

Royal Mencap Society

Mencap - West Hampshire Domiciliary Care Agency

Inspection report

Admiral House
43 High Street
Fareham
Hampshire
PO16 7BQ

Website: www.mencap.org.uk

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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

This inspection took place on 5 and 9 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Mencap West Hampshire Domiciliary Care Agency provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 36 people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Fareham.

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.

The registered manager oversaw the running of the full service and was supported by seven service managers who were allocated a geographical area to manage. Service managers were responsible for individual parts of the service, for example support to people in a supported living unit or support to people living in their own home.

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at Mencap West Hampshire Domiciliary Care Agency to make sure they were of good character and had the necessary skills.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held every month. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible. People were supported to lead full and varied lives and encouraged to make choices and had access to a wide

range of activities.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs and people were involved in recruiting staff to the service.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People chose what they wanted to eat and drink. People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People and their families felt staff treated them with kindness and compassion. Staff knew people well and understood their care and support needs.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed and personalised and their needs were reviewed regularly to ensure their care plans

remained appropriate.

People were actively encouraged and supported to engage with the local community and take part in a variety of recreational activities.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. □

The service had appropriate policies in place.

Good ●

Mencap - West Hampshire Domiciliary Care Agency

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 5 and 9 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, 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. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to three people who used the service and we spoke to three family members, by telephone. We received completed surveys from one family member, and one health professional. We spoke with the registered manager, three service managers and four staff members. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was last inspected in November 2013, where we identified no concerns.

Is the service safe?

Our findings

People and their families told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. One person told us, "I feel safe." Another person said, "I feel safe with the staff". One family member told us, "I have no worries at all" Another family member said, "[I] don't have to worry about his care which gives me piece of mind."

People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I have had training in safeguarding and if I had concerns I would go straight to my manager. If I needed to would also contact the police and social services." Another staff member said, "I would report safeguarding concerns to my manager, if it was about my manager I would go above them."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. The registered manager told us, "Our interview questions at interview are based round our values." They also said, "At the second interview we arrange to meet service users and see how they react with potential staff and then service users will tell us if they like them." This meant that the service could then check if the applicant was suitable to work with the people they would be supporting.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. This varied from 24 hour support which was generally for people who required support with all of their care needs to a few hours a week for people who were supported with personal care or medicine prompts. Staff told us they had sufficient time to support everyone. One staff member said, "I feel we have enough staff we are quite a flexible team."

Peoples' medicines were managed and administered safely. One family member told us, "Mencap have had a positive impact on [person's name] as they sorted out their medicines. As a result they have not had as many emergency visits." There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. People received their medicines as prescribed. Where people had been prescribed 'as required' medicines staff were provided with detailed guidance on how and when these medicines should be used. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff understood people's

risk assessments which were monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines and falls. For example the risk assessment for one person accessing the community informed staff if they were going somewhere unfamiliar staff to assist a couple of times so person feels comfortable about travelling on their own. The person also carried a picture card with their address on in case they couldn't find their way home. One staff member said, "[Staff] look at risk assessments for any potential risks and the service user's history. If the service users' needs change then [we] update appropriately. They are individual to each person."

People were supported to take risks. One staff member told us, how they had supported a person to keep their boxes in their room after they had fallen trying to move the boxes which were important to them. Staff had updated the risk assessment and supported them to move them. They said, "We introduced an extra box, so the weight in the box wasn't so heavy, which reduced the risk."

The service had a business continuity plan in case of emergencies. This covered eventualities such as the loss of a phone or a major disruption to public transport. This contained a set of procedures for staff to follow in an emergency situation. Staff also had information in people's homes which stated the location of the gas; water and electric so in an emergency staff would know how to locate these. In addition, 'run and grab' information sheets about each person were available, these documents highlighted the support the person required during an emergency. Staff had received fire training and knew how to respond.

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "Staff give me choice." A family member told us, "Staff seem well trained." Another family member said, "[Staff] meet his care needs, he is always dressed neatly and looks well looked after."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "Training is really thorough and extensive, presented in a way to look at someone as an individual. [The] trainer is very good as they look at it through the service users perspective, it's really eye opening on how to treat and help people." Comments from other staff included, "I think the training is good and we get a continuous flow of training updates" and, "Training by Mencap is the best training I have ever had."

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. The registered manager told us, "The first part of the induction is welcome to Mencap and staff are introduced to their learning mentors. Staff have exercises and case studies about real people and all the way through we go through our values."

People were supported by staff who had supervisions (one to one meetings) with their line manager and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have regular supervisions where I am able to express concerns and look at my development path." Another staff member said, "Supervisions are a formal process. I'm lucky with my manager as they will always get back to me if I ask a question or send an email. I had a service user who was unwell and my manager listened and was able to get us extra hours to help them."

Staff received on going monitoring and support by their line managers. A document called 'shape your future' which was a performance appraisal record was maintained throughout the year and was used to keep an on going record of the staff performance review conversations and for them to set objectives to enhance their knowledge and skills. One staff member told us, "From supervisions and appraisals I have developed through training courses in leadership. I was supported to take level 2 and 3 in social care and I have now been promoted to assistant manager."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person.

We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved in discussions about their care and staff gained people's consent before they supported them. Staff had received MCA training and were able to tell us how they applied this in practice.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. People's consent to care and treatment was sought in line with legislation. One staff member told us, "We make sure people we support can make decisions about their lives for themselves. Not to restrict, people can make unwise decisions. My role is finding a way to get information across so they can make decisions, which might be through pictures."

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. At the time of our inspection an application had been made to the court of protection for one person using the service. This had been authorised by the court of protection and the service was complying with the court order and keeping the person safe.

People were supported at meal times to access food and drink of their choice. A family member told us, "[Person's name] is coming on well. Lost lots of weight through healthy eating which was good." The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members prepared or reheated meals and ensured they were accessible to people who received a service from the agency. Where people were at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. People discussed meal choices with staff and menu plans were created for the week. One staff member told us, "All the service users buy their own food and cook what they want. They decide what they want on the day and we support them to cook and it seems to work really well."

People were supported to access healthcare services. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional.

Is the service caring?

Our findings

People told us they got on well with their support staff and enjoyed their company. People's families felt support staff treated them with care, compassion and kindness. A family told us, "Staff are lovely. [Person's name] always gives us the thumbs up so I know he's happy with the staff." Another family member said, "Staff are really looking after him and getting him to do different things, he's a complete different person." Other comments included, "He gets on well with staff and they are chatty and friendly", "Very pleased with [person's name] care", "Staff understand [person's name] so well and staff are there for him" and, "[Person's name] is really happy there."

Staff had built positive relationships with people. They spoke about people warmly, showing they held them in high regard. They also demonstrated a detailed knowledge of people as individuals. One staff member told us, "I enjoy working for Mencap. The role itself is quite a privilege to be a part of [people's] day and to help them do things they want to do. It gives job satisfaction, making a difference to someone. I feel quite lucky doing this job." Another staff member said, "I really enjoy working here. I really like the way Mencap are person centred and put people first and are impartial and challenge equality."

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, "We promote independence on a daily basis. We only do what the person needs support with. We encourage people by praising them when they are doing well. We let people know we believe they can [do things themselves]." Another staff member said, "I promote independence. Some people lack confidence, so I use gentle encouragement."

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. Staff assisted us to communicate with people who could not express themselves verbally. People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy. Staff showed an interest in each person and listened carefully. For one person their care plan contained information about communication and how to support the person. For example for one person they become tired and wanted to go to bed by pointing to their eyes which staff responded to in a caring way.

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "If I am providing personal care I always ask them if they are happy for me to support them. Talking to them about each step, say what we are doing, what they can do. I make sure doors and curtains are closed and other staff don't knock doors." Another staff member said, "People's likes and dislikes are in their care plan and you also get to know what they like by working with them. Everyone has the right to change their mind."

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person said, "I enjoy going out, just to go anywhere." Another person told us about how they had been out in the morning and said, "I like to be busy." A family member told us, "The care is marvellous. [Staff] have got him doing many things really well, he has taken on new things and is going out most days and he used to stay in his room before." Another person said, "I have really good faith in the agency."

People received care which met their assessed needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Care plans were easy to follow and supported independence. For example, one person liked to access the community independently and visit a local café at the weekend for breakfast but due to a change in health was advised to eat a soft diet. Staff supported the person to continue going to the café by ensuring the person was aware of high risk foods and speaking the café staff about what food they could eat.

People and their families were involved in their care planning. A family member told us, "Mencap tell me what's going on. We have a review meeting every three months with his key support worker to let me know." Care plans were reviewed regularly by the service manager, or their keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff reviewed care plans with people. One staff member told us, "In monthly key worker meetings, the service user might say what they want to do in the future and then we would support them to achieve that." They then gave us an example of a person living in supported living and said, "We had a lady who lived in a smaller room and another room became available which was bigger so we asked them if they would like to move and see the bigger room. They were really excited and were involved in the whole process of decorating, buying new curtains etc."

People were supported to follow their interests and take part in social activities, education and work opportunities. One staff member supported a person to attend a learning disability conference in Greece. The conference was collaboration between Mencap, Greek provider and the British Council and was an overview of learning disabilities in the United Kingdom. The person was invited to speak about their life history, which charted their growing independence from receiving 24 hour support to just ten hours of self-directed support.

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. One person attended a weekly advocacy group where people met to chat with their friends. One person liked to go to church once a week and held a fete at the local church in the summer to raise money for Mencap. The registered manager told us about one person who had previously lived in a residential home and stayed in their room, not being involved with activities. They said, "They moved into supported living with one other service user and they are a different person and no longer stay in their room. Interested in art goes out on public transport and they have a life now."

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results we looked at were positive. The registered manager told us the questions were formed from the 'have your say group'. They said, "This is a group for service users we support and they meet every six weeks. We said to them we need to send our surveys but want to know what you would like to be asked about and then included this information on our surveys which were sent out."

People told us they knew how to make a complaint about the service and information on the service's complaints processes was provided in an easily understood format which included a photograph of their service manager and the registered manager so people would know who to complain to. A family member told us, "I had an issue and spoke to staff who listened and sorted it out." There had been one complaint in the past year which had been investigated thoroughly and people and their families were satisfied with their response.

Is the service well-led?

Our findings

People and their families told us the service was well run. Comments from relatives included, "I'm happy with the manager and have confidence in them," "I've no concerns with the manager", "If I email the manager I get a response from her straight away" and "Mencap seem to want to work with people."

There was a clear management structure, which consisted of a registered manager, and seven service managers who support the staff in the homes. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. The registered manager told us, "I have a group of very skilled service managers who are very trustworthy and open and see that through to the services. So what I see now is people being supported in their own homes."

The management team promoted a positive culture and had an 'open door' policy. Staff felt supported by the registered manager and service managers. One staff member told us, "I've got a good manager and feel comfortable going to them if things need to be raised." Another staff member said, "I have to say it's the only company I've ever worked for that I feel completely supported." Other comments included, "The registered manager has been incredibly supportive both personally and work. I find it easy to talk to them and they give good direction" and "The registered manager has been to visit us a few times and completed training. I find her very approachable and would have no issue about picking up a phone and talking to her."

Staff meetings were held every month, but could happen more frequently if something needed to be discussed with staff. Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. One staff member told us, "Staff meetings are every month and I am able to put ideas forward. We have a close team and communication is good between us." Another staff member said, "Staff meetings are an opportunity to share best practice and share concerns and be honest." Minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us, "Values are promoted in team meetings, emails and general conversations and the way we are shown to work."

People and staff got together throughout the year to discuss the quality of the service. Ideas for improvement were shared and examples of good practice were highlighted and celebrated. Where issues of concern had been raised they had been discussed and actions agreed to ensure each issue was addressed and resolved.

The registered manager and service managers used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, food and fluid charts, weight checks, finance checks, daily logs and health and safety. Where issues were identified, remedial action was taken. One service manager told us, "I get staff to update as much as they can on people's care plans then I will check and review it." They also told us, "The registered manager will come in and check and see service users regularly and is in and out of the service very often."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by attending training. They told us, "It's important that I am up to date on my knowledge, so I provide quality training. I provide autism training to staff as it's something I am really passionate about so I undertake a lot of personal study."

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place which were supplied by the provider. The provider produced a local newsletter which included stories about the services and peoples achievements.