

Royal Mencap Society

Mencap East Hampshire Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Mencap East Hampshire is a domiciliary care agency and is registered to provide personal care to people in their own homes, some of whom lived in a 'supported living' environment. It provides a service to adults who have a learning disability or autistic spectrum disorder and younger adults. Not everyone using Mencap East Hampshire Domiciliary Care Agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection they were providing personal care to six people across Hampshire.

What life is like for people using this service:

People did not always receive a service that provided them with safe, effective and high-quality care. risk management was not always effective. This meant that people could be at risk of harm.

The management of medicines had improved since the last inspection; however, further improvements were required.

Not all care plans covered a full range of people's needs and some lacked guidance for staff. Staff received regular support and supervision however, the provider was unable to demonstrate that staff's concerns had been responded to and acted upon. Staff told us they felt well supported by the registered manager and had enough training to undertake their roles effectively.

Quality assurance processes were in place but needed some further development to ensure they were always effective in identifying areas for improvement promptly, as well as identifying trends.

People told us that care workers were good and that they were happy with the service being provided. Staff knew what was important to people and ensured people had support that met their needs and choices. People's dignity and privacy was respected, and their independence was promoted.

Rating at last inspection: Requires Improvement (report published 13 February 2018)

Why we inspected: This was a planned comprehensive inspection.

Follow up:

At the last inspection this service was rated 'requires improvement', at this inspection the rating remained the same. As the service is rated as requires improvement again we will meet with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good. We will request an action plan from the registered provider about how they plan to improve the rating to good and in addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

More information is in the detailed findings below.

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 not always safe

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

Mencap East Hampshire 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 as part of our regulatory functions. This inspection checked 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.

Inspection Team: The inspection team consisted of two inspectors.

Service and service type: Mencap East Hampshire provides care and support to two people living in a 'supported living' setting, so that they can live in their own home as independently as possible and four people living in their own homes outside of a supported living setting. CQC does not regulate premises used for supported living. The agency provides a service to adults who have a learning disability or autistic spectrum disorder. Not everyone using Mencap East Hampshire Domiciliary Care Agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the provider 24 hours' notice of the inspection site visit to ensure that the registered manager would be present, and to ensure people's consent was gained for us to contact them for their feedback.

What we did: Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This inspection included speaking with three people, two relatives, two members of staff, two service managers and the registered manager. We reviewed records related to the care of four people. We reviewed recruitment files for four staff. We looked at records relating to the management of the service, policies and procedures, quality assurance documentation and complaints information. We asked for further information following the inspection including the end of life policy and supervision policy and these were received.

Our findings

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

People were not always safe and not always protected from avoidable harm. This was because risks to people had not been managed effectively.

Assessing risk, safety monitoring and management:

- At the last inspection, published in February 2018, we found risks to people were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst the management of medicines had improved at this inspection and was no longer a breach, however further improvements were required and concerns around other areas of risk management remained.
- People told us they felt the provision and delivery of care was safe. One person told us, "Yes all the staff make me feel safe." A relative told us, "There is someone there all the time and they interact with them, she seems quite happy in herself."
- However, risks to people had not always been assessed, monitored or mitigated effectively. One person's daily care notes identified that they had fallen on six occasions in a seven-month period. This demonstrated that they were at risk of falls. Their falls risk assessment and their care plan failed to provide guidance on how to manage and mitigate the risk of falling. For example, this person's fall risk assessment stated, '[Person] could slip or fall on any spills and be hurt' and, '[Person] could trip on uneven ground in the garden,' The risk assessment advised staff to clear up any spills immediately and to be aware where the person was and that they had their walker with them. However, it did not identify that this person had regular falls and did not describe what staff should do if the person did fall. The manager had sought advice from the occupational therapist who had prescribed built up shoes. The registered manager told us, "We are asking the service manager to contact the learning disabilities team, I don't know how [person's] falls have been missed." The registered manager told us they would update the support plan and falls risk assessment. None of the risk assessments viewed had contingency plans.
- One person lived with a pacemaker, detailed risk assessments and guidance were not in place to guide care workers on how to provide safe care and support. This person's adult services personal assessment identified that they had a pacemaker. The care plan stated, 'Had a pacemaker fitted in [year], I am able to do most things (if a new activity and it is physical, check with [persons] GP first, if the activity is suitable.' There was insufficient detail to enable staff to know what the risks were and signs to look for or the impact this had on the person. There was no risk assessment in relation to this. The registered manager told us they would put one in place.

- The system to record accidents and incidents was effective and incidents were recorded appropriately.

The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely:

- Medicines records were maintained and there was a system of recording and identifying medicines errors, however we found there were three signatures missing on one person's medicines administration record (MAR) chart which had not been picked up by the service manager during their weekly audit. The registered manager told us that this would have been picked up on their monthly audit however, they made immediate plans to address this with the staff member concerned and told us that they would resume completing weekly checks themselves to ensure any future errors were identified. The registered manager also made plans to address this with the whole team who had not brought the gaps in the MAR chart to their attention. The registered manager told us, after making initial enquiries that this was a recording issue and that the person had received their required prescribed medicines.
- People were supported to manage their own medicines where appropriate, one person told us, "Yes they pop it out into a medicine box and then I take it, I have ear drops now because my ears are so bad. The staff are quite good at remembering."
- Where people were being supported with 'as required' or PRN medicines, PRN protocols were in place to guide staff on how and when these medicines should be administered.
- Staff received training on the administration of medicines and staff files showed that staff received ad hoc 'spot checks' from senior staff whilst on duty.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from abuse. Where incidents had occurred, these were reported to the local authority and plans put in place to reduce the risk of abuse.
- People and their relatives told us they felt safe and were kept informed of incidents that occurred.
- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.

Staffing and recruitment:

- People were protected against the employment of unsuitable staff. Documents demonstrated that staff were recruited safely, and all the appropriate checks were carried out.
- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- A staff member told us, "We have had a few leave, so they are understaffed at the moment. We do use agency but agency workers that people know to maintain continuity."

Learning lessons when things go wrong:

- The provider had a system to record accidents and incidents. However, an analysis of accidents and incidents had not taken place, there was no documentation to evidence that themes and patterns had been identified and preventative measures had not been put in place. The registered manager told us with the on-line system they could look at themes. They told us, "I am still learning the system, but I can pull different reports and look at themes. If I was able to do it before I might have picked up on the amount of times one person was falling, I am also relying on the managers to report everything."

Preventing and controlling infection:

- People told us staff practiced good infection control measures and records showed staff had been suitably trained. A service manager told us, "We provide gloves and aprons to staff."

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

People's care, treatment and support does not always achieve good outcomes, doesn't promote a good quality of life and is not based on best available evidence.

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

- People's needs were assessed before the service began to provide support and relatives confirmed this. This included their physical, social and emotional support needs, as well as some of the needs associated with protected equality characteristics. Staff confirmed they received information about people new to the service before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Not all care plans covered a full range of people's needs and some lacked guidance for staff. For example, one care plan stated that the person had a heart condition and, 'Was more likely to suffer from chest pain, breathlessness tiredness/lethargy and heart palpitations,' it went on to advise staff if they had any concerns to seek medical advice immediately. However, it did not detail what would be concerning and what support was required in this situation. Despite this, regular staff could describe symptoms that were concerning and when they would call for an ambulance. There was a risk that new or unfamiliar staff would find it difficult to provide holistic care that was specific to people's needs without this detail being included in the care plans.
- Staff told us they had a handover process where they shared information with each other about people's changing needs via a communication book that they wrote in. There were also medication amendment sheets if medicines had been changed.

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

- Where people required support to access healthcare professionals this was organised, and staff followed guidance provided. One person told us "Yes they might phone for an ambulance or go to the doctors." Relatives confirmed that people saw healthcare professionals on a regular basis.
- We saw from the care plans and daily support notes that a range of professionals were involved in providing additional care and support to people.
- The registered manager told us they work with other agencies to provide a range of additional services. For example, they told us, "We have contact with local authorities and GP's. We have good relationships with care managers and commissioners. One of the commissioner's supported with the housing association. Managers have good relationships with occupational therapists."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found at the last inspection in February 2018, a failure to ensure people only received care and treatment with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this was no longer a breach.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us that staff sought their consent before supporting them most of the time and their relatives confirmed this.
- Where people were deprived of their liberty the registered manager had informed the local authority who are responsible for submitting requests for DoLS authorisations.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Mental capacity assessments which were for individual decisions were completed and a best interest process followed in relation to decisions about people's care and treatment. Relatives told us they were involved in decisions about their relative's care.

Staff support: induction, training, skills and experience:

- People told us that care workers were competent, knowledgeable and carried out their roles effectively. One person told us, "Yes they are good at doing stuff like prompting me to go to the toilet." A relative told us, "I like most of them, they are all friendly and helpful when I need it. Yes, they understand [person's] needs."
- Staff had completed an induction. This included training, shadowing more experienced staff and they were also required to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and good-quality care and support. Ongoing refresher training was provided annually to assist them and to ensure they maintained the skills and knowledge required to enable them to carry out their roles effectively.
- A staff member told us, "Training is mostly in house which is better. I have done first aid, a whole day refresher done locally, medicines, safeguarding, support plan professionalism, MCA, and manual handling to name a few."
- We spoke to staff about supervision, they told us, "I am not sure about the format but yes, it is effective. We have them quarterly. I do feel if I have an issue in the meantime I can phone my manager or the registered manager. We talk about what has gone well, what not gone well, what you want to improve, goals. We go through the last supervision and talk about that." A service manager told us, "Supervision is once a month for managers. I think sometimes if you are in a dilemma or need a clarification that decisions you have made are right, it is helpful."
- People's support and supervision did occur four times a year, however the records lacked detail. Where staff had raised concerns or discussed what had not gone well there was no response recorded from the manager. This meant that the provider was unable to demonstrate that staff's concerns had been responded to and acted upon.
- The service manager told us, "Staffs one to one time, is spending time with them and identifying areas they need to develop and working on those really." The registered manager told us they would sample

supervisions more regularly and would ensure that the relevant detail was recorded.

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

- Where people needed support with their nutrition and hydration needs, this was provided. Staff had supported people living in a supported living service to attend a slimming group. We saw people preparing and cooking a slimming group recipe. One person told us, "We choose what we want to cook," another person told us they were cooking the dinner that evening, "Slimming group macaroni cheese." They told us everyone takes turns cooking and on a Saturday night they have a takeaway. People told us, and documents demonstrated that people had been very successful with their weight loss.

Our findings

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

The provider involved and treated people with compassion, kindness, dignity and respect.

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

- People and their relatives spoke positively about the support people received from the staff. One person told us, "The staff are helpful and happy," and a relative told us, "Yes they are very caring I think they do a good job."
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process included a section to record information divulged by people with regards to some of the protected characteristics, for example marital status, disability and religion. This demonstrated that staff considered some of the characteristics defined under the Act. A service manager told us, "We treat people as individuals and by being inclusive." People and their relatives confirmed that they were treated in line with their preferences. We recommend that the registered manager reviews the initial assessment documentation to ensure all protected characteristics are covered during this process including, gender and sexual orientation.

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

- Staff recognised what was important to people and respected this. One relative told us, "They do support [person] with their decision making." During the inspection we observed people being offered regular choices such as, 'What do you want to watch on television?' and, 'What would you like to drink?'
- Documents demonstrated that staff supported people to express their views and maintain their independence.
- People were supported to be involved in care planning; relatives and documents confirmed this. The registered manager said they promote people's independence. They told us they do this, "through our 'what matters most' process. We have outcome setting with the people we support. One person's plan was to become more independent with medicines. They are now independent administering their own creams. Another person now does their medication on their own. We monitor to make sure it is still working for people."
- All organisations that provide adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The registered manager

demonstrated good knowledge about the AIS and we saw information was provided in the most accessible way for people. For example, there were easy read policies available for people, pictures were used where relevant and several other documents were available in the easy read format.

Respecting and promoting people's privacy, dignity and independence.

- People and their relatives told us how staff protected people's privacy and gave examples such as closing doors and curtains when assisting with personal care and keeping them covered when supporting people to transfer. One person told us, "They help me keep covered up I have a shower every single morning."
- People told us they were treated with respect. One person told us, "I understand what they are saying, and I communicate with them much more." A staff member told us, "We use their names, make sure they want support, keep door closed during personal care and shower time. We have a sign when one person uses the toilet because they faint, and the door needs to be kept unlocked. We don't leave information lying around, files are kept in their rooms."

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People received personalised care that responded to their needs:

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were empowered to make choices and have as much control and independence as possible, including developing care plans. Care plans were developed following an assessment of needs and people told us they and their relatives were involved in these. One relative told us they had been involved in meetings.
- The agency tried hard to provide consistent care workers to people and where staff had built relationships they had developed a good understanding of people's wants and preferences. However, they used a lot of agency staff due to current difficulties with recruitment. The registered manager told us, "We have an advert out for volunteers," and, "We have relief staff linked to every service and if we have to, we do use agency, we try to have relatively consistent people if we do have to use them."
- People told us they received the support they needed. One person told us they got to do everything they wanted to do. The service manager told us that they supported someone to visit their relatives' home because they were no longer able to visit the person in their home due to age and ill health.
- When we asked staff their understanding of person-centred care, one staff member told us, "It is around them as a person, they tell us how they would like to be supported, choosing their outfits, do they need support, or do they want to do it themselves. It is in their support plans how they would like to be supported." A service manager told us, "People we support are at the heart of everything. We focus on needs, wants and wishes. One of the people we support has a learning disability and their dream was always to get married, we have done a wedding themed party for them, they are going to have a friendship blessing with the person they live with, they are going to have whole day focussed on them, a wedding dress, car, the whole thing, it's like a dream come true for them. They understand they will not actually be married, it is the day that is important to them."

Improving care quality in response to complaints or concerns:

- People and their relatives told us they knew how to make a complaint; One person told us, "I would speak to [registered manager] or [service manager]." A relative told us, "I would speak to somebody that's there."
- A service manager gave us an example of a concern and how it was dealt with effectively and documents confirmed this. People and relatives told us that they felt their complaints would be taken seriously.

End of life care and support:

- The service manager informed us no one was receiving end of life care at the time of our inspection.
- The provider had a policy, based on national guidance, in place to provide support to staff about the actions to be considered when a person was approaching the end of their life.
- Staff had not received training in end of life care. The service was not supporting anyone with end of life care at the time of the inspection. The registered manager told us they were going to introduce end of life booklets for people which will discuss people's wishes and choices for their end of life care in advance. We saw that this was in the process of being produced.



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

Leadership and management did not consistently assure person-centred, high quality care and a fair and open culture:

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider had a system of reviewing care plans regularly to ensure they were relevant, up to date and reflected people's needs. This was not always effective and robust. For example, staff reviewed support plans monthly and the service manager reviewed them three-monthly, they signed to say this had been done and recorded the date. However, there was nowhere on the review form to document if the plan remained effective or to document any changes made. This meant that the reviews were not realistic and did not include relevant information.
- Medicine administration records (MAR) sheets had been audited; however, the manager auditing failed to notice that there were three gaps on the MAR sheet. The registered manager told us that this was a records issue and that the person had received their medicines. However, this did show that the auditing system was not effective in identifying and acting on errors.
- The provider understood their responsibility in relation to the duty of candour and kept people and their families informed as required. Relatives told us they were kept informed and records confirmed this.

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

- At our last inspection in February 2018 we found a failure to have effective systems and processes in place to drive continuous improvements, and the failure to maintain an accurate, complete record in respect of each service user. This was a breach of regulation 17 of the health and social care act 2008 (Regulated Activities) Regulations 2014. We found similar concerns at this inspection and although there was some progress we found further improvements were needed and this remained a breach.
- The provider had some systems in place to monitor and assess the safety and quality of the service. These included monitoring training, incidents and accidents, complaints; recording the immediate action taken to address the individual issues but lacked detail about lessons learned or any potential themes. They were not always effective and did not pick up on the issues identified during our inspection. These included concerns with records: risk management and care planning.

- The monthly service audit covered areas such as; fire alarm testing, fridge and freezer temperatures, hot water checks, training, support plans and risk assessments, and team meetings. The audit paperwork completed in January 2019 had been ticked or signed in most areas; however, nothing had been recorded, it was therefore difficult to establish if any actions were required and taken. This meant that there was no way of monitoring ongoing themes or identifying improvements required.

- We spoke to the registered manager about the areas for development we had noted such as, monitoring records, care plans, incidents and accidents, audit processes and risk management for which the registered manager did not have adequate oversight of. They told us that they will start to do weekly medicines audits to improve this and to check that the managers' audits were taking place.

The failure to have effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found at the last inspection in February 2018, the registered manager failed to make appropriate statutory notifications to CQC. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the same concerns.

- Records confirmed the registered manager reported concerns to the relevant local authority and undertook investigations where these were required. However, services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a notification. Important events include accidents, incidents or allegations of abuse. We use this information to monitor the service and to check how events have been handled. Records detailed two incidents which should have been reported to CQC by way of a statutory notification. We had not received notifications in relation to either of these incidents. This meant that the Commission had been unable to monitor the concerns and consider any follow up action that may have been required.

- The registered manager told us that they were not sure why these had not been reported to CQC and said she was disappointed that they hadn't been.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager gave us of some examples of how they had worked with other agencies to meet people's needs. They told us, "We have contact with local authorities, GP's, we have good relationships with care managers and commissioners. One of the commissioners from Hampshire supported with an issue we had with a housing association. Managers have relationships with occupational therapists." Documents demonstrated that people had access to a wide range of professionals and agencies.

- People told us they had been involved in decisions about their care. The service manager gave us an example when a person wanted to go to day service, they set up a taster day and the person went and now attended every week and loved it. The person confirmed this.

- Surveys to gain feedback about the service had just been completed. The registered manager told us, "We do surveys, these have just come in so haven't done anything with them yet. We had family's support with the new surveys; they told us what they think is important," and, "We review surveys and if there are any themes I will look at them, one relative asked for us to look at volunteer work for their relative, but surveys are anonymous so don't know who the person is."

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>We had not received a statutory notification in relation to two incidents.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people had not always been assessed, monitored or mitigated effectively.</p> <p>None of the risk assessments viewed had contingency plans.</p> <p>Support plans and risk assessments lacked necessary detail in order to guide staff to deliver a safe care.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to maintain securely accurate, complete and contemporaneous records in respect of each service user.</p> <p>Management oversight and governance</p>

processes were not always effective and failed to pick up on things found at inspection.