

Royal Mencap Society

# Mencap - North Suffolk and Coastal Domiciliary Care Agency

## Inspection report

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Website: [www.mencap.org.uk](http://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?	Outstanding ☆

# Summary of findings

## Overall summary

About the service: Mencap North Suffolk and Coastal provides domiciliary care services to people living in their own homes or supported living services. At the time of the inspection, 25 people were receiving a regulated activity of 'personal care.'

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The registered manager had implemented specialist training and had developed an innovative project to improve people's overall quality of life. People accessing care services from Mencap Suffolk and North Coastal were encouraged and supported to maintain meaningful lives and access their local community. People had access to assistive technology to aid independence. The service had sustained a rating of good since the last inspection and continued to maintain consistent quality standards. The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement.

Staff showed empathy, kindness and compassion; they placed value on their caring roles and involvement in people's lives. The registered manager and service managers completed quality audits including home visits to review people's medicines management and staff performance.

People were supported to maintain good food and fluid intake, and staff were familiar with people's preferences and any specialist dietary requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; policies and systems in the service supported this practice.

The service had good working relationships with the local GP practices and health and social care professionals. The service worked in partnership with people and their relatives and encouraged feedback on the care provided. Staff told us they enjoyed working for the service and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. Staff had access to personal protective equipment and training to prevent the risk of the spread of infection. We received consistently positive feedback about the standards of care provided, and the support given to people by the staff.

Rating at last inspection: The last rating for this service was Good (last report published 29 December 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Mencap - North Suffolk and Coastal Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Consisted of one inspector with a second inspector to complete phone calls to relatives.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and supported living services.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There were service managers and deputy service managers who oversaw the day to day running of the supported living services where most people lived.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager was available to speak with us.

#### What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. We sought feedback from the local health and social care authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection: Inspection activity started on 08 July 2019 when we visited the office premises and ended 12 July 2019 when we provided written feedback to the registered manager. Between these dates, we completed visits to meet people in their own homes and to interview staff, and we spoke with people's relatives on the telephone. We spoke with the registered manager, one service manager, one deputy service manager and four members of care staff. We reviewed seven people's care records, and five people's medicine records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

We observed care and support being provided in communal areas and spoke with five people who use the service and four people's relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff made them feel safe. One person said, "I feel safe, the staff look after me."
- The last survey completed in 2018, stated that 96% of respondents said "Yes" to the question, ". Do we help people to feel safe?"
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as changes in behavioural presentation, management of health conditions and use of equipment. Environmental condition and fire safety risks were also assessed and reviewed to ensure people and staff safety was maintained.
- Where people had risks in relation to epilepsy, choking or management of their continence, additional risk assessment documents were in place incorporating guidance from healthcare professionals. If risks or support needs were felt by staff to be changing, they escalated this information to the management team who liaised with healthcare professionals for support and advice.
- The management team completed an initial assessment then reviewed risks to people's safety every six months or sooner if concerns were identified.

Staffing and recruitment

- People's relatives gave feedback on their experiences of liaising with staff. One relative told us, "I should say the carers go beyond the call of duty, the staff are wonderful people." Another relative said, "Good continuity [of staff] which is important as some of the people can't cope with change very easily."
- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff told us there were enough staff on shift, and they would cover for each other if needed in the event of sickness or absence to ensure consistency of service. The service had access to relief staff who were familiar with people's needs in the event of staffing shortfalls.
- Staffing rotas were sent to people in advance, so staff and people knew who they would be seeing each week. Time was built into the rotas to allow staff to travel between visits and to support people with community activities and attending appointments.

Using medicines safely

- People's medicines were managed safely. Processes were in place for checking that people's medicines were stored appropriately within their homes. Medicine administration records showed that people received

their medicines as prescribed. The registered manager completed audits of people's medicines and corresponding paperwork to provide them with assurances that people had received their medicines correctly.

- Care records contained medicine pen profiles, with pictures and information on each medicine a person was taking, what the medicine was for and any side effects for staff to be aware of. There was also clear guidance for staff to follow in the event people declined to take their medicines to prevent risk of harm.
- Staff completed medicine training, and the management team had reviewed their competence to do this safely every six months. If concerns were identified, service managers completed post incident interviews with staff as part of the training and competency refresher process.
- Staff were clear of the process they needed to follow in the event they identified an error or concerns relating to medicines management.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff had access to personal, protective equipment including gloves and aprons.
- Staff completed infection prevention control and food hygiene training.
- The registered manager completed regular audits which included, checking hygiene standards and environmental cleanliness where people lived.

#### Learning lessons when things go wrong

- We reviewed the service's accident and incident log and could see the service consistently completed investigations and reported incidents to the local authority safeguarding teams and to CQC in line with their regulatory responsibilities.
- We saw examples of where outcomes from incidents had been reviewed and changes implemented into practice to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A relative told us about the person-centred care staff provided, "They [staff] see each person as an individual and accept what they're going through, I can't fault them in anyway."
- Staff completed assessments prior to people starting to access support from the service, to ensure that staff were familiar with their support needs, and personal preferences. The registered manager also reviewed the person's level of complexity and whether they would be able to meet that person's needs.
- Staff worked with external bodies and professionals to manage risks in line with nationally recognised best practice, for example in relation to autism and positive behavioural support, and the management of long term health conditions and developing ways to maintain and maximise people's levels of independence.

Staff support: induction, training, skills and experience

- Staff had competency checks completed in relation to supporting people with medicines management, the use of equipment to assist people to move or change position and assisting people with nutrition and fluids.
- Staff told us they had access to regular face to face and online training courses relevant to their role, including specialist training to ensure they could meet each person's needs. The registered manager had a training matrix in place to monitor compliance, and prompt staff to book onto refresher courses.
- Staff gave positive feedback on the support in place when starting to work for the service. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs, and completing an induction folder with records of training and development sessions attended.
- The registered manager had a rolling supervision and performance-based appraisal programme in place. The management team used staff meetings as a forum for reviewing staff practice and identifying training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were familiar with people's preferences, likes and dislikes in relation to food, and any specialist dietary requirements. Staff worked with people to help cook or prepare food and to plan weekly menus and go shopping.
- Care records contained guidance and information from speech and language therapists in relation to the management of choking risks. Staff supported people to maintain their fluid intake and completed monitoring forms where required.
- People were encouraged to eat balanced and healthy diets, with meal times offering people opportunities

to socialise with other people living in their shared accommodation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had a good working relationship with the local GP practices and community health and social care services. The management team proactively contacted services for guidance and support where a need or risk was identified.
- Staff supported people to attend medical appointments and liaised with healthcare professionals to ensure services offered support tailored to people's individual needs. For example, staff told us about arranging for people to visit the same GP or dentist so they got to know each other; this made attendance at appointments more comfortable.
- Daily written records contained details to confirm that staff had supported people with all aspects of their personal hygiene including management of their oral hygiene and application of topical medicines such as creams where required.
- People were supported to access the local community, with risk assessments in place for travelling in a car or using public transport.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Where applicable, people's care records contained information about people's capacity and abilities to make decisions independently. People and their relatives were encouraged to be fully involved in the decision-making processes relating to their care.
- Staff consulted with healthcare professionals and family members when making best interests decisions. Staff had completed MCA training.
- Care records contained clear guidance on the best ways to ask people questions, and indications of the responses people gave when finding it difficult to understand and answer the question.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us about the caring nature of the staff and said, "They really care about people, they couldn't try any harder, couldn't find better, anybody is lucky to get in there, it gladdens my heart to tell you about it because it's true."
- People's diverse needs were respected, and care plans identified cultural and spiritual needs. People were supported by staff to discuss needs associated with protective characteristics such as their sexuality and relationships.
- People were encouraged to maintain friendships and social networks, and staff gave examples of where they had supported people to go out to the local pub or to the shops. Staff told us about people who worked in the local supermarket that always welcomed people into the shop and shook their hand when they saw them, this made people feel welcome.
- One relative told us about the care provided by staff, "They are brilliant. The carers are very attached to [Name], they'll think nothing of popping around to the local pub [Name] has become part of the family in a way, it's unbelievable how they work with [Name]."

Supporting people to express their views and be involved in making decisions about their care

- People, relatives and staff were actively encouraged to give feedback on the service provided.
- The registered manager completed regular review visits to people's homes, to meet with people and their families. Between visits, the registered manager maintained regular contact with the service managers and care staff.
- People were supported to design their care packages in line with their wishes and individual support needs.

Respecting and promoting people's privacy, dignity and independence

- An extensive piece of work has been completed around people's overall quality of life, with quality of life champions now in each service.
- One relative told us about improvements made to a person's quality of life, "The service varies from carer to carer but at the moment [Name] has two outstanding carers, the level of care is much better than before they will organise holidays like staying in a caravan for a few days the carers will organise that and work out the best possible way to do it they seem to put in that extra effort."
- Staff gave examples and were mindful of providing a service in a person's own home, recognising the importance of respecting people's privacy and dignity. We observed staff to use discretion for example if wanting to check if someone needed to use the toilet.

- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or changes in their speech and comprehension levels. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the care provided and decision-making process.
- Staff were able to explain techniques and approaches they used to maintain people's privacy and dignity when completing personal care tasks.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information for staff to follow to support people with completion of tasks including personal care, eating and drinking, medicines and other aspects of daily activity. Care records contained a breakdown of how people wished for their needs to be met at different stages of the day such as preferences on what time they wished to get up, go to bed or to have a shower.
- Staff told us about the use of technology to aid people's communication and assist with sequencing tasks to support people's independence. Guidance was in place for staff, to ensure people were able to express their wishes, preferences and daily needs. This included use of pictorial daily planning boards and personal diaries.
- Where needs were identified, the service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than by telephone. Staff worked with health care professionals to provide tailored information and support, for example when supporting people with making important decisions about their lives.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests which gave them choice and control over the care provided. Staff were aware of people's interests, hobbies and worked closely with people's families to provide tailored support. We saw examples of where people were developing new skills such as learning to cook to enable them to make their own meals and maximise their independence and confidence.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to choose and purchase gifts and cards to give to relatives to celebrate birthdays, to ensure they maintained regular contact with families and people important to them.
- People's care records contained details of people's hobbies, interests and personal goals. Where possible, staff supported people to access the activities in the local community to reduce social isolation.
- Staff told us about the support provided, "We make a difference to people's lives. We enable them to live as independently as possible." Another staff member told us, "I often find people in public automatically speak to me or ask me the questions, I always refer them back to the person I am working with to ensure they ask them the questions and give the person the opportunity to have their own voice and to answer for themselves."

#### Improving care quality in response to complaints or concerns

- Staff and relatives consistently told us the registered manager and service managers were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. One relative said, "I have had a few minor complaints, but these have been resolved quickly."
- The service sent out questionnaires to people and their relatives to encourage feedback on the service provided. Each supported living service held tenant meetings offering an opportunity for people to raise concerns, make complaints or suggestions.
- The service had received three formal complaints in the last 12 months. These had been or were in the process of being investigated in line with the service's policies and procedures, and a written response provided to the complainants once the investigation had concluded.

#### End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, care records contained information on people and their relatives' wishes and preferences in relation to care provision at that stage of their lives.
- Care records contained details of protective characteristics such as people's cultural, religious and spiritual needs and preferences.
- Where people had experienced bereavement, staff offered tailored care and support. We observed a staff member speaking to a person about a friend who had died, using language and terminology the person understood and was comfortable with.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question had improved to a rating of outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a creative and innovative approach to identifying shortfalls in how they were meeting people's needs in relation to their quality of life. The registered manager designed and led on the "Quality of Life Project" to encourage staff to build and develop skills and confidence in identifying and supporting people to make changes to their care packages or the way care was delivered. The aim of the project was to improve people's overall quality of life. The project had implemented changes, but also identified longer term pieces of work to continue to make improvements to people's lives and the service provided. An outcome of the project was to train and appoint "Quality of Life" champions in every service, with a total of 22 staff now in the champion role.
- The registered manager designed and delivered training using a recognised model and incorporated this training with the principles of the Mental Capacity Act (2005) in relation to decision making. Champions worked collaboratively with people and staff to amend the information in their care records, revise planned outcomes for the care and support provided to maximise independence and give people greater choice and control.
- The service has been involved with the implementation of the "What Matters Most Quality Framework," in line with the wider Mencap organisation's aims and objectives. Part of the aim of the project was for staff to challenge their own and other's practice to be the best it can be through innovation, reflection and dissemination of learning. Staff told us they felt confident to raise any concerns, or to challenge other's practice and approach when required.
- The registered manager and staff demonstrated a commitment to providing consistently high standards of person-centred care. For example, they were collaborating in a project with a telecommunication company to support people in the use of assistive technology to aid communication and sequencing of tasks. Staff told us about a person who was using a hand-held computer with pictures to aid independent meal choices and to provide instructions to enable the person to sequence the tasks required to independently make a drink and a sandwich.
- People's care records contained examples of collaborative working with healthcare professionals and the police to support people experiencing changes in their mental health and behavioural presentation. This offered support and guidance for people and staff, both at home and when people accessed the community.
- The registered manager encouraged and supported staff to be open and honest, to ensure that if a mistake happened, staff felt able to talk to them about it and any issues could be addressed. The registered manager

encouraged staff to take accountability for their own actions, and had set up secure online discussion forums to aid staff communication and support networks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear of their regulatory responsibility in relation to completing notifications to CQC and in monitoring performance and risk. Where concerns around staff practice or approach were identified, the registered manager followed internal disciplinary procedures to address any shortfalls and to ensure continuous development and improvement. The service had sustained a rating of good since the last inspection and continued to maintain consistent quality standards.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. Staff described the management and leadership of the service as supportive and approachable. People living at the supported living services knew and recognised the registered manager when we completed home visits and they in turn were familiar with each person's care and support needs.
- Staff gave positive feedback about the support provided by the registered manager and out of hours support systems in place. The registered manager told us they were, "Trying to promote improved wellbeing within the staff team and ensuring the right levels of support were in place."
- The service has developed inclusive recruitment processes, with people meeting and asking questions of new staff before they were appointed. This process was also used to enable the service to observe people's interactions with potential new staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager had been part of a Mencap wide pilot to implement positive outcome scale interviews, which measured people's current quality of life and what could be put in place to make improvements. As an outcome of this pilot, the service identified gaps in people's hobbies and interests, and personal goals. Staff reviewed the care provided to people and built in time for completing activities, developing new skills or having more one to one time with an allocated staff member.
- Results from the 2018 survey stated that 96% of respondents answered "Yes" to the question, "Do we help people to find out what is happening in your town and join in?" The results also stated that 96% of respondents answered "Yes" to the question, "Do we help people to do the things that they enjoy and make them happy?"
- People and their relatives could provide feedback through the compliments and complaints process in place, information relating to this was provided on the service's website and there were information posters and leaflets accessible when visiting the service office and in people's homes.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed with staff. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- The service worked collaboratively with people's relatives to support people to live independently and safely in their own homes. One staff member said, "It's about seeing people happy." The service's 2018 survey stated that 92% of respondents said "Yes" to, "Do we help people to choose how they live their life?"