

Scarborough and District Mencap

# Scarborough and District Mencap

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# 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 that 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

Scarborough & District Mencap is an independent charity which provides support to children and adults with learning disabilities. Four services are available at the location, which include a day service and a domiciliary care service providing the regulated activity of personal care. At the time of the inspection the service supported 4 people in the community with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. 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:

People were assisted to manage their own medication. However, records and quality checks in this area were lacking. We could not be assured that all areas of medication management were checked for safety and quality. Care plans were in place to help staff understand people's care needs. Some areas of the records needed expanding to ensure all information relating to that person's care and the risks to them was detailed and recorded.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals.

People were supported to have maximum choice and control of their lives, however, more detail was needed in the care records to fully explain people's capacity. This would ensure staff supported people in line with their best interests. We have made a recommendation about this.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People understood information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service explored opportunities for people to try new activities that enhanced and enriched their lives.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. The registered manager worked hard to promote an open and honest culture in the service. Staff felt supported in their roles and able to raise any concerns without fear.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service under the previous provider was good (published 5 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide the service with a rating under the new provider.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scarborough & District Mencap on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to the governance of the service at this inspection. We have made a recommendation around the providers understanding of the principles of the Mental Capacity Act (2005).

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Scarborough and District 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. 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

One inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. 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

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We consulted the registered manager, the compliance manager and a senior carer regarding current procedures in the service. We reviewed a range of records. This included 2 people's care records and health and safety records. We looked at a variety of records relating to the management of the service, including 2 staff recruitment records and quality assurance procedures in place.

### After the inspection

We continued to review records and policies after the inspection. We reviewed meeting records, medication records, training information and processes to ensure quality in the service. We reviewed policies and procedures in place to ensure a good standard of care. We spoke to 3 relatives and 2 people who used the service to gather feedback on the care and safety of the service. We spoke to 5 staff members about their experience of working for the provider.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People managed their medication with the assistance of staff. However, records of staff assistance needed more clarity to help ensure the safe management of medication.
- Care records did not include the full details needed to guide staff on how to manage people's medication safely. Responsibilities for ordering, administering and storing were not included.
- The levels of support people required was not always clear. The provider told us that people managed their own medicines however records show staff prompting people with their medicines and completing Medicine Administration Records (MARS).
- Risk assessments did not always contain the information needed to be in line with the providers own policy.
- Staff knew the people well and told us how they supported them with their medicines however records did not always reflect this. We have addressed the concerns with the medication records within the well led domain.
- The registered manager responded immediately to our feedback on inspection, developing risk assessments and reviewing records and procedures with staff.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and managed. However, some risk assessments included details which were not included in the main body of the care plans.
- Areas of the care plans needed expanding to include details of all aspects of care and staff responsibility. For example, the care plans for the management of finances was brief and didn't outline the staff's responsibility in managing this area of care. People had not been affected by this however, the lack of detail could cause confusion if an incident occurred.
- People told us they felt safe. One person said, "I do feel safe with the support workers as they know my needs."

### Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. The registered manager was proactive in their approach to reviewing the care within the service, creating action plans and working to improve.
- Staff raised concerns and recorded incidents and near misses, which helped keep people safe.

### Staffing and recruitment

- The service had enough staff, including additional one-to-one support for people to take part in activities

and visits how and when they wanted.

- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed government guidance to safely manage the risks of infection. People told us, "During the pandemic my support worker would still take me out, when in my home they would wear a mask."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 MCA 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.

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.

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

- The service was working in line with the principles of the MCA, however more detail is needed within the care records to ensure capacity is clearly recorded to help guide staff.
- Best interest decisions were being made for people who required this support; however, the service was reliant on the social care team to guide them in this area.

We recommend the provider review best practice guidance in relation to the MCA 2005 and update their practice accordingly.

- Staff empowered people to make their own decisions about their care and support.

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

- People's needs had been assessed and people's choices were known and followed by staff.
- Care plans were person centred and people's goals and aspirations had been recorded, but more detail was needed within these records to help evidence the positive impact the service had on people's lives.
- Staff had policies to help guide them, which included best practice guidance and legislation.

Staff support: induction, training, skills and experience

- Staff were supported in their roles and had the opportunity to enhance their skills.
- A training matrix was in place to monitor staff training needs and appropriate refresher courses were

arranged to keep staff up to date with best practice guidance.

- A thorough induction was provided to staff, with the opportunity to shadow more experienced members of the team.

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

- People were supported to eat and drink and to maintain a balanced diet.
- Staff would encourage healthy options when preparing meals and gave people the opportunity to help in the kitchen, promoting independence.
- Staff monitored people during mealtimes who were at risk of choking. Any incidents were recorded, and additional support was requested from more specialised professionals when needed.

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 live healthier lives and have access to healthcare services.
- Staff supported people to their health appointments, working with them to minimise their anxiety.
- Staff worked well with other agencies, acting on their advice which helped provide effective care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People gave positive feedback when asked about the care staff provided. One person told us, "I have a regular support worker coming to my home who is lovely."

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

- People were supported to express their views. Regular opportunities had been provided by the service to discuss care in a safe and inclusive way.
- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People had the opportunity to try new experiences, develop new skills and gain independence.
- Relatives of the people told us they witnessed kind and respectful care. One relative said, "One of Mencap's biggest strengths is the respect and dignity they afford [Person], which I have seen when visiting."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care was personalised which ensured people had choice and control of their lives.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- The service gave people the opportunity to discuss their ideas and preferences in a safe environment. Action was taken when suggestions were made ensuring their needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- People were supported to maintain relationships and to follow their interests.
- The day service provided an array of opportunities for people to try new things and to be actively involved within the community.
- Staff were committed to encouraging people to undertake voluntary work and employment in line with their wishes and to explore new social, leisure and recreational interests.
- People and staff were enthusiastic and proud of the support they offered to people with activities. One staff member told us, "The biggest improvement I have seen in the service is the amount of activities offered. They are varied and the people have a say in what they do. We are always looking to improve."

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality systems had been developed for the service; however, these were not robust enough to highlight the concerns raised at the inspection.
- Medication records were lacking in detail and the medication audit did not currently cover the service in the community. We could not be assured that the safety and quality of the medication systems had been monitored.
- Care plans and risk assessments needed expanding to ensure the needs of the people were fully recorded and all risks had been mitigated.

The failure to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records is a breach of regulation 17(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took on board the feedback from the inspection and was working to produce an action plan to address the concerns raised.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager promoted a positive culture, that was person-centred and open.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff were very positive about the improvement and impact the registered manager had on the service. They told us the registered manager was always innovating and looking to improve, providing support and new opportunities to staff. One staff member said, "[The registered manager] is a good leader, the best one so far."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

- The registered manager and staff understood the duties of candour, apologising to people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Feedback questionnaires, group supervisions and forums for people using the service were held to collect people's views. Action plans had been created where needed and improvements were made.
- People were involved in the care planning process and felt able to contact the service if they needed to discuss their care.
- The service was continually reviewing their processes to learn and improve.

Working in partnership with others

- The service worked well in partnership other health and social care organisations, which helped to give people using the service a voice and to improve their wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to monitor and improve the quality and safety and to maintain accurate and complete records.  Regulation 17(1)(2)(a)(c)