

Royal Mencap Society

# Mencap East Hampshire Domiciliary Care Agency

## 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

Mencap East Hampshire Domiciliary Care Agency is a domiciliary care service, which provides care and support for people who live in their own homes and in supported living who may have a learning disability and live with autism.

There were eight people in receipt of personal care support at the time of this inspection visit. People were supported with a range of needs that included; personal care, medicines administration and meal preparation.

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. There were arrangements for managerial cover should the registered manager be absent.

The registered manager oversaw the running of the full service and was supported by three 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.

The service employed 23 care workers, service managers and an assistant service manager.

This was the first inspection of this service since they were registered on 04 March 2014.

There were arrangements in place to protect people from risks to their safety and welfare. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Arrangements were in place to support people with their medicines safely and to administer them according to people's needs and preferences.

Staff received appropriate training to make sure they had the skills and knowledge to support people to the required standard. New staff received a thorough induction to make certain they had the skills and knowledge to support people. Staff received regular supervision to make sure their competence was maintained and to ensure they were formally supported.

People found staff to be kind and caring. They were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence.

The service involved people in the care assessment and planning processes. Care and support was based on individual assessments that took into account people's needs, conditions, and preferences. Staff were

aware of people's support needs and preferences.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

## 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 who used the service felt safe with the staff who supported them.

Staff knew how to recognise and report abuse.

There were sufficient numbers of staff to meet the needs of people safely.

Risks to people had been identified and were managed to keep people safe.

Medicines were managed safely and recruitment procedures were robust.

### Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence.

Staff received regular supervision to make sure their competence and skills were maintained.

Staff sought people's consent to their care and support. Where people lacked capacity to make certain decisions, the provider acted in accordance with legal requirements.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the relationships and support provided by staff.

People were involved in decisions about the type of support they received and their choices were respected.

Staff treated people with dignity and respect and understood the need to maintain confidentiality.

### **Is the service responsive?**

The service was responsive.

People who used the service received personalised care and care plans were written in a personalised way.

People's care needs were kept under review to make certain they were still relevant to people's needs.

**Good** ●

### **Is the service well-led?**

The service was well led.

There were systems for communicating with people to check their views on the service they received.

There were sufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received support that met their needs.

The registered manager held regular staff meetings to make sure staff were involved in decision making and they were kept informed of important issues.

**Good** ●

# Mencap East 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.

This inspection took place on 10 and 13 May 2016 and was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we had about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

We looked at the care plans and associated records of four people in detail. We looked at medicines administration records, three staff recruitment files, records of staff supervisions, and training. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records.

We sent questionnaires to four people who used the service and four friends and relatives of people who used the service and we received one response.

People who used the service were not always able verbally to share with us their experiences. We visited a supported living service and one person in their own accommodation.

We talked to one person who used the service and spent time with other people in one of the supported living services where the service supported people. We talked with two care workers, a service manager, an

assistant service manager and the registered manager.

# Is the service safe?

## Our findings

People felt safe using this service.

We saw that people were comfortable with the staff that supported them. One person told us, "I feel protected by the staff. They look after us."

Staff had a good understanding of how to keep people safe and of their responsibilities for reporting accidents, incidents or concerns. We saw from staff training records that they had completed safeguarding vulnerable adults training (SOVA) as part of their induction and had received annual refresher training. Staff were aware of any specific, individual risks associated with people they supported. One staff member told us that they had in the past raised an alert to their manager due to concerns about the conduct of another staff from an outside agency.

Staff told us, they knew the signs and behaviour changes of people that may indicate they were at risk of harm. One staff member said, "I know them so well". Staff also told us that they carried out thorough risk assessments before undertaking a new activity with people and also said that daily handovers were used to communicate any concerns to other staff members.

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise the risks to people. For example one person had been assessed as at risk of exhibiting behaviour that challenges particularly when being supported with their personal care needs. . We saw that a detailed care plan was in place, detailing what could go wrong and how staff could minimise the risk to themselves, the person and others. All staff who supported the person had signed to say they had read the plan.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People who used the service confirmed that their support was provided by a consistent staff team which they preferred. One person said, "I always know who is coming as it is written on the board". People told us staff arrived on time, provided all the support they needed and stayed for the allotted time. Staff told us that they supported the same people on a regular basis.

We saw that the staff support was dependent on the level of support each person required. 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 shopping or budgeting or medicine prompts.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks

had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

People's medicines were managed and administered safely. People told us they received their medicines at the correct time and said they were happy with the way their medicines were managed. We found the service had policies and procedures in place to support the safe management and administration of medicines. Discussion with staff confirmed they were aware of the service's medicines policy and procedure.

We looked at how staff supported people to take their medicines. We saw that assessments were completed to determine the level of support people needed with their medicines. Some people required their medicines to be administered whereas other people only required a prompt. For those people who required support a medicines administration record (MAR) was kept in the person's home.

Medicines were safely administered to people and signed for in the correct way. We looked at three people's medication records; staff had completed them accurately and in full. Staff told us they completed a check of the MAR at the end of each shift when handing over to the next member of staff. Regular audits of the MAR had been completed.

## Is the service effective?

### Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff and that they thought staff had sufficient training to meet their support needs. One person said, "I think they are well matched. They help me to cook meals and go to the dentist".

Staff told us they received the training they needed to support people. One staff member said, "I already have an NVQ level 3. I have been asked if I wish to go further, and am considering doing an NVQ level 4".

Examination of staff training records showed staff had undertaken all mandatory training such as health and safety, manual handling, food hygiene, fire awareness, medicines administration and safeguarding of adults. They had also undertaken more specific training to meet the individual needs of people they supported. This included; Autism awareness and diabetes.

The registered manager told us they monitored staff training requirements regularly and that an on line system alerted managers three months in advance of when a staff member needed to do refresher training in any given subject area.

We saw that new staff had completed a four week induction period that involved shadowing other staff, getting to know the people they would be supporting, completing training and familiarising themselves with the agency's policies and procedures.

Staff confirmed and we saw that they were provided with ongoing monitoring and support by their line managers. A document called 'shape your future' which was a performance appraisal record was used throughout the year. This was used to keep an ongoing record of the staff performance review conversations and for them to set objectives to enhance their knowledge and skills.

Staff sought people's consent for care and treatment. People had signed consent forms if they were able to do so. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager confirmed that some of the people supported required support to make some decisions. 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 told us and we saw that they were involved in discussions about care. Staff told us they obtained people's consent before they supported them. Staff had received MCA training and were able to tell us how they applied this in practice.

## Is the service caring?

### Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff who supported them.

Staff demonstrated a good understanding of people's needs and treated people with respect in a kind and caring way. Staff worked in partnership with people to ensure they were treated as individuals. Information was recorded in each person's care plan regarding their personal preferences, their daily routines, their method of communication and their values and aspirations. This included people's cultural and religious beliefs and goals they had set for themselves to achieve.

One person described the staff as, "Kind and caring". They said staff spoke to them respectfully, and they felt involved in their care planning. They told us they were able to make their own decisions. They said staff listened to them and took their views and wishes into consideration and acted upon them.

Staff confirmed they understood and valued the need to respect people's privacy and dignity. They described the methods they used when supporting people with personal care such as; keeping doors closed when supporting people with their personal care needs and keeping them covered. Staff also understood the need for confidentiality and could distinguish between when information needed to be shared and when it did not.

The registered manager told us that all staff were observed on an annual basis to ensure they were providing personal care with dignity and encouraging people to maintain as much independence as possible.

We saw that people's care plans included a lot of detail around the support that people required with their personal care needs and promoted the person's dignity and independence. The care plans described in detail the level of support the person needed and how they preferred their support to be provided. For instance one person required support to have a shower. The care plan detailed the preferred time they liked to have their shower, the length of time they liked to spend in the shower and the arrangements for ensuring their privacy and dignity was respected throughout the process.

Where appropriate staff supported people to maintain relationships with significant people who were important to them. Information in people's support records showed us that each person had their own circle of support. This included family members, friends and other significant people who were important to them. Plans also included care staff and other professionals that were involved in that person's life and the support they received.

The registered manager told us that they had worked in partnership with a publican local to where people they supported lived to open a 'hub' where people could meet every fortnight. They told us the hub had been set up to avoid social isolation and to encourage people to make new friendships. Staff spoke positively and passionately about this and told us they supported several people to attend.

## Is the service responsive?

### Our findings

People confirmed they had a care plan and care was provided as per their plan. People we spoke with told us the care workers always asked them if they were happy and if they needed support with any additional tasks.

Staff had the relevant information required to support people appropriately. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff had access to current information to ensure that people were supported properly and safely. The care records we looked at had been signed by people or their representative to demonstrate their agreement.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. For instance each person's file contained a section entitled, 'About me'. These were written in the first person from their perspective and described personal details about the person such as their family and support networks, what was important to them, what 'I am great at' and what, 'I need support to do'.

We saw and people told us that they were supported to maintain their interests and hobbies. For example cooking classes, shopping, accessing clubs and groups and karaoke. One person told us that staff stayed with them when they attended a course and that this helped them.

Another person had expressed a wish to go on holiday and on the day we visited them they were due to go. We saw that staff were assisting and supporting them to get packed and ready and were also accompanying them on holiday.

Staff told us that any complaints or concerns made to them would be reported to their line manager. We saw that people had been provided with a copy of the complaint procedure in a format appropriate to their needs. In discussion with one person they told us although they were not sure about the procedure, they had never had cause to complain. They said that if they did they would tell a member of staff if they were unhappy about anything.

## Is the service well-led?

### Our findings

People who used the service and staff told us that they felt the service was managed well. The registered manager was based at the office with the service managers they line managed. This enabled them to provide ongoing support as needed.

Staff were provided with a comprehensive supervision and appraisal system called 'shape your future'. The registered manager said this involved having meaningful conversations with staff about their day to day job and how they were contributing towards the organisation's goals and how they demonstrated the values of Mencap.

We saw this had happened. The staff we spoke with understood their roles and responsibilities. Staff told us they felt supported by their managers.

Staff confirmed that team meetings were held on a regular basis and told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

Reviews were completed with people that used the service and people that were important to them such as family and friends. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw that people were encouraged to express their views through a range of methods. These included meetings in the supported living schemes, one to one meetings and by completing satisfaction questionnaires

Some of the people supported by the service lived alone and had little opportunity to socialise with their peers. We saw that people were given the opportunity to achieve this through events such as the 'hub' where people could meet every fortnight to socialise.

We saw that people were supported to be part of the wider community by encouraging them to take part in local events.

An on call system was available for staff and people who used the service. People were provided with information on how to contact the office and the contact number was in the documentation they had been given.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with CQC's new fundamental standards and associated key lines of enquiry to promote good practice.

We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks of people's homes and health and safety checks were undertaken. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. A national quality team also supported the registered manager in driving

improvement through audits and inspections.

We saw that only authorised persons had access to information and records kept at the office. All information relating to people and staff was kept securely.