

Midland Mencap

171 Alcester Road

Inspection report

171 Alcester Road,
Moseley
Birmingham
B13 8JR
Tel: 0121 442 2944
Website: midlandmencap.org.uk

Date of inspection visit: 11 February 2016
Date of publication: 04/04/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

This inspection took place on 11 February 2016 and was announced. This was the first inspection of this service since it had registered in its current location. Midland Mencap provided a personal care service to 100 people living in their own home. The people using the service all had a Learning Disability. The service was registered to provide support to both adults and children.

There was a registered manager in post. They were present throughout the inspection. 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.

There were systems and checks in place which had been effective at ensuring people received a safe service. People were supported by adequate numbers of staff that they knew and liked. The staff employed had been subject to robust checks.

Summary of findings

People who required help to take their medicines were supported by staff who had been trained and who had the skills to do this safely.

Staff received an induction, training and the chance to shadow more experienced members of the staff team before being expected to provide care themselves. This meant staff and people using the service had the chance to get to know each other, and both parties could be confident the support would meet the person's needs.

Some people using this service needed support to do food shopping and help to prepare food and drinks. People told us they were happy with the support they were given.

People had been supported to access healthcare when they needed it. Staff were aware of and able to describe people's healthcare needs and how they supported people to maintain good health.

People we spoke with and their relatives told us about the kind and compassionate way staff supported them. People told us they enjoyed chatting with staff, and were often able to have a laugh together.

The provider had a complaints procedure, and any concerns raised were subject to investigation. People we spoke with told us they had rarely been required to use this process as issues could be sorted out quickly and locally with their care staff.

When required people received support to undertake activities and to socialise. People told us about some of the places they had chosen to visit and holidays they had been able to take with the support of the agencies staff.

The agency was well led. There was a registered manager who was aware of her responsibilities to provide care that would meet people's needs and which complied with the requirements of the law.

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.

People told us they felt safe, and we found systems and processes were in place to assure people would be as safe as possible.

Staff were recruited using robust checking procedures. There were enough staff to meet the needs of the people the agency supported.

Risks people presented or were exposed to had been risk assessed, and staff we spoke with were aware of the how to support people in line with these assessments.

Good



Is the service effective?

The service was effective.

People were supported by staff who had been trained and supervised to ensure they could meet people's needs.

People were supported to maintain good health, and to shop for and prepare food and drinks they liked and which met their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People were supported by staff that they liked, and who were compassionate and caring in their approach.

Good



Is the service responsive?

The service was responsive.

Each person received a service that had been tailored to meet their needs and wishes. This was kept under review and adapted as people's needs changed over time.

There was a complaints procedure and concerns people raised were investigated and action taken based on the findings.

When it was part of people's care plan, people were supported to undertake activities that they enjoyed and which ensured they stayed in touch with people and places that were important to them.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who was well supported by a team of senior staff and the wider management team of Midland Mencap.

Outstanding



Summary of findings

The registered manager was aware of good practice, and was able to demonstrate how they were working to continually develop and improve the service they offered.

171 Alcester Road

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 11 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records.

The inspection was undertaken by one inspector. They were accompanied by a member of CQC staff on a development programme. We asked the provider to complete 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 improvements they plan to make and we took this into account when we

made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection. Before the inspection we sent out questionnaires to people who used the service, to staff, relatives and community based professionals.

During our inspection we spoke to the registered manager, the nominated individual and one member of staff. We looked at a sample of records including four people's care plans, four staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with three people who used the service, the relatives of three other people, two healthcare professionals and five staff who provided care.

Is the service safe?

Our findings

People told us that they felt safe. Comments from people included, “The staff make me feel fine and dandy. No problems at all. In fact I love them to bits”, and “I get on really well, and nothing about it makes me worried or scared.” Relatives we spoke with supported this and told us, “I couldn’t praise the staff highly enough. The support they give is as good as I give myself” and “I am so pleased with all they do. I can go out, switch off and have complete confidence all will be well.”

Staff told us they felt people were safe. Their comments included, “I think people are 100% safe” and “Yes, I do think people are safe. All our practices, training and procedures are to ensure people can be as independent yet as safe as is possible.” Staff we spoke with were aware of how to protect people from the risk of harm. Staff told us and records showed that staff had received training in how to recognise and keep people safe from the risk of abuse. Staff were able to describe the actions they took to ensure people were safe and were aware of how to report any concerns they had.

Staff had completed safeguarding training in relation to adults and children. This included the possible types of abuse, the signs and symptoms of possible abuse and how to report any suspicions of abuse. There was a whistleblowing policy and procedure so that staff could report any suspicions they may have about the conduct of a colleague or manager. Staff demonstrated that they were aware of their responsibilities in relation to protecting people. Further information was available in the office to support and direct staff in the event of them requiring additional guidance. The service adhered to the local authority safeguarding vulnerable adults policy. One of the

health professionals we spoke with told us the registered manager’s openness and practice of reporting potential incidents gave them confidence and assurance that people would be safe.

The provider managed risks to people in order to protect them from harm. Prior to people using the service people were assessed and care plans and risk assessments were written to make sure that the person’s needs could be met in a safe way. We saw these records had been kept under review and updated periodically and when people’s needs or circumstances changed. We saw risk assessments in relation to people’s properties, equipment and their medical conditions. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance. They could describe the actions they would take to protect people from harm.

There were a number of staff vacancies being covered by existing staff. We saw and people told us this did not usually affect consistency and people knew which staff were coming to support them. People confirmed that they were supported by the number of staff stated in their care plans. Staff told us and records showed that there was a robust recruitment process to ensure people were supported by suitable staff. This included taking up references, interviews and checks through the Disclosure and Barring Service, (DBS) to ensure that staff were suitable to work with adults and children.

Where people needed assistance with their medication, staff had been suitably trained to undertake this role. There were good systems for the recording of medication doses and the records we saw had been completed appropriately. This ensured that people received their medication as prescribed.

Is the service effective?

Our findings

People we spoke with were very pleased with the support they received. Comments included, “I don’t know what I would do without them, I’m really happy when [name of carers] are supporting me.” Another person told us, “They are helpful and kind. They all support me really well.” Relatives we spoke with confirmed they were confident the staff who supported their loved one had the skills and experiences required to meet their needs. Staff told us they received lots of training, and one member of staff we spoke with described the range of training offered to ensure they were able to meet the diverse needs of the people they supported. Another member of staff said, “I find all the training I receive is adequate and consistent.” One member of staff who had recently been recruited confirmed they had received an induction, completed the care certificate and been given the opportunity to shadow more experienced staff before being asked to deliver care herself. The staff member reported that doing all this meant they felt confident when they went out on their own for the first time.

The manager told us that they recruited staff to meet the specific needs of individuals using the service. Where possible staff worked close to their own homes so they would not need to travel long distances to reach a person using the service.

Staff received regular formal supervisions in order to ensure they remained competent to support people in line with their care plans. However staff told us they could contact their senior, the on-call manager or the office staff at any time if they needed help. This support provided staff with an opportunity to discuss issues and agree on an approach if they were unsure or if a person’s needs had changed.

People using the service or their relatives had been offered the opportunity to express how they wanted to be supported and, when possible, people had signed their care records to indicate their agreement and consent. We saw that the registered manager had made changes to the way people were supported in line with their expressed wishes. This included changes to call times and the staff who provided support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all adults using the service had capacity to make decisions and agree to treatment and care on their own behalf. All staff had received MCA training and there were processes in place, in the event of a person lacking capacity.

People who needed support from care workers to go shopping for food or to prepare meals confirmed that they were supported in the way that they preferred.

People told us and records showed that people had been supported to see the appropriate health care professionals when necessary to maintain good health. One person we spoke with told us, “They help me make Doctor’s appointments, and fill in forms about my health. I find some of these things hard so it is a great help to me.”

Is the service caring?

Our findings

People we spoke with provided numerous examples of staff displaying a caring attitude towards them. One person told us how the carer, “Made her laugh”, another person told us, “They are always so kind. They are nice company, lovely people to talk to.” Some relatives told us how carers had supported them during particularly difficult times. Their comments included, “I’m really pleased with all they do and how they do it. They look after [name of person] really well.” Another relative told us, “They are all really caring. They do what they are supposed to do, and do it well.”

People who used the service told us they preferred it when they were supported by regular staff as this enabled them

to develop positive relationships with them. Discussions with people, staff and looking at the rota confirmed this was usually the case. A person who used the service told us, “I’m most happy when [name of regular carers] are supporting me, however if they have holidays coming up they tell me who the relief people are in advance.”

People told us that staff respected their choices and delivered care in line with their wishes.

Where people had specific cultural or language requirements, the provider had made efforts to find suitable members of staff that could meet these needs. The care plans included information about people’s cultural and religious needs as well as their preferences.

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. Relatives we spoke with explained how the service had changed over time to meet the specific needs of their family or relative. A health professional we spoke with described how the organisation had consistently matched their expectation over the long period of time they had worked with the agency. They described how the service met people's needs and the requirements of the contract. Another health professional used the words 'innovative and agile' to describe how the registered manager adapted the service to ensure it would meet people's needs. Staff shared examples of how the provider responded according to people's care needs and we saw that the service had responded promptly and informed the relevant authorities when people required additional or fewer calls.

People had been involved in planning their care and support. When it had been agreed that a new person would be using the service, their needs were assessed and discussed so that appropriate staff could be identified or recruited.

People we spoke with were aware of the provider's complaints process and most of them felt that concerns were usually sorted out without the need to resort to the formal process. One relative told us, "If I feedback any niggles they receive it well. It feels like they want to provide a good service and will take action to improve things whenever they can." The person went on to share an example that they had raised which had been looked into and which they confirmed had been resolved with no further re-occurrence.

The system for recording complaints ensured that the provider's process was followed and the action taken was recorded. The records showed that the registered manager had responded to complaints in a timely way and maintained records of the action taken.

Some people's package of support included help to undertake activities and to maintain relationships with people who were important to them. We found that people had been supported to undertake activities that were important to them, and some people had been supported to go on holiday.



Is the service well-led?

Our findings

Our phone calls with people, staff, professionals and relatives provided consistent feedback that this was a well led service. Comments from relatives included, “I’m really pleased with everything they do. There is nothing I could fault or pick holes in”, and “I couldn’t praise them highly enough. I trust the manager and the service implicitly. I can depend on the service 100%.” Staff told us they felt “appreciated.” They described the office management staff as “helpful and supportive.” Staff described good communication between themselves and the management team about their shifts, about general changes and described feeling that the service was well organised and efficient. Comments from staff included, “I am very happy in my job role. I have a fantastic line manager who will always do their best to handle any problems I encounter or provide information I need”, and “This is the best managed care and support organisation I have worked in, in the past 10 years.” One of the health professionals we spoke with told us the service gave them no cause for concern, that it was well managed and well operated.

Our questionnaires provided feedback that some staff did not have a positive relationship with their line manager and the staff described difficulties in booking leave, not feeling supported and being asked to work long shifts and not always getting breaks before or after a night shift. If these shifts had been worked they would not enable staff to provide good care. We received no direct feedback from staff we spoke with, and we did not find information in our visit to the office that supported these findings. We asked the provider to explore these concerns further. They undertook this work promptly and robustly to ensure people were receiving good, safe care. The response of the organisation demonstrated an open, responsible culture, and a commitment to provide a good quality service.

People told us they were encouraged to express their views about the service and felt involved in directing how their care was provided. The registered manager had given people the opportunity to feedback about the service. The provider had systems in place to support people to express their views about the service. People told us that staff

sought their opinions of the service and the provider had conducted a survey of people’s views and experiences in October 2015. This survey provided further evidence that the majority of people were satisfied with the care and support they were offered.

Information contained in the PIR, and our inspection activity provided evidence that people were being encouraged and supported to be active participants in the leadership and development of the service. This had included being active participants in the recruitment and selection of new staff, and working on the development and testing of documents to ensure they were accessible to people. The organisation had appointed a person with a learning disability to the board of trustees and had developed a citizen forum. This was a place where people could bring suggestions, make changes and shape the future of the organisation. Doing this ensured people were always at the heart of the service. It also modeled good practice for other services that support people with a learning disability.

There was a registered manager at the service who understood the responsibilities of their role including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. They demonstrated that they had worked with other agencies and healthcare professionals when necessary to keep people safe. The registered manager was supported by the structures of the wider organisation, including arrangements for clinical governance, review and quality assurance.

There were systems in place to monitor and improve the quality of the service provided. These included spot checks on staff, audits by the registered manager and audits by the wider organisation. The registered manager demonstrated a good level of understanding of the areas in which they hoped to further improve and develop the service.

Where there had been incidents or complaints, the registered manager had looked into why the matter arose and to look at possible action which would minimise the likelihood of the event happening again. This ensured the service was continually learning and improving.