider and the manager and three care staff.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm.

At our last inspection this key question was rated requires improvement. At this inspection this has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs a person may be at risk of avoidable harm.
- Relatives told us they felt their family members were well cared for and kept safe.
- Staff told us they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

Assessing risk, safety monitoring and management

- At the last inspection risk assessments were not always comprehensive to inform staff how to support people to reduce the risk to their safety. At this inspection we found improvement had been made and risks had been assessed, monitored and managed. We spoke with the provider about risk assessments having more information and we were told they were being transferred to an electronic system which would improve both care plans and risk assessments.
- We spoke with staff who clearly knew people well, they were aware of individual needs and how to keep them safe.
- Staff checked environmental risks within people's homes' one staff member told us, "I support them to keep the place clean and to declutter as they like to keep things, I also check the fridge to ensure things have been put back."

Staffing and recruitment

- Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
- Staffing hours were calculated around the support needs required. The administrator matched staff to people who they supported; this enabled people to build trusted relationships with regular staff. There were enough suitably trained staff to effectively support people.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us the training was good and they felt well supported in their role.

Using medicines safely

- We saw the medicines policy and procedure were kept updated and reviewed. However, none of the people supported by the service were given medication by staff. People either self-administered or were

supported to take their medicine by their family.

- Staff had received training in medicines and so were able to support with medication if required.

Preventing and controlling infection

- Staff had received training in infection control and were aware of keeping people safe by preventing cross contamination. Staff told us that they had enough personal protective equipment.
- Staff told us that they supported people to keep their homes clean and encouraged them to do so.

Learning Lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- The provider and the manager were keen to act on feedback from the inspection and work towards continuous improvement of the service they provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated as good. At this inspection the rating 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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of 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.

- The provider was aware of their duty around MCA. At the time of our inspection there was no-one using the service who required authorisation from the court of protection.

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

- Care plans were reviewed regularly and updated when people's needs changed. Care plans were person-centred and showed holistic assessment of needs and choices.
- Staff communicated with a range of professionals. We saw that professionals had been consulted with and people had prompt access to healthcare services when required.
- There was information in people's records demonstrating people's oral care needs were assessed and met. One staff member told us, "I know that they forget but when I pull up outside [name] dashes in to clean their teeth as they know I will remind them." The staff member went on to say that they had supported the person to make an appointment with a dentist and they had been to three check-ups.

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure they had the skills and experience to effectively support people.
- One staff member told us, "We are well supported, management are always there and we have more informal supervisions which is really helpful."
- New staff were matched to people who they would be supporting. This enabled training to be specific and person-centred, tailored to the individual needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- One person told us, "[Name] supports us to shop and to cook, we make soup and do jacket potatoes, they support us to be healthy which is great as long as there are a few treats."
- When changes in condition were observed, staff supported people with access to healthcare services. Two of the three people supported by the service lived with their families and they always kept the family informed if staff were concerned about anything.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question had been rated as good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable. Staff were known as befrienders rather than carers or support workers, people told us that they felt that it was a friendly term and helped to break down barriers.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness. One person told us, " [name] is the best support ever and we enjoy them being there,".
- Staff understood how to provide care and support and felt it was important to know people's needs and preferences. One relative told us, " We have often seen them out and about, so I know [name] is well cared for as they don't always see me." Another relative told us, "They choose the staff well and ensure that they get on and there is a good match."

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

- Relatives confirmed they were involved in decisions about their care, from planning to delivery. We could see in care planning, relatives were involved and kept informed of any changes which needed to be made.
- Staff told us they delivered care as the person requested. Staff felt they had forged good relationships and knew the people they supported and supported them as individuals.

Is the service responsive?

Our findings

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

At the last inspection this key question had been rated as good. At this inspection this had 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

- People received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences.
- One staff member told us that they took people on different activities, this included what they enjoyed doing and also trying new things. This helped to give people more variety. This included swimming, walks in the park, shopping and community groups.
- Staff clearly knew what the different sensory needs were and what people enjoyed doing. One staff member told us, "[Name] really enjoys sensory activities and so we come into the centre so that [name] can spend time."

Meeting people's communication needs

Since 2016 onwards all organisations 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.

- People's communication needs were assessed, and their relatives involved in how they preferred to be communicated with. Not all people living at the service could communicate verbally and staff told us they knew people well and they had developed ways to communicate with them in the way they understood. This was sometimes in a pictorial format and most staff were able to use Makaton.
- One relative told us "They work really hard to form ways of communicating as [name] is non-verbal."
- The provider was meeting the Accessible Information Standard for people's care. We saw throughout the care? records we reviewed, that information was available in different formats.

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

- People were supported to visit the centre and attend groups and make new friends.
- Activities were provided for people to participate in. There were a variety of different groups which the provider offered including day activities and disco evenings. One person told us, "We are working on banners for the queens jubilee, there is lots going on and we are painting lots of things, we are having a barbecue."
- The provider was aware of people's cultural and religious needs and if there was anything specific which would help people to support their preferences, the provider would ensure that they were supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The manager had regular contact with relatives and listened to anything they were unhappy about and worked to resolve any issues.
- People told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved.

End of life care and support

- The manager was knowledgeable about end of life care planning but had not been able to engage relatives in planning due to the nature of the service and the sensitivity when people using the service were so young.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question had been rated requires improvement. At this inspection this has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a positive culture and encouraged feedback regarding all aspects of care and support.
- Relatives told us the provider, manager and staff knew people well and they worked in a very person-centred inclusive way which engaged people.
- We found the manager very knowledgeable about people's needs and preferences and worked hard to ensure they and the staff were delivering a service which engaged people and delivered holistic support.

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 provider had submitted notifications regarding incidents they were required by law to tell us about. The manager had a clear auditing process which showed who they had shared information with which included notifications to the Care Quality Commission, safeguarding and the local authority.
- The provider ensured people were kept informed and apologised if errors occurred.

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

- The provider and manager were very open and honest about what improvements were required and welcomed the inspection as an opportunity to identify any weaknesses.
- There were clear systems in place to monitor all areas of the service. There were audits to check the quality of care delivered and the manager ensured they worked towards continuous improvement.
- The provider and manager made sure people received good care and support by supporting the staff team and having regular contact with people using the service.

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

- Prior to being supported by the service people and their families were engaged with to ensure their needs could be met and the befriender was right for their needs.
- People were engaged in activities they liked to be involved in. We saw people were involved in activities which was relevant to their needs and which they enjoyed doing.
- Staff told us they felt well supported with regular supervisions and training.

Continuous learning and improving care

- There were a clear focus on continuous learning from staff and management.
- The manager listened to and acted upon the feedback from the inspection. The provider, manager and staff were keen to engage in improvements and staff told us how they had developed ways to communicate with people and develop activities they enjoyed.
- The manager was open to suggestions and were keen to ensure people received a high standard of care and support. We gave feedback from calls with staff after the inspection, this was regarding specialist training and the provider told us that this was really helpful.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.
- The manager told us they had forged good relationships with other organisations and had extended funding they had raised to enable them to purchase equipment which benefitted the wider community.