

Royal Mencap Society

Mencap - Liverpool, Knowsley and Lancashire Support Service

Inspection report

Mencap - Essex House, Bridle Road,
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Date of inspection visit: 22 December 2014
Date of publication: 27/03/2015

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 

Overall summary

We undertook an announced inspection of Mencap - Liverpool, Knowsley and Lancashire Support Service on 22 December 2014. We informed the provider four days before our visit that we would be inspecting. We announced the inspection so the provider could check with people whether we could visit them in their homes and then organise those visits.

Mencap - Liverpool, Knowsley and Lancashire Support Service office is based in Bootle, Liverpool, Merseyside. The organisation provides personal care services to people with a learning disability who live in the community. At the time of our inspection the organisation was providing support to 62 people in 25 supported living accommodation schemes.

Summary of findings

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.

People who used the service told us they felt safe and secure in the way they were supported by the staff. There were appropriate numbers of staff employed to provide a flexible service and to ensure people received the support at a time when they needed it.

Staff had completed adult safeguarding training. They were knowledgeable about adult abuse and clear about the arrangements for reporting any concerns they may have. They were aware of their organisation's whistle blowing policy and said they would not hesitate to use it.

Rigorous recruitment processes were in place to ensure that staff were suitable to work with vulnerable people. Staff received regular training for their role and specific training in relation to people's needs. Staff were up-to-date with their supervision and annual appraisal.

The consent of people was obtained before support was provided and staff worked in accordance with the principles of the Mental Capacity Act (2005).

The assessments and support plans in place were personalised and provided detailed information about each person's preferences, needs and aspirations. People were involved in reviewing their current support and making plans for future activities they wished to engage with.

Support was flexible and coordinated around people's specific needs and preferences. Arrangements around meal preparation were primarily based on each individual's food preferences and daily routines. We heard good examples about how people who shared a house were supported to plan their weekly shop and agree on a menu together.

Processes for routinely monitoring the quality of the service provision were established, including an annual survey and visits to the supported living schemes to check people were satisfied with their support arrangements.

Summary of findings

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 was safe.

Risk assessments had been undertaken depending on each person's individual needs and support plans were in place to ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

People told us staff supported them with their medication safely and on time.

There were sufficient numbers of care staff available to ensure people received support when they needed it. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

The consent of people was obtained before support was provided and staff worked in accordance with the principles of the Mental Capacity Act (2005).

People were supported by staff with meal preparation if they needed it. Other people could prepare their own meals with minimal support

Staff were proactive with ensuring any health needs people had were met.

Staff were well supported through induction, supervision, appraisal and on-going training.

Good



Is the service caring?

The service was caring.

People told us they were happy with the support they received. They spoke highly of the staff and said their privacy was respected, and they were treated with dignity and respect.

Staff demonstrated a genuine positive regard for the people they supported. They had a detailed knowledge of the needs, preferences and aspirations of each person.

Good



Is the service responsive?

The service was responsive.

Support and community participation was individualised and varied based on each person's specific needs and desires. Some people had a job, others attended day facilities and some people were engaged in ordinary community activities with the support of staff.

People were routinely involved in any reviews of their support plans. People said their support was person-centred and provided at a time and in a way that they liked.

A process for managing complaints was in place. Most people we spoke with knew how to raise a concern or make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff spoke positively about the communication and support they received from management. They said there was an open-door policy in the organisation.

Opportunities were in place for people to provide feedback on the development of the service. For example, people who used the service participated in the process to recruit new staff.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established.

Good



Mencap - Liverpool, Knowsley 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 was 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 took place on 22 December 2014 and was announced. The provider (Owner) was given four days' notice because we needed the organisation to ask people whether we could visit them in their own home. We requested to spend time with people face-to-face because some people who were supported by Mencap had complex communication needs. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the organisation. This included information which the provider had reported through to the Commission and

other information the Care Quality Commission had received about the organisation from partner organisations and members of the public. We did not receive a Provider Information Return (PIR). The PIR 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.

As part of the inspection we spent time in three supported living schemes that supported 10 people. We spoke with four people. Other people were either unable to verbally communicate with us, chose not to speak with us or were out in the community at the time we called. We spoke with a family member who was visiting their relative at the time of the inspection. We spoke with the registered manager and two service managers. We spend time with five care staff who provided direct support to people. We also observed how staff engaged and communicated with people.

We looked at the care records for two people who were supported by Mencap, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

The people who received support from Mencap told us they felt safe in the way support was provided in their home and said they were comfortable with the staff who support them. Regarding the staff one person said, “They are nice people.” A person’s relative who was visiting at the time of the inspection confirmed they were happy with the accommodation and the way in which staff provided support.

Some people needed assistance with their medication and said staff helped them with this. They told us they received their medication at a time when they needed it. One person said, “I get my medication in my bedroom. The staff give it to me.” Another person said, “I used to look after my own tablets but I am not able to do that now. The staff do it for me.” A visiting relative told us they had seen medication being given on time. The support records we looked provided individualised guidance as to how people should be supported with their medication.

Staff were familiar with the organisation’s medication procedure and told us they received medication training as part of their induction. An assessment was undertaken to ensure new staff were competent before they commenced supporting people with their medication. Annual medication work-based observation was in place for each member of staff. The four staff personnel files we looked at confirmed medication was part of induction and annual observations took place. One of the service managers showed us the electronic system they used to monitor the status of staff training, including medication training. Medication was stored safely in the supported living schemes we visited. Some people kept their medication in their bedroom and risk assessments were in place to support this.

The staff we spoke with said they received training in adult safeguarding as part of their induction and received annual refresher training. Personnel records and the service manager training monitoring system confirmed this. Staff had a good understanding of what constituted adult abuse and were clear about the arrangements for reporting any concerns both within the organisation and externally. An adult safeguarding procedure was in place and this was available to staff should they need to make reference to it.

There were arrangements established to protect people from the risk of financial abuse. Some people managed their own money but others needed support. We observed staff in one of the houses checking and recording a person’s money following a visit the person made to the bank that morning. Service managers carried out audits and checks each month and reviewed whether people’s money was managed appropriately and safely.

We could see from the support records that a range of assessments were undertaken to identify and manage the individual risks for each person. These assessments were regularly considered as part of the monthly key worker review. A key worker is a member of staff responsible for coordinating a person’s support. Each person had a six monthly review/planning meeting. We had a look at a recent review and noted it took account of the person’s finances and medication.

A person told us about a condition they had which meant they were particularly at risk when using the stairs in their home. They were able to tell us that meetings had taken place with the staff and their social worker was looking for a property for them that did not have a stairs. They told us the staff supported them when they used the stairs in their house.

Where appropriate, bespoke training regarding individual risk was provided. For example, a service manager informed us the staff team supporting a person with behaviour that challenges had received two full days of training that focussed on the person’s individual needs. Since then there had been significant reduction in the person presenting with this behaviour. The service manager advised this was because the staff had a better understanding of the triggers for the behaviour and learnt new ways to manage situations.

A system was in place for reporting and monitoring any incidents, including accidents. Incident forms were completed and stored in the person’s support records. The service manager entered each incident on to an electronic system. Incidents were reviewed by a dedicated incident management team.

We looked at the personnel files for three members of staff recruited in the last 12 months. We could see that a

Is the service safe?

rigorous recruitment process was in place and a formal check had been carried out to confirm each member of staff was suitable to work with vulnerable adults. Two references had been obtained for each of the staff.

Staffing levels were flexible and based on individual need. Some people did not need staff support all of the time. Other people needed the support of two staff at certain times. A family member told us their relative had dedicated

one-to-one time each Saturday. People told us they received support from a regular staff team and they received the support in accordance with their agreed support plan.

A service manager provided us with an example of a personal emergency evacuation plan (often referred to as a PEEP) and advised us that all people supported by the organisation had a PEEP in place to ensure they were safely supported to leave the property in the event of a fire.

Is the service effective?

Our findings

People told us staff supported them to look after their health. They said staff accompanied them if they needed to visit the doctor. A family member said to us that their relative was in better health since moving to his current accommodation and with the support from staff. A member of staff told us one of the people they supported had a health action plan in place and had contact with a specialist nurse twice a year.

The support records we looked at confirmed that people's health care needs were taken into account and people had access to a GP, dentist or other health care professional when they needed it. Staff were proactive with health promotion, including the gender specific health needs of people. We heard some good examples of how staff had supported people with sexual health needs and provided health education around the use of contraception. Furthermore, some people were keen to maintain their weight at an optimal level and staff supported them with healthy eating plans and access to their preferred exercise routine. In one supported living scheme we visited the people living there had pooled their money to purchase a treadmill and other exercise equipment.

Arrangements regarding meal choices and preparation varied considerably depending on the needs of each individual. A person said, "I can make tea and sandwiches but I need help with hot food." Another person told us, "The staff cook for me and sometimes we go out for lunch." A family member said about their relative, "He gets a choice but he won't eat anything he does not like."

People told us they decided what they wished to eat each day. Sometimes they agreed a menu with other people they shared the property with. One person said they made a list each week and then staff helped them with the food shop. Staff said it was not unusual for people sharing a property to eat different meals each day and at different times. Some people cooked independently or with minimal staff supervision. Others needed the full support of staff with meal preparation. It was clear from our conversations with people and staff in the three supported living schemes we visited that the approach to meals was very much person-centred.

Staff we spoke with had an excellent understanding of the Mental Capacity Act (2005); legislation to protect and

empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They equally were clear about the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people are supported in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff were able to provide relevant examples of how the Mental Capacity Act and DoLS could apply in supported living services. Service managers told us they had received training in the Mental Capacity Act and then had provided training for their staff teams. Two service managers were identified as the organisation's 'champions' for the Mental Capacity Act.

Staff informed us about a number of applications that had been made to the Court of Protection as some of the people had family members who did not wish to be involved in their relative's finances. An application had been made on behalf of one person who did not have a family member to support them with managing their money. The Court of Protection was created under the Mental Capacity Act and is a specialist court for all issues relating to people who lack mental capacity.

A person had an assistive technology device in place to ensure their safety whilst promoting their independence. The principles of the Mental Capacity Act had been employed to ensure this equipment was put in place in the person's 'best interests'. We could see from the care records that the person's social worker had been consulted and was in agreement with the use of the equipment.

We were provided with an example of how a person needed major surgery who did not have the capacity to provide informed consent to this treatment. The staff worked closely with health and social care professionals involved. The principles of the Mental Capacity Act were adhered to ensure consent to surgery was appropriately obtained. Staff were involved with health professionals to ensure the person understood what was happening throughout the process and received good post-operative support, including psychological support.

Staff told us the organisation provided an in-depth induction that prepared them well for their role. We looked at three personnel records for staff that recently started

Is the service effective?

working for Mencap. We could see the staff had a review meeting at the end of their induction and also had a meeting with their manager at the end of their probationary period.

All the staff we spoke with spoke highly about the standard of training provided by the organisation. They told us there was certain training they needed to complete each year and their manager reminded them when the training was due. They also said they received specific training depending on the needs of the people they were supporting. For example, training in diabetes and dementia care was facilitated when required. The training records we looked at showed staff were up-to-date with the training Mencap required them to complete.

We heard from staff that they had regular one-to-one meetings with their manager where they could discuss their development needs and any concerns they may have. Referred to as 'Shape your Future', supervision and an annual appraisal was provided through three quarterly meetings between the member of staff and their manager. The personnel records we looked at confirmed staff participated in the 'Shape your Future' programme. A service manager showed us the electronic system in place to monitor that the three quarterly meetings took place each year for all staff. All the staff we spoke with had completed or were in the process of completing a National Vocational qualification (NVQ) in care. They said the organisation encouraged educational and professional development.

Is the service caring?

Our findings

People we spoke with said they got along well with the staff who were kind to them. One person told us, “They [staff] are respectful. They are always nice and obliging.” Another person said a member of staff was not kind a while back and they told the service manager and the member of staff did not return to support them again.

People told us staff respected their privacy particularly if they needed support with personal care. They said they could have a key for their bedroom if they wished. Staff told us some of the people liked to lock their bedrooms when they went out.

We spent time with staff in each of the supported living schemes we visited and they all demonstrated a detailed knowledge of the people they supported, including their preferences and hobbies. The care records were centred entirely around the person they were about and provided detailed information about the person’s personal history and preferences. This meant people were supported to participate in activities that were important to them.

We observed staff supporting people and the relationship between people and staff was positively engaging, was

based on mutual respect. We observed a member of staff discreetly supporting a person who made a cup of tea of tea for us after we arrived. Staff assumed people would want to speak to us alone but did offer them a choice if they wanted a member of staff with them. This was important as some people communicated that they were anxious about speaking to us on their own as they had not met us before.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided support to the same people on a regular basis, which meant people had the opportunity to develop good relationships with the staff who supported them. Some of the staff we spoke with had been working for the organisation a long time.

The majority of people had family members to represent them if they needed it. We heard of one person who had no family member or representative. Although the person had a social worker, they did not have access to an advocate. We had a discussion with the manager of the service about this. Shortly after the inspection the manager contacted us to advise that the person had been referred to an independent advocacy service.

Is the service responsive?

Our findings

The people we spoke with all had very different needs and levels of independence. They described the activities they did each week. They told us they got involved in community activities that interested them rather than activities the staff decided on. Some people were more independent than others and went out to college or to work on their own. Others were supported to access the community with support of staff on an individual basis. We heard that staff encouraged people to reach their full potential. For example, one person expressed an interest in horse riding and had been supported to pursue this interest. Since then they had won numerous awards for horse riding. Even though people had their own individual activities, most said they enjoyed spending time with the other people they lived with.

People were supported to maintain relationships and develop friendships. Staff told us about how one of the people met up at a day centre with a friend they had lost contact with from earlier in their life and now they continued to meet on a regular basis. We heard that some younger people who shared accommodation had developed a strong friendship and socialised together. They went on a holiday abroad together and said they had a great time on the holiday. Staff told us how one of the people had been supported to attend two public consultation meetings to express their views regarding the proposed closure of a community facility they used.

People told us they were actively involved in their care reviews and that their views were listened to and taken into account. A person said to us, "I have a care plan and I was involved." The care records we looked at documented this

this involvement. We could see that care reviews took place six monthly and others involved included the person's care manager and/or a relative. The reviews looked at matters, such as what the person had achieved, their health needs, medication and future plans.

A complaints procedure was in place. The people and relatives we spoke with were aware of how to make a complaint about the service. Complaints were monitored and we noted that three complaints had been received in 2014. We looked at two of these and could see that they had been responded to in a timely, appropriate and sensitive way. Staff advised us that an easy read complaints leaflet was available in each of the supported living schemes. At our request we were provided with a copy of the leaflet after the inspection.

A satisfaction survey had been undertaken for 2014. Some people recalled being asked for their opinion about the service. We were informed that relatives were also asked their views of the service. Although the survey questionnaires were anonymous, each supported living scheme could be identified from the survey, which meant any concerns raised could be followed up. The feedback questionnaire was in an easy-read pictorial format. The form asked questions related to areas, such as whether the support was right, how people were supported to achieve their goals and keeping healthy and safe. We noted that a person made some negative comments about their care package. We asked the registered manager about this and they explained that they had met with the person and the matter was resolved to the person's satisfaction. We were shown documentation which confirmed the service had followed up on the person's concerns.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. The conditions of registration were being met. A provider information return (PIR) had not been returned to CQC within the expected timeframe. We discussed this with the registered manager who advised us that they had not received the initial email from CQC requesting this. As soon as the registered manager was made aware they submitted the PIR.

Involving people supported by Mencap in the development of the service was undertaken in a number of different ways. People and/or their families had the opportunity to provide feedback on the service through an annual survey. Each of the supported living schemes had regular meetings for the people living in the house and we were advised these were held every three months. The meetings looked at issues relevant to each particular service, such as the cooking arrangements, furniture and redecoration. People also had the opportunity to participate in the interview process for recruiting new staff. The registered manager informed us that people's feedback on potential staff were taken into account as part of the selection process.

People and staff spoke positively about a recent celebration. In November 2014 Mencap celebrated 30 years of providing services to people with a learning disability. People supported by Mencap, their families, staff and council members attended the event, which was presented by a person with a learning disability. Staff who had been in post for 25 years or more received an award. A dance performance and workshop was provided by people with a learning disability.

Service managers were in post and they were responsible for a dedicated group of supported living schemes. We heard from staff in each of the supported living schemes that service managers made regular visits, which were often unannounced. They said the service managers enquired about the welfare of the people living there during each visit and carried out checks.

The service managers confirmed that routine quality checks were carried out each month. The checks involved monitoring that support documentation was reviewed, including risk assessments and support plans. Other areas checked included safety of the environment, staff training, meetings with people who use the service, complaints, incidents and any reported safeguarding concerns. Action plans were developed if required. The registered manager could monitor the status of these quality checks as they were recorded electronically on a central system.

Service manager meetings were held each month to share information and provide updates. We looked at the meeting minutes for the previous three months and could see that matters, such as updates on the Mental Capacity Act (2005) were discussed.

Staff told us that they felt well supported by management. They said they could contact their service manager or one of the manager's at the office if they had any concerns about the people they supported. They said there was an open-door policy and management was approachable.

We were told communication was good and staff were kept up-to-date about any changes. Staff meetings were held six weekly. We could see that a set agenda was established for the meetings, which took into account a variety of matters regarding the running of the service.

Staff were aware of what whistle blowing meant and said they would not hesitate to raise any concerns through the whistle blowing process. We were advised that a whistle blowing telephone line managed by the human resources department was in place for staff to use.

The registered manager advised us that a talent reward system was in place for staff. To support development, opportunities were in place for staff to shadow other staff in different positions. The role of 'team developers' had been established to provide an opportunity for support staff to progress within the organisation.