

Midland Mencap

Midland Mencap

Inspection report

171 Alcester Road
Birmingham
West Midlands
B13 8JR

Tel: 01214422944
Website: www.midlandmencap.org.uk

Date of inspection visit:
05 March 2019
06 March 2019
07 March 2019

Date of publication:
26 April 2019

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?	Outstanding ☆

Summary of findings

Overall summary

About the service: Midland Mencap is a domiciliary care agency. It provides personal care to adults living in their own homes. Not everyone using Midland Mencap receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, there were 109 people receiving the regulated activity.

The service also provided a carers emergency response service (CERS). This provided a back up service to carers to ensure the person they cared for was given support in the case of an emergency. For example, if the carer was admitted to hospital or had another urgent appointment.

People's experience of using this service: People were at the heart of Midland Mencap, and were encouraged and supported to be active participants in the development of the service. The service was an important part of the local community and there was a strong emphasis on continuous improvement.

People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure in place and people were aware of how to make a complaint.

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

Rating at last inspection: At the last inspection the service was rated Good (April 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Outstanding.

Details are in our Well-Led findings below.

Outstanding ☆

Midland Mencap

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Midland Mencap is a domiciliary care agency.

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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started on 5 March 2019 and ended on 7 March 2019. We visited the office location on both these dates to speak with the registered manager and office staff; and to review care records and policies and procedures. We carried out telephone calls to people and family members on 6 March 2019.

What we did: Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection: During inspection we spoke with four people who used the service and four family members. We spoke with the registered manager, nominated individual, head of housing, care and support, and three care staff. We looked at the care records of three people who used the service and the personnel files for two members of staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.
- People said they felt safe. Comments included, "I feel absolutely safe", "I do feel safe, very safe" and "My [relative] is safe, absolutely 100% safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Risk assessments were in place for people and described potential risks and the action to be taken to reduce the risk. Records were up to date.
- Accidents and incidents were appropriately recorded. These were analysed to identify any patterns and lessons that could be learnt.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. People told us they saw the same regular staff, who were on time and stayed as long as they should.

Using medicines safely

- Appropriate arrangements were in place for the safe administration of medicines.
- Medicine administration records (MARs) were accurate and up to date. Monthly audits were carried out and any issues identified were addressed as part of the staff supervision process.
- Staff were appropriately trained in the administration of medicines and received regular competency checks.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's policies and procedures correctly. This included health and safety, infection prevention and hand hygiene.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service and continually evaluated to develop support plans. This included an assessment of the person's skills, health and communication needs.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "I would say staff are skilled on the whole", "They [staff] are really good. Good skills I think" and "I think they [staff] have the skills. My [relative] is doing well. I would tell if [relative] is not happy."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date and staff told us they had received sufficient training for their role.
- New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

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

- Staff supported some people to prepare meals and records described the support people required with their dietary needs.
- Appropriate guidance was in place for staff to support one person who was at risk of choking. A referral had been made to a speech and language therapist (SALT). Their guidance and recommendations was documented and followed by staff.

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

- People were supported with their healthcare needs and to attend GP and hospital appointments when necessary.
- One person told us, "They [staff] make me an appointment to see the GP and go to the hospital. They [staff] come with me but I go in and see the doctor on my own." A family member told us, "When my [relative] needs to go to the hospital, staff go with them and make sure the medics are fully aware of their needs."

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. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Records showed consent was obtained at the assessment stage and people had signed to say they agreed with their care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "They [staff] are wonderful carers and ask me first if it's ok [to be supported]", "They [staff] sit and chat. They have time to listen" and "My [relative] has fun with the staff and gets on well with them."
- People's religious or spiritual needs were recorded. Staff supported one person to attend church.

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

- People's preferences and choices were clearly documented in their care records. For example, "I am to be offered a choice of clothes as I am able to say what I would like to wear" and "I want to carry on with attending Mass as this is something I have always done."
- Records described how people wanted to be supported, what they wanted to achieve from the support, and their choice of male or female staff.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff respected privacy and dignity. Comments included, "They [staff] treat me really well" and "They [staff] treat my [relative] with respect and dignity."
- People were supported to remain as independent as possible. Comments included, "They [staff] make sure I have all I need [to be independent]", "They [staff] help me to be independent" and "They support [relative] by getting them involved in cooking and cleaning."
- Care records described what people could do for themselves and what they required support with. For example, "I need support to prepare and cook all my main meals", "Staff to prompt and remind me to brush my teeth twice a day" and "I need support to wash and dry my clothes."
- A staff member told us, "You are helping them [people] to be as independent as possible" and "We show them they can achieve things with a little prompting."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- People's individual goals were recorded. These described what the person wanted to achieve, what they needed to do to achieve their goal, who would support them and how they would know when they'd achieved their goal. These were regularly reviewed.
- A staff member told us, "To see the progress people have made is very rewarding."
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs. For example, one person could verbally communicate their needs but had poor eyesight and was unable to read. Staff were to support the person to read and reply to letters.
- Easy to read documentation was produced for those people who required it.
- A family member told us, "My [relative] doesn't have brilliant speech but Mencap [staff] understand them well. They use signs and symbols to help my [relative] understand."
- People were protected from social isolation. Companionship was included in some people's visits and included supporting people to access the local community.
- People were supported to attend activities and events such as Christmas winter wonderland, ghost tours at a stately home and other local visitor attractions.
- Staff supported people to go on holiday, often voluntarily giving up their own time.
- The service organised birthday parties for people they supported and held a barbecue in the summer.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints about the service but were aware of how to make a complaint.
 - Systems were in place to ensure complaints were acknowledged, investigated and responded to.
- Complaints received during the previous 12 months had been appropriately recorded and dealt with.

End of life care and support

- The provider had an end of life policy in place, and people's wishes and choices such as funeral arrangements were recorded.
- None of the people using the service at time of our inspection were receiving end of life care.
- The registered manager told us staff attended every funeral of people they supported.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of Midland Mencap. The provider had implemented innovative ways to encourage and support people to be active participants in the development of the service.
- People were actively involved in the recruitment and selection of new staff. The provider's recruitment policy had been converted into accessible information so people could see what was involved. People were encouraged to think of and ask their own questions. We saw copies of interview notes, including comments made by people about their thoughts on the applicant.
- People had contributed to the development and testing of other documents, such as policies and procedures, to ensure they were accessible to people. For example, an easy to read document had been developed to help people and family members understand proposed changes the local authority were making to how people's care and support was to be paid for.
- A person with a learning disability had been appointed to the board of trustees and had helped to develop a citizen forum. The registered manager told us they wanted someone with a "voice of learning disability" on the board. The nominated individual told us, "How can we say we are a learning disability charity if we don't have someone on the board putting their views and opinions across."
- The service was 'disability confident'. Disability confident supports employers to think differently about disability, and improve how they attract, recruit and retain disabled staff. The service actively employed people with a disability.
- People were able to feed back on the quality of the service via easy to read questionnaires, telephone calls and review meetings. Questionnaires were analysed and the results fed back to people.
- The registered manager wrote letters to everyone who had donated to the service to thank them for their support.
- Staff were motivated and proud to work for the service. Comments included, "I have a wonderful manager. They are amazing. They are only a phone call away. I can't say anything bad about them", "I literally do enjoy the work. I work with an amazing team" and "My line manager is really good. We all help each other out."
- An employee assistance programme had been introduced, which included a 24-hour confidential helpline to support staff welfare.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Without exception, people and family members told us the service was well-led and staff appeared happy in their role. Comments included, "They [staff] are happy and jolly when they arrive in the morning", "I've never contacted the office but Mencap staff are ever so good" and "I would say the service is well managed."

They [staff] are helpful, very helpful."

- There was an open and honest culture. Information was shared with people and people felt valued and listened to. One person told us, "They listen and value my opinions. I can't think how they [management] could make it any better."

Working in partnership with others

- The service was an important part of the local community. For example, the service organised a protest against cuts in housing support and people were empowered to take part if they chose to do so. The protest received positive media attention.
- The service was effective at working with other organisations to help meet people's individual needs. For example, they had designed and developed 'moving on' documentation that was used to support people transitioning into supported or independent living. We saw how this had been shared with and used by another organisation.
- The service worked closely with a local college and arranged for students to visit one of the homes where people they supported lived.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a strong emphasis on continuous improvement. The provider had implemented a recruitment steering group. This was established to identify ways to reduce staff turnover and attract high quality staff to the organisation.
- Exit interviews were carried out for all staff who left the service. This helped the provider to identify the reasons why staff left and whether any lessons could be learned or improvements made.
- The registered manager had signed up to receive updates and the latest information from organisations such as CQC and other health and social care services.
- Staff were encouraged to express their views and be involved in the running of the service. The registered manager regularly met with staff, and regular emails and memos were sent to update staff on any changes or updates to policies.
- Governance was well embedded into the running of the service. Performance management processes were effective and regularly reviewed.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.