Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Royal Mencap Society

Enfield Domiciliary Care Service, Unit 16 East Lodge Village, East Lodge Lane, London, EN2 8AS

Date of Inspection: 07 August 2014

Date of Publication: November 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Ms Deborah Margaret Knight
Overview of the service	The Royal Mencap Society Domiciliary Care Agency provides a service for people with learning disabilities who live in Enfield, Barnet and Redbridge.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 August 2014, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

A single inspector carried out this inspection. We spoke with three people who used the service, five relatives and two members of staff. We reviewed the care records in place and looked at how the service was managed in relation to the standards we inspected. We did not have an opportunity to visit people who received support in their own homes due to the distance between the registered office and where people lived.

The focus of the inspection was to answer the five key questions : is the service safe, effective, caring, responsive and well-led?

Is the service safe?

The service was safe because safeguarding issues were dealt with appropriately and referrals and notifications were made where necessary. For example, we were told staff who were investigated and found to be working unsafely were no longer able to work in the organisation and a Disclosure and Barring Service (DBS) referral was made.

When we spoke with people who received support, they all felt the service was keeping them safe. Relatives of people receiving support also felt their family members were safe.

Staff had received safeguarding training and there was a focus on regular discussion of any safeguarding issues at team meetings.

Is the service effective?

The service was effective because people receiving support felt they were receiving a very good quality of support.

The service had high quality support plans and risk assessments in place which helped to ensure people's care and welfare needs were being met.

Relatives gave very good feedback on the quality of support being provided for their family members by staff.

Is the service caring?

The service was caring because people receiving support felt they were respected and involved in their support. There was a need, however, to ensure people receiving support were always involved in recruiting new staff to work with them as this had happened less consistently recently than in the past.

The service had taken time to understand and plan to meet people's needs and was focused upon ensuring they were treated well at all times.

Is the service responsive?

The service was responsive because it dealt with complaints quickly and effectively.

The service was also responsive because it responded quickly when safeguarding concerns were raised and it acted swiftly to ensure any vulnerable individuals were immediately protected from any potential further harm once the concern was known about.

Is the service well-led?

The service was well-led because quality systems were in place ensuring effective quality monitoring took place to make sure services delivered were of a high standard at all times.

Managers appeared to be proactive, person-centred and committed to working with all parties to ensure people who received support got a consistently high quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and deliveredin relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. We spoke with people who received support and they told us, "Staff respect me because they speak to me well" and "Staff treat me very well which shows they respect me." We spoke with relatives of people who received support. One relative said, "Staff are very dedicated. They are very helpful and enabling." Another told us "My relative is respected as a person." However, other relatives felt that their family members had been involved in recruitment in the past but had not had this opportunity more recently.

The manager advised us that people's individual plans were only shared on a strict "need to know" basis because they contained very private and confidential information. This showed us people's information was treated with respect.

We saw the Mencap induction training first day programme was centred around the organisation's values as well as treating everybody with respect and maintaining everyone's dignity at all times. The second day covered listening to people and allowing them to make their own decisions. We were advised monthly team meetings took place which focused on how the dignity of people receiving support was being maintained. We saw staff performance reviews were centred around maintaining the dignity and respect of people receiving their support.

We saw people had a communication passport which was designed to enable a person to express themselves fully and therefore to be fully respected as an individual. We were told "We see people's behaviour as being an important part of their communication." We saw the organisation's plan for decision and choice making. This was designed to help staff to support people in making informed decisions in their daily lives and contained useful guidance on enabling choice making. This was further evidence of the provider treating a person's and wishes with respect.

The manager told us people's reviews were held every six months and a person was asked how they wanted things to change during the review, if necessary by using any

means of communication they found accessible. An example given was the use of picture cards for people with limited verbal or non-verbal communication.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with people who received support. They were all very positive about the quality of support they had received. One of them told us "It is a very good service." We spoke with relatives of people who received support. Several relatives gave positive feedback about the care and welfare of their family member but some relatives also said they felt that this had suffered as a result of high turnovers of managers and staff in different services. Relatives told us that consistency of support was critical and expressed some concerns this might suffer if managers and staff were not recruited quickly enough to replace those who were leaving. However, some relatives did acknowledge things had improved when they said "The team there now is very good again. I think we have turned a corner."

We saw people's needs were comprehensively assessed by an experienced manager in consultation with the person, family members, medical professionals and social workers/care managers, prior to them being offered a service. We observed this information then being transferred to a support plan and we looked at four of these in relation to people's medication and epilepsy management. We saw people's epilepsy related needs were fully documented and staff were given comprehensive guidance in relation to supporting people with epilepsy in order to keep them safe. We noted these plans were outcome focused and were written in a way which was designed to maximise the possibility of people taking as much control of their lives as was possible.

We looked at a range of plans for people who received support across the whole range of domiciliary care services provided. We noted there was a "Future Needs" section in which a person had a plan to receive support for increasing their road awareness and therefore their ability to live their life more independently. We saw people reviewed this plan in regular keyworking sessions.

We discussed how the organisation used published research evidence in their support for people. We were told by the manager that the organisation was at the forefront of research and examples given were the "Death By Indifference" research which showed how people with a learning disability were dying unnecessarily as well as "Hear My Voice" which was designed to ensure every person with a learning disability had a chance to vote, as well to

campaign on disability issues.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. We discussed three notifications which the Care Quality Commission had received from the provider. We checked that the necessary action had been taken in relation to each notification and found this was the case. We also found that, where necessary, the provider had made DBS referrals.

We spoke with people who received support about whether the service kept them safe. One person said "Yes they do keep me safe because they keep me away from strange people." Another person told us "I do feel safe just because the staff are supporting me". A third person talked about needing to kept safe when they cooked for themselves. They told us staff monitored their cooking without trying to interfere. All of the relatives we spoke with felt their family member was kept safe although one relative expressed a concern around forthcoming changes to the staff team and consistency of support in relation to their relative needing to follow a special diet.

We looked at on-line staff training logs and saw staff had received up-to-date safeguarding training. Safeguarding formed an integral aspect of the provider's induction training with annual refresher training. Refresher training was undertaken by a manager facilitating a discussion-based session with staff from different services to maximise shared learning and understanding. New national guidance was passed to the service by the central learning and development team. We were advised local authority safeguarding procedures and contact numbers were kept discreetly for staff information in each person's home.

Each person supported had an easy read guide to abuse given to them and monthly meetings with them discussed safeguarding as a standing item. The manager told us how staff had watched relevant television programmes with people receiving support and had used these for the basis of constructive discussions around the potential for vulnerable adults to be exploited and potentially abused.

We asked what steps the provider had taken to identify the possibility of abuse and what steps had been taken to prevent it. The provider continually reviewed staff practices to ensure this issue was dealt with and therefore abuse did not occur. Abusive practices were

always discussed in supervisions and were documented as being discussed in each staff member's individual staff development plan. In addition, all incident reports were reviewed by a manager with senior management support and discussion in team meetings to encourage group learning. Discussion groups were arranged for teams where specific issues needed to be focused upon. Managers undertook regular monitoring visits to services and spent time with people to try to ensure they were not being abused. The staff handbook described good practice in relation to prevention of abuse and the provider had attempted to promote a culture of open communication to ensure staff were able to discuss and be supported with any concerns they had.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection procedures in place and appropriate checks were undertaken before staff began work. We were advised the provider tried to involve people receiving support and their families in the recruitment process wherever possible. Family members confirmed this but said this had happened less often recently. The people receiving support who we spoke with said "The staff know what they are doing - they are good" and "The staff are excellent - they are the best." Relatives of people receiving support said the quality of staff was generally very good but they worried about consistency of support when staff left working at the service and it took a long time to recruit new staff to replace them.

We looked in detail at the processes in place regarding Disclosure and Barring Service (DBS) checks. We saw the provider undertook such checks systematically We also observed applicants were asked on their application form if they had any previous convictions. Interviewing managers were also directed to ask applicants at their interview if they had any previous convictions even when there was no mention of any such convictions on the person's application form. The provider told us any verbal and written offer of employment was made on the basis that it was subject to receipt of a satisfactory DBS certificate. We asked the provider what they would do if a person's DBS certificate declared previous convictions. They told us the Area Operations Manager would review the declarations on the certificate with the Human Resources department and make a decision as to whether or not the person should be employed.

We checked what general recruitment process the provider followed and found they asked for a full employment history and two written references on the application form. They also fully explore any gaps in the person's employment history. As well as looking at a person's education and training, a greater emphasis was placed upon why the person thought they would be good at the job they were applying for and what skills they felt they could bring to it.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We saw this when we discussed notifications of safeguarding incidents which had been sent to the Care Quality Commission and what actions the service had taken in relation to these.

We spoke with family members who had differing views about the extent to which the provider engaged with them and acted upon their views. One person said "I see the service being checked when I pop in. The manager is there regularly and there is regular dialogue with them. At family meetings the manager feeds back about their audits so I know they are being done." However, another person told us "There should be more meetings with families." A third person said they wanted to see their relative's daily log book and had asked about this, but a staff member had said they would need to ask the manager first. Another relative we spoke with said "There are regular house meetings about once a month. However, meetings with relatives are a bit off schedule."

We asked about auditing of the service. We were told there was a comprehensive framework for internal quality monitoring in place. This consisted of spot checks by the manager of each service every second month, with times of these checks varying to ensure all aspects of service delivery were observed. Every third month, the area operations manager undertook a visit to a service in their area and spoke to staff and people receiving support. Some of these visits were unannounced. In addition, each month the area operations managers visited a service outside their area to undertake quality checks. A self-assessment of the quality of a service was carried out. There were three tiers to this, these being "Building Foundations, Developing Best Practice and Best Practice." Information to inform this process was also obtained from people receiving support and the area operations manager reviewed these assessments. The local authority also undertook its' own service reviews which focused on the quality of support being provided. We saw examples of these processes which confirmed they were in place and were being used effectively. This was because we saw actions were identified and dates set by which these needed to be achieved by and these dates were reviewed to check the actions had been completed. For example, we were shown a monthly review checklist completed by a service manager which the area operations manager had

checked on their next visit.

In addition to these quality checks, the organisation's quality team carried out themed audits such as complaints and compliments, finances and fire safety assessment. These audits were undertaken by quality audit officers who managers described as being "supportive." A new service received a full quality audit by the quality team once it had been running for one year. We were told the information from each audit and visit was reviewed by the quality team and moderated and the resulting judgements fed into a compliance confirmation tool (CCT) for each service. We were informed the provider was piloting a new quality assurance system.

We were informed the provider undertook stakeholder surveys annually but also more often if there was felt to be a need to consult. All stakeholders were consulted, examples of which were people receiving support, family members, professionals involved with the service and local authority partners. The central question of all surveys was "What Can We Do Better?"

We discussed the complaints handling system. This was held in each service. It contained three sections which were reports, actions and outcomes. All complaints were overseen and monitored by the central quality team. We looked at the incident reporting process which was in place. We looked at a safeguarding referral form where a person receiving support was noted to have some bruising which had been accurately recorded on a body map. We followed this process and saw the issue was referred to the person's social worker for advice (and the advice given was recorded) and was then discussed at the next team meeting to ensure all staff were adopting a consistent approach. The manager told us there was a well-established process whereby all incidents which had occurred since the last team meeting were then discussed at the next meeting.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.