Royal Mencap Society

Mencap - Merseyside and Lancashire Support Service

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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection on 15 August 2016.

Mencap - Merseyside and Lancashire Support Service is registered to provide personal care to people living in their own homes. People who use the service are provided with a range of support hours each day in line with their assessed needs. People who use the service have access to out-of-hours emergency support. At the time of the inspection Mencap - Merseyside and Lancashire Support Service was supporting 166 people.

A registered manager was in post. 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.

The provider moved offices in June 2015 and had a long history of providing services in the region prior to this.

The people that we spoke with had no concerns about the safety of services. The provider had delivered training for staff and managers regarding adult safeguarding. The staff that we spoke with were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by staff with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence.

Staff were trained in the administration of medicines but because people's needs varied, they were not always responsible for storage and record-keeping. Some people who used the service were able to self-administer their medication, others required prompting. Medication Administration Record (MAR) sheets were completed by staff where appropriate. The records that we saw had been completed and showed no errors or omissions.

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. We looked at records relating to training and saw that all training had been refreshed in accordance with the provider's schedule.

People were supported to shop for food and prepare meals in accordance with their support plans.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support

plans.

Everybody that we spoke with was positive about the way in which staff provided support, the way that staff spoke to them and the impact the service had on their life. We had the opportunity to observe staff providing support during the inspection. We saw that staff demonstrated care, kindness and warmth in their interactions with people. It was clear from their conversations and manner that the staff knew each person well and genuinely valued them as individuals.

The records that we saw demonstrated that staff and the provider paid great attention to detail in the production and distribution of information. People told us that they always felt involved in discussions and were kept well-informed about things that were personal to them. They were also given information about things happening in their region and nationally. Some people were supported to attend important events about disability rights and shared this information with other people using the service.

The staff that we spoke with described the services as promoting choice, independence and control for the individual. We were provided with a number of examples where staff and managers had engaged with people in a meaningful and appropriate way to establish goals and objectives. In each of the examples people had been supported to achieve their goals and to enhance their lifestyles, relationships, health and wellbeing.

We saw from care records and person-centred plans (PCP's) that people were given choice over each aspect of their service. This choice included; staff, activities and times of support.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families. The information was available in a range of formats on request. We saw evidence that people's views had been used to develop the service.

The organisation had a clear set of visions and values which were communicated in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice.

The registered manager had robust systems and resources available to them to monitor quality and drive improvement. The provider had an extensive set of policies and procedures to guide staff conduct and help measure performance.

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.

Staff were recruited following a robust process which included individual interviews and the completion of pre-employment checks.

The care records that we saw showed clear evidence that risk had been assessed and reviewed regularly.

The provider had a robust procedure for monitoring safety across its services.

Is the service effective?

Good

The service was effective.

Staff were required to complete a programme of mandatory training which included a range of relevant social care topics such as; safeguarding, medication administration, health and safety and first aid.

People were supported to shop for food and prepare meals in accordance with their support plans.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals.

Is the service caring?

Outstanding

The service was extremely caring.

People had been supported to make significant, positive changes to their lives by support staff and the wider organisation.

Staff demonstrated exceptional care, kindness and warmth in their interactions with people.

Staff knew people well and told us that they enjoyed providing support to people.

The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process.

Is the service responsive?

Good

The service was responsive.

The service worked with people to produce person-centred plans to a high standard. These plans were regularly reviewed and used to deliver and monitor care and support.

People were given clear choices and their wishes and aspirations were respected by staff.

The service encouraged feedback and responded positively and effectively to complaints. Feedback was analysed and used to generate learning and improvement.

Is the service well-led?

Good

The service was well-led.

The service had a clear vision and values which were reflected in staff attitudes and the delivery of care and support.

The managers offered clear leadership and remained approachable to people using the service, relatives and staff.

The service used extensive audit systems to monitor and improve standards of safety and quality.

Mencap - Merseyside and Lancashire Support Service

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 15 August 2016 and was announced. The inspection was announced because we wanted to make sure that people had been told about the inspection and were available to meet with us.

The inspection was conducted by an adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before the inspection we issued a series of questionnaires to people using the service, their relatives and professionals. We used the information received to plan the inspection and produce this report.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with eight people using the service, one relative, six support workers, two service managers and a registered manager. We also spent time looking at records, including four care records, four staff files, medication administration records (MAR), staff training records, complaints and other records relating to the management of the service. We also contacted social care professionals who have involvement with the

service to ask for their views.

Good

Is the service safe?

Our findings

The people that we spoke with had no concerns about the safety of services. One person using the service told us, "I feel safe because there's always someone around." Another person said, "Having enough staff and getting help with my medicines [makes me feel safe]." While a different person said, "I feel safe because [new home] is nice and quiet." When asked about safety a relative told us, "I've never had any concerns."

The provider had delivered training for staff and managers regarding adult safeguarding. The staff that we spoke with were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by staff with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence. For example, one person had been supported to access their own community facilities independently following an assessment of risk and the production of a support plan and protocols. We saw that risk had been reviewed following incidents and adjustments to support plans made as a result. One member of staff told us, "All the staff and people using the service are involved in support planning and risk assessment." Risk was also assessed and reduced by a systematic approach to the monitoring of health and safety.

Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis at a senior level. Critical incidents were rated for their significance and reported directly to the provider's quality team for consideration and analysis. Each record that we saw had been appropriately assessed and closed when any necessary actions were completed.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. The policy contained details of organisations that could process whistleblowing concerns and advise staff. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms. One member of staff told us, "I'd report any concerns to my line manager or a social worker."

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels had ever been a concern. Some people using the service had chosen to be involved in the interviews for staff. One person told us, "I enjoyed doing the interviews. [Staff name] is working here now." New staff were introduced gradually and assessed as suitable to work with the person.

The provider had a robust approach to the monitoring of safety across its services where appropriate. Some

safety checks are not a legal requirement for the provider in non-registered homes, for example; supported living services but were completed with the permission of the people using the service, in conjunction with landlords, and in accordance with accepted schedules. These included checks on; medicines, fire safety, water temperatures and gas safety.

Staff were trained in the administration of medicines but because people's needs varied, they were not always responsible for storage and record-keeping. Some people who used the service were able to self-administer their medication, others required prompting. Medication Administration Record (MAR) sheets were completed by staff where appropriate. The records that we saw had been completed and showed no errors or omissions. Protocols were in place for PRN (as required) medicines for pain relief and were sufficiently detailed to keep people safe.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. Staff were supported by the provider through regular supervision and appraisal. One member of staff told us, "I did all the training before I started." Another member of staff said, "People [who use services] are very different. Just being with them prompts my learning." Shadowing provided the opportunity for competence and suitability to be assessed as part of the induction process. Staff also told us that they received access to regular supervision and appraisal and felt very well supported by the provider.

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. We looked at records relating to training and saw that all training had been refreshed in accordance with the provider's schedule. People using the service and their relatives said that staff had the right skills and knowledge to meet people's needs. Staff also had access to additional training to aid their personal and professional development. Regarding training and support, one member of staff said, "I get anything I need. My own CPD (continuing professional development) is supported. I've been on the development programme."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People's capacity was assessed in conjunction with families and professionals. Staff were aware of the need to seek authorisation from the Court of Protection if people's liberty needed to be restricted to keep them safe.

People were supported to shop for food and prepare meals in accordance with their support plans. We were provided with examples where people had been supported to lose weight through a programme of education (about diet and nutrition), shopping and preparation of healthy meals. One person told us, "We plan the menu, do a shopping list every week then go shopping for it." People were also supported with eating and drinking in community settings in accordance with their support and activity plans.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. We saw evidence in care records that staff supported people to engage with community and specialist healthcare organisations to support their wellbeing.

Outstanding ☆

Is the service caring?

Our findings

Everybody that we spoke with was positive about the way in which staff provided support, the way that staff spoke to them and the impact the service had on their life. We had the opportunity to observe staff providing support during the inspection. We saw that staff demonstrated care, kindness and warmth in their interactions with people. It was clear from their conversations and manner that the staff knew each person well and genuinely valued them as individuals. People told us that they were very happy with the staff and the support they provided. One person using the service told us, "I'm happy with all the staff." Another person said, "The staff are caring people. They treat us the way we want to be treated." We were also told, "Working with the staff is easy. They are kind." And "The staff treat me well. I'm happy where I am now. There's nothing I'd change." A relative said, "The turn-around [for my relative] has been absolutely incredible. The staff team and [service manager] have been second to none. The support they have given my [relative] is exceptional. They're marvellous people. We can't believe the difference they have made."

When we spoke with staff they described each person and their needs in detailed, positive terms. We saw that staff were respectful of people and provided care and support in a flexible manner. Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Where people didn't use speech, staff used alternative methods of communication to ensure that their needs were being met. Comments indicated that the people using the service felt valued and involved in the development and delivery of support. We spoke with people about their choice of staff and were given examples of people being involved in interviews. Hobbies and interests were considered as part of the selection process to ensure that people were well-matched. This meant that there was a greater chance of people developing positive relationships and shared interests. Staff were recruited subject to the completion of a probationary period which included the views of people using the service in the decision-making process.

The records that we saw demonstrated that staff and the provider paid great attention to detail in the production and distribution of information. For example, the guide to services was produced in different formats to meet the needs of a wide range of people. People told us that they always felt involved in discussions and were kept well-informed about things that were personal to them. They were also given information about things happening in their region and nationally. Some people were supported by staff to attend important internal and external events about disability rights and shared this information with other people using the service. Information was shared at tenant's meetings, through newsletters and on the provider's website. For example, people were encouraged to exercise their right to vote.

The staff that we spoke with described the services as promoting choice, independence and control for the individual. We were provided with a number of examples where staff and managers had engaged with people in a meaningful and appropriate way to establish goals and objectives. In each of the examples people had been supported to achieve their goals and to enhance their lifestyles, relationships, health and wellbeing. In each case people had been provided with information in a way that made sense to them. This was sometimes written in plain English, but it was also available in different accessible formats to make it easier for people to understand. We saw that the use of images was personalised to improve people's

understanding. For example, some people made use of cartoon-style drawings while others preferred photographs to support the written word. People told us that any changes had been discussed with them and had been for the better. Some people said that they were looking forward to making more changes and becoming more independent.

Local commissioners provided very positive feedback about the input of the service and its managers in the process of re-modelling provision for a group of people. They highlighted the efficiency with which information had been provided, the quality of communication and the positive impact that this had in reducing people's anxiety. Another social care professional said, "It is always a pleasure to visit [name of property] as the service users are always happy and content and the atmosphere is lovely. The staff are so involved with the service users and their excellent relationship with each other is clear to see and certainly not put on for my visit."

We spoke with one person who had been supported by the service to move from a shared tenancy to a single tenancy. The change had been suggested because the person was showing poor motivation and was struggling with relationships where they lived. We saw evidence that the service had worked closely with the person and their social worker to establish the need to move. Following the move the person experienced a significant, positive change in their levels of motivation and general lifestyle. We visited the person in their new home and they spoke extensively and positively about the support of staff and managers in achieving their goals. They said, "I'm happier now that I've ever been." They also told us about a simple arrangement that had been put in place to help them maintain a healthy night time routine. "Staff set an alarm on my phone to remind me to go to bed. It means I'm doing a lot more now."

In another example, a married couple had been supported to find a new home after moving out of a shared tenancy. Again they spoke extremely positively about the influence and support of the staff and managers in securing their new home. They told us that the move had a positive effect on their relationship and said, "I think the staff have done well helping us get in here."

We were also told about two people who developed a relationship after starting to share a home. Both people were discretely supported by staff to consider the implications of starting a relationship for themselves and others sharing their home. They were also supported to keep the relationship private.

In another example, staff worked closely with a parent to help them understand a person's complex behaviours. We saw evidence that this led to more frequent visits and a better relationship between the two people.

We were provided with numerous additional examples of staff and managers supporting people to make genuine progress towards goals and objectives. Examples included, a person enrolling in college in later life and learning to read, people being encouraged to vote in the recent referendum and people safely recruiting volunteers to provide additional support where staffing resources were limited. In each case it was clear that the service had provided information, support and advocacy to a very high standard. It was also clear that each of the people had benefitted from the changes made and the increased levels of autonomy and independence achieved.

We asked people about the need to respect privacy and dignity. Staff were clear about their roles in relation to privacy and dignity and gave an example of a complex situation which was under constant review to ensure that people's privacy and dignity were maintained. Staff were also clear about the practicalities of privacy within shared homes. They provided examples where people had been guided and supported to maintain their own privacy and respect the privacy of others. When we were invited to look around people's

homes, staff took time to ask people if they were still happy for us to be there and knocked on doors and waited for an answer before entering. Staff were clear that they were working in somebody else's home and were able to explain why professional boundaries were important in helping people to maintain their privacy and dignity.

The easy-read support agreement provided to each person accessing the service clearly outlined what people could expect from the service and what their responsibilities were. It provided information on independent advocacy and contact details for the Care Quality Commission should people need them. In each case people or their representative were required to sign the agreement.

Good

Is the service responsive?

Our findings

We saw from care records and person-centred plans (PCP's) that people were given choice over each aspect of their service. This choice included; staff, activities and times of support. One person told us about their preferences for support and activities. They said, "I'm always out early doing my papers. I like to do the garden and wildlife too. There's a bird table by my window." Another person spoke with great enthusiasm about their work experience placement and activities. They said, "I work at Brighter Futures. We repair and re-sell mobility equipment. I like to go swimming when we've got extra staff." While a third person talked about their job at a local football club.

People's goals and aspirations were recorded in accessible person-centred records that allowed them and their staff to monitor progress and reflect on things that had gone well. There was also evidence that things that had not gone well were considered as part of the planning process. We saw clear evidence that people's plans had been regularly reviewed and that they were actively involved in the process. One person said, "I can talk to staff at keyworker meetings or reviews."

We saw evidence that people were also supported with complex personal issues and lifestyle choices through access to specialist advice and support where required. This included support to develop and maintain relationships. We were provided with examples of people starting new relationships and improving existing ones. In each case, staff had facilitated access to information and supported people discretely and appropriately until they felt confident enough to manage the relationship independently. Staff were able to explain issues relating to consent in connection with some relationships and how concerns had been addressed in conjunction with external health and social care professionals.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families. The information was available in a range of formats on request. We saw evidence that people's views had been used to develop the service. For example, new activities and events had been introduced following tenant's meetings. People told us that they fed-back to the registered manager and other staff on a day-to-day basis or at meetings. One person using the service said, "We talk to staff at keyworker' meetings and tenants' meetings." Another person told us, I can talk to staff at keyworker meetings or reviews."

Before the service started the provider collected information from health and social care professionals and completed their own detailed assessment of care and support needs. The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. The written information in the plans was detailed and respectful. Key documents were signed by people using the service where appropriate. The PCP's that we saw provided a clear indication of the person's likes and dislikes. They also included details of how the person wanted to be supported and what their goals and aspirations were.

People were given a number of options if they chose to complain about the service. They could speak

directly to staff or managers. One person using the service told us, "If I needed to complain I'd speak to [manager] or the on-call." Another person said, "I'd go straight to [manager] if I wanted to complain. I've never had any trouble with the staff." People could also use the easy to read complaints process. We saw that there were a small number of formal complaints received by the provider. Each complaint had been recorded on an electronic system, processed in a timely manner and a written response produced for the complainant. This was in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

Two registered managers were in place. Only one of the registered managers was available on the day of the inspection.

Open communication was encouraged at all levels. A person using the service said, "We get told what's going on through letters." While a member of staff said, "I know who to contact if I need more information about anything." Another member of staff told us, "The manager keeps us well informed about changes. We get the chance to have our say."

The organisation had a clear set of visions and values which were communicated in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed. Staff were able to explain the visions and values of the services and applied them in their practice. The core values reflected people's rights to equality, opportunity and independence. One member of staff said, "I admire the fight for people with learning disabilities by Mencap." While another member of staff told us, "Mencap really does work to make a difference for people."

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with great enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the organisation. One member of staff told us, "I'm definitely motivated. I love my job." Another member of staff said, "Every day is different. I'm very motivated to do my job."

The registered manager that we spoke with was aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the commission as required.

The registered manager was available to members of the management team throughout the inspection and offered guidance and support appropriately. People that used the services were very complimentary about the approachability and communication afforded by the managers within Mencap (Merseyside and Lancashire Support services). A member of staff said, "[manager is very approachable and quite hands-on." Another member of staff told us, "Management, leadership and approachability are good. Communication is good. We get a newsletter that keeps us informed and gives us a boost."

The registered manager had robust systems and resources available to them to monitor quality and drive improvement. The provider had an extensive set of policies and procedures to guide staff conduct and help measure performance. The registered manager and the service managers were knowledgeable about their roles and responsibilities. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with service users, family members and staff. They spoke with enthusiasm about working for the organisation. They said that they were well supported by senior managers. They understood their role in relation to the assessment and monitoring of quality and coordinated the collection

and collation of data in relation to quality and safety audits.

The registered manager and other senior managers had completed a series of quality and safety audits on a regular basis. Important information was captured electronically and used to produce reports. These reports were shared with senior managers and quality specialists throughout the organisation and used at a local level to monitor and drive improvement. Each of the staff that we spoke with demonstrated a clear and consistent understanding of the quality assurance framework.