

Barnet Mencap

Barnet Mencap - 35 Hendon Lane

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 9 August 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us.

We last inspected the service on 9 January 2014. At this inspection, we found the provider to be compliant.

Barnet Mencap - 35 Hendon Lane is a short break respite service run by Barnet Mencap. The service provides support for children and young adults when parents require a short break. The service includes personal care, therapeutic and social activities both in people's own homes and in their local community. The service provided a range of support to people through a number of hours per week contracts. Barnet Mencap runs another service Sherrick House that provides respite care home service to people with a learning and or physical disability. Staff worked across both services. At the time of this inspection, Barnet Mencap - 35 Hendon Lane domiciliary service provided support to five people with a learning disability but only one person was receiving support with personal care. Three members of staff were delivering support but only one staff was delivering regulated activity.

The service had a registered manager. 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 using the service and their relatives told us they found staff friendly and kind. They told us that their health and care needs were met. People's relatives told us that staff listened to them and that their family member's health and care needs were met. They told us their family members were treated with respect and staff engaged with them in a friendly and considerate manner. Staff understood people's needs and preferences.

Care plans were detailed and recorded individual needs, likes and dislikes. Risk assessments were individualised and detailed information on safe management of the risks. Care plans and risk assessments were regularly updated and reviewed. There were clear records of care delivery.

Staff were able to demonstrate their role in raising concerns and protecting people from harm and abuse. Staff had a good understanding of the safeguarding procedure and the role of external agencies.

Staff files had records of application forms, interview notes and reference checks. The service renewed the criminal record checks of staff every three years. Staff told us they were supported well and we saw records of staff supervision and appraisal. Staff told us they attended induction training and additional training, and records confirmed this.

The service had systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The relative we spoke with told us they felt the service was safe.

Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or poor care.

The service had individualised risk assessments that detailed the risks identified and their management.

The service followed safe recruitment practices.

Is the service effective?

Good ●

The service was effective. Staff received regular supervision and appraisals.

Staff received suitable induction training and additional relevant training.

Staff understood people's right to make choices about their care.

The relative we spoke with told us their health and care needs were met. People were referred to health and care professionals as required.

Is the service caring?

Good ●

The service was caring. The relative we spoke with told us they had the same staff team and that they found staff caring and attentive towards their needs.

Staff knew the needs and preferences of the people they supported.

People were given information in accessible formats.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and included their social histories, needs and preferences.

People were supported to access a range of activities in the community.

Staff understood people's individual needs and abilities.

The service maintained a complaints procedure and made sure everyone knew how to make a complaint.

Is the service well-led?

The service was well-led. There were records of audits and checks to monitor the quality of the service.

The relative we spoke with told us they found the registered manager friendly, caring and approachable.

Staff felt very well supported.

The service worked with other organisations to improve the quality of their service.

Good ●

Barnet Mencap - 35 Hendon Lane

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.

The inspection took place on 9 August 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, 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. We contacted local authority commissioner and safeguarding team about their views of the quality of care delivered by the service.

The inspection team consisted of one adult social care inspector. We spoke with the registered manager and two care staff. Not all people were able to express their views due to limited communication skills, and we could not understand their way of communication. Following our inspection, we spoke to one relative.

We looked at one care plan and three staff files including recruitment, training, one month's staff rota, supervision and appraisal records. We also reviewed the service's statement of purpose, selected policies and procedures, staff meeting minutes, quality audits and spot checks, and care delivery records for people using the service. We also reviewed the documents that were provided by the registered manager on our request after the inspection. These documents included one person's reviewed care plan and risk assessment, the whistleblowing, medicines, appraisal and probation policy and team meeting minutes.

Is the service safe?

Our findings

The relative we spoke with told us the service was safe. They told us they have had the same staff for the last four years which they found reassuring as staff knew how to support their family member.

Staff told us they had received training in safeguarding adults and child protection. They were able to describe the types and signs of abuse. They told us they would report any concerns to the registered manager and if they were not available then to the chief executive. Staff were able to demonstrate their role in identifying abuse and reporting it to the registered manager. The service maintained effective operations to prevent abuse of people using the service. The registered manager described their procedure of dealing with safeguarding concerns, and there was a robust policy that enabled safeguarding alerts and concerns to be raised efficiently. However, the service had not experienced any safeguarding matters.

The relative we spoke with told us that if they did not feel safe they would contact the registered manager. Staff we spoke to told us they had received training in whistleblowing and they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns and contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact the local authority and CQC. The registered manager told us they raised importance of whistleblowing during staff meetings. The staff meeting records that we saw confirmed this.

The relative we spoke with told us staff were reliable. They told us that they would liaise with staff to make arrangements around time and that staff were flexible. They told us staff would contact them if they were running late. They said the registered manager would contact if there were any changes to staff attending their care visits, but that change of staff was very rare.

The relative we spoke with told us they had the same staff for the last four years and had never missed any care visit. The registered manager told us the staffing levels were based on short term 'respite' breaks. They told us the care visits were arranged between the person's relatives and staff to ensure flexibility. The registered manager told us they maintained a monthly staff rota. We looked at staff rotas and there were clear records of staff's care visit times. The registered manager told us they were planning to introduce a computer log-in system where care visits would be booked against staff's names. The system would also assist in monitoring the time and duration of care visits.

The registered manager told us they spoke to people and their families, and visit them on receiving their referral to carry out initial assessment. The information from the initial assessment would then feed into the person's risk assessments. The registered manager conducted an assessment where they identified any potential risks to providing support and ways to manage and reduce risks. The registered manager told us they were training one of the senior care staff to carry out risk assessments who would then share that responsibility with the registered manager.

People's risk assessments were individualised and included instructions for staff on how risks to people

could be minimised or managed. For example, one person who has no understanding of the dangers of traffic and may run out in front of a car had a risk assessment in place for managing the risks which instructed staff on how they should support the person when out in the community. Risk assessments were for areas such as health, behaviour, fears, communication, mobility and personal care.

The registered manager told us they were in the process of reviewing the current risk assessments. Following the inspection, the registered manager provided us with reviewed risk assessments. The registered manager told us that the risk assessments were reviewed six monthly, and as and when people's needs changed. We saw risk assessments were reviewed regularly. Staff we spoke with demonstrated a good understanding of people's health and care needs, and how specific care delivery risks were managed.

The service followed safe recruitment practices. The service's human resources manager checked care staff were of a suitable character to work with people in their own homes. We looked at staff files; all had records of the application form, interview assessment notes, criminal record checks and reference checks. The staff files also had copies of identity documents to confirm people's right to work. The service did not support people with medicines and hence, they did not maintain any medicines records.

Is the service effective?

Our findings

The relative we spoke with told us their family member's nutrition and hydration needs were met and that the registered manager contacted health and care professionals as and when required. They told us they were happy with the staff and the staff had the skills to provide the right support. Their comment was, "I trust the staff and they meet my family member's health and care needs."

Staff told us they were very well supported by the registered manager. Staff told us if they needed help they would either call the office or visit the registered manager. Staff told us, "The registered manager is straightforward and very supportive."

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. The registered manager told us the staff received supervision a minimum of four times a year. We looked at the staff supervision and appraisal records, which showed staff were receiving appropriate and regular support to enable them to do their job effectively.

The registered manager told us staff received an induction to the job when they started work. The induction included areas such as service's policies and procedures, communication, care plans and risk assessments. The registered manager told us as part of the induction, staff had to shadow an experienced member of staff on at least three visits before they were signed off by the registered manager to work on their own with people. The induction also included training on mandatory areas such as safeguarding, health and safety and first aid. We saw the staff induction training programme and completed records.

Staff told us they received relevant training. They gave examples of the training they had completed. For example, epilepsy, learning disabilities, autism awareness. They said the training was very helpful and delivered at the right pace. We saw staff training records. The registered manager told us most of the training was delivered in-house. This meant they had flexibility in how and when they delivered training sessions. Where care staff were required to support children, specific training was delivered in how staff should support younger people, for example, protection of children, first aid for children. We saw the staff training matrix that clearly detailed staff names, training gaps, training courses staff were booked on and the training courses staff had completed.

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. Adults 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. Where services provide care for children both parents and children should be consulted about their care needs, but parents are required to provide consent for care and treatment up to the age of 18.

The registered manager understood their responsibility under the MCA. Staff understood people's right to

make choices about their care. Staff told us they received training in MCA. We looked at the service's specific staff guidance informative leaflet on "How can we promote choice within short-breaks?" This informative leaflet informed staff on how to promote choice and encourage people to make decisions. We found care records made reference to people's capacity. The care plans had information on how and when to support people to make decisions.

We viewed the care delivery records, and they were clear and easy to follow. They included, along with the general information, information on the activities people got involved in, and the discussions on future activities. However, care delivery records did not give detailed information as per people's care plans on their nutritional and hydration intake. We spoke to the registered manager, who said they would ask staff to include people's nutritional and hydration intake.

Is the service caring?

Our findings

The relative we spoke with told us staff were friendly and had caring attitude. Their comment included, "The staff are very friendly and kind. They support my family member very well." Staff we spoke with were able to describe the needs, wishes and preferences of people they cared for. Staff spoke passionately about their job. One staff told us, "I love my job and really enjoy working with people." Staff told us how they cared for them to meet their individual needs.

The relative we spoke with told us they were involved in planning and making decisions about their care. This included making everyday choices about what they wanted to do and through meetings with the registered manager that included frequent regular reviews of care needs. One relative told us, "The registered manager involves me and my family member in the care planning. They are very good in listening to our needs and planning the care to meet those needs." The registered manager told us at the time of the initial referral they engaged with people and their relatives to identify people's needs, wishes and preferences. The registered manager told us the same process was followed twice a year whilst reviewing people's care plans.

People were supported by a consistent team of staff who knew them well. This was because staff were introduced to the person and learnt about their needs from existing care staff before supporting them alone. People's relatives told us they mostly had same staff to support them.

The relative we spoke with told us staff treated their family member with dignity and respect. Their comment included, "The staff ensures my family member is kept clean, their mouth is wiped clean after consuming food, and access clean facilities." The staff told us they encouraged people to try new activities and visit new places. However, they respected people's wishes and choices even if they wanted to do the same activity every week.

People had access to the service's information in accessible formats, and the information was available at people's request. For example, information could be provided in an 'easy read' format using large print and pictures to make them accessible to people. This enabled people to express their views, opinions, and likes and dislikes. This helped people to maintain their involvement and independence.

We saw people's personal information was stored securely which meant that their information was kept confidential. Staff were able to describe the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

The relative we spoke with told us staff were responsive to their health and care needs and understood importance of person-centred care. Their comment included, "The staff understands my family member's individual health and care needs very well and I would like them to continue to support my family member."

The registered manager told us, people were being supported with their culturally specific needs, for example, ensuring people's culturally specific diet needs were met. One relative told us, "The staff knows my family member does not eat pork and staff makes sure to not give my family member any food with pork."

We viewed people's care plans; they were regularly reviewed and had sufficient information to help staff provide individualised care. The care plans included people's personal details, social and medical history, communication and learning needs, information about their background, religion and spiritual needs, and wishes and preferences. The registered manager told us the care plans were reviewed once a year and when people's needs changed. Staff told us they referred any changes to people's care to the registered manager, and plans were reviewed and updated so they had the required information to continue to meet people's individual needs.

People's relatives told us their support needs had been discussed and agreed with them including activities they wanted to undertake in their allocated hours. People's relatives told us that they were supported to go out in their local community. Staff encouraged and supported people to follow their interests and take part in social activities such as the cinema, visiting the park, shopping and going to a soft play centre. Staff told us they supported people in going out for walks, shopping, parks and going to cafes and restaurants.

The service had not received any complaints but had clear procedures in place to deal with any potential complaints. People's relatives told us they knew who to contact if they had concerns or wanted to make a complaint. One relative said, "I have never had to raise a complaint or concern. If I wasn't happy I would call the registered manager. But I do call the registered manager for help and information and they always return my calls promptly. They have helped me with completing forms and other issues."

The registered manager told us they gave information on how to make a complaint to all the people who use the service and their relatives. They told us, they encouraged people and their relatives to raise complaints by reassuring them of the process, and ensuring confidentiality wherever possible. The registered manager told us they encouraged and asked people when they visited them on their regular visits. People's relatives told us they were asked to complete a feedback questionnaire once a year.

Is the service well-led?

Our findings

The relative we spoke with told us they were happy with the service and found the staff friendly. They said, "The staff are very good. I am happy with the service. The service is of great help to the whole family. The registered manager is very approachable and they provide me with great deal of emotional support. They always return my calls and messages."

The registered manager was available over the phone to support staff working on the weekends. The registered manager told us they were in process to recruit a deputy manager who would work alternate weekends to provide extra support to the staff.

Staff told us they were well supported by the registered manager and they found them approachable. One staff said, "The registered manager listens to me and my views are valued." The registered manager told us they had staff meeting every month. We saw the staff meeting minutes that recorded discussions around health and safety, communication, staffing issues and care reviews. Staff told us they found the staff meetings useful. Staff told us they were listened to and their suggestions were taken on board. For example, one staff told us when they observed changes in the person's abilities that they were supporting, they raised their concerns with the registered manager. The registered manager reviewed the person's care plan and risk assessments to meet those person's individual needs. Staff felt they were consulted by the registered manager on matters related to people they were supporting.

There were records of audits to monitor the quality of the service. The registered manager told us they visited people's places unannounced to check how the care was delivered by the staff but did not keep records of those checks. The registered manager told us in future they would keep records of the unannounced visits. The registered manager implemented systems to learn from the feedback. They secured feedback from staff formally via one-to-one supervision sessions, and on an on-going basis informally over the phone and when staff visited the office.

People's relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. One relative commented, "Yes, I have completed feedback questionnaires." We saw completed questionnaires for the year 2015. The overall feedback was positive. One relative told us, "I am very grateful for all the support the registered manager and staff gives us. I would not have coped without their support."

The registered manager kept regular contact with the people using the service and their relatives to monitor staff's timekeeping, to ensure the care was delivered as per the agreed care plan and to improve the quality and safety of service.

We saw the work the service had carried out with a local organisation called Beam to improve the communication with people with autistic spectrum by using the evidence-based practice of applied behaviour analysis. The registered manager told us they worked with various local and national organisations including Barnet's integrated quality care team and National Mencap to improve the quality

of their service.