

Royal Mencap Society

Mencap - Norwich

Domiciliary Care Agency

### Inspection report

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Date of inspection visit:  
08 July 2019  
12 July 2019

Date of publication:  
29 August 2019

### 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

### About the service

Mencap - Norwich Domiciliary Care Agency provides services to people living in their own homes. At the time of the inspection, 19 people were receiving a regulated activity of 'personal care.'

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.

### People's experience of using this service and what we found

People received person-centred, specialist care and support including at the end of their lives. Staff worked closely with healthcare professionals to ensure people's pain levels were well managed, and they received dignified care. Staff demonstrated skills and receipt of specialist training in relation to the support provided to people with complex epilepsy.

Staff showed kindness and compassion and placed value on their caring role and involvement in people's lives. People were offered a choice of meals and staff closely monitored people assessed to be at risk of poor food and fluid intake.

The service worked in partnership with people and their families 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. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good governance arrangements in place and completed internal quality checks and audits. Findings from these were regularly reviewed by the registered manager and provider.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection The last rating for this service was Good, (report published 09 February 2017).

#### 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.

Good ●

# Mencap - Norwich 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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 homes 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the 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, two service managers, and two members of care staff. We reviewed four people's care records, four sets of daily notes and any monitoring paperwork in place during the home visits. We reviewed four people's medicine records including topical medicine records where applicable. 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 provided to people in communal areas, spoke with four people using the service and four people's relatives by telephone.

# 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 and we observed staff offering people reassurance and comfort to help them 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 falls, detailed 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 service management team who liaised with healthcare professionals for support and advice.
- The service managers completed an initial assessment then reviewed risks to people's safety every six months or sooner if required.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people. One relative told us, "Staff have all been there a long time which I think speaks volumes."
- 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 services had access to relief staff who worked across the provider's services as an additional means of achieving required staffing levels.
- Staffing rotas were completed 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 or to support people with 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 regular audits of people's medicines and corresponding paperwork to provide them with assurance that people had received their medicines correctly

- Staff completed medicine training, and the management team had reviewed their competence to do this safely every six months.
- 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.
- Hygiene standards and cleanliness was checked as part of the registered manager's regular environmental audits completed in the supported living services.

#### 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 authorities and to CQC in line with their regulatory responsibilities.
- We saw examples of where changes had been implemented into practice resulting from lessons learnt from incidents. An example of this was improvements to the management and record keeping relating to people's finances following safeguarding concerns.

# 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 has 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

- The registered manager and service managers worked flexibly to accommodate changes to people's weekly activity timetables, for example if a person had a medical appointment they needed to attend.
- Staff worked with external bodies and professionals to manage risks in line with nationally recognised best practice, for example in relation to the management of people's seizure activity, falls risks and sourcing equipment to maintain and maximise people's levels of independence.

Staff support: induction, training, skills and experience

- We asked relatives about the standards of care and support provided by staff. One relative said, "It's superb would be the best word to describe it." They also said, "The staff take their own initiative to get things sorted out."
- Staff told us they had access to regular face to face and online training courses including specialist training to ensure they could meet each person's needs. One relative told us, "Before [Name] moved in the service manager had liaised with our epilepsy nurse and organised specific person-centred training with the staff, ensuring the training was specific to the type of seizures and the way they present and what staff need to do."
- Staff gave positive feedback on the support in place when starting to work at the service. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs.
- The registered manager had a training matrix, rolling supervision and performance-based appraisal programme in place. The service managers 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. People cooked or prepared food with staff in their homes as part of support provided.
- 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 paperwork where risks were identified.

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.

- We found examples in daily written records of where staff had identified a person to be unwell, and the action taken to ensure they accessed medical assistance in a timely manner. One relative told us, "If they are at all concerns they'll call the doctor and me, they weigh regularly to make sure there's no loss, they're almost pre-empting any illness before it actually happens. No hospital admissions in the last 18 months, and that's all we've ever wanted for [Name] to live as independently as possible."
- 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 applicable.
- People were supported to access the local community with risk assessments in place around travelling and levels of staff support required to maintain people's safety.

#### 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.

# 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

- Relatives told us about the standards of care provided, "We are astounded by the level of care, nothing's too much trouble." Another relative described the staff as "Brilliant, very supportive."
- 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 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. The registered manager gave examples of group trips and days out, enabling people to spend time with friends from other services.
- People were given a choice of having care provided by male or female staff.

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 management team completed regular review visits to meet with people and their families, and maintained regular contact with service managers to monitor the day to day running of the service.
- People and their relatives were supported to design their care packages in line with their individual wishes and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff told us about how they maintain people's privacy and dignity in the event they become unwell, and potentially require administration of medicines to aid seizure management while out in the community.
- 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.
- 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.

#### End of life care and support

- We reviewed the end of life care records for a person who had recently used the service. Their records contained evidence of regular conversations with people and their relatives to explore and review their wishes about their end of life care. Staff approached the subject with compassion and sensitivity and recorded everyone's views and feelings to ensure they felt listened to.
- The service worked in line with national best practice guidelines in relation to providing end of life care to people with learning disabilities. This included ensuring the person was treated as an individual; advocating for the person to ensure fair access to care and services; maintaining their comfort and wellbeing and discussing death and dying with members of the person's family and social network.
- Consideration was given to the way in which information about their condition, death and dying was explained to the person to ensure they were given the opportunity to ask questions and to empower them to be fully involved in the process. Information was discussed more than once and at a pace comfortable for the individual to cope with, with staff demonstrating awareness of the person's capacity and ability to understand the implications of the information being discussed.
- The person and their relative's spiritual needs and wishes were incorporated into their plan, and the person was supported to complete an advanced care plan detailing their wishes.
- Care records demonstrated a collaborative and holistic approach to supporting the person and their relatives. Records contained regular phone and face to face contact with healthcare professionals including the palliative care team. Records of contact with professionals detailed any changes in the person's presentation and advice sourced.
- Anticipatory medicines were in place, along with use of a specialist pain and distress measuring tool to support staff with making decisions of when to give the person medicines if they were unable to request this independently. The records demonstrated a clear focus on ensuring the person received a dignified and pain-free end to their life, whilst remaining in their own familiar surroundings.
- Records contained clear guidance for staff around what having a Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) directive in place meant. There was also wording provided for staff to use when speaking with healthcare professionals in the event the person was thought to have died.
- The registered manager told us about the support and debriefing put in place for staff and the other people living at the supported living service before and after the person died.
- With agreement from people's families, staff attended people's funeral services as a mark of respect.

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

- People and their relatives consistently told us the registered manager and staff were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. Where applicable, managers from other services investigated complaints as a method of maintaining an

independent and objective approach. The service demonstrated where improvements were made as a result of learning in response to complaints and concerns.

- Where the service had received complaints, these had been investigated in line with the service's policies and procedures, and a written response provided to the complainant. The service encouraged feedback from people and their families.
- The service completed quality questionnaires with people and their relatives. We saw that where suggestions and comments had been received, these were discussed with staff and changes put into practice.
- We saw information posters and leaflets on how to make complaints available in people's homes and in the service office, which provided details on how to make a complaint to the service, and details of other organisations that could support people with the complaints process. The registered manager encouraged their staff to advocate on people's behalf where support was required, including making complaints and raising concerns to external organisations.

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

- Relatives told us about innovative approaches taken by staff to enable people to participate in social and leisure activities to maintain involvement in their local community. Staff recognised people's social and cultural diversity, values and beliefs that influenced their decisions on how they wanted to receive care. For example, one relative told us, "[Name] goes out and attends music festivals with two carers. They [staff] conversed with the organisers about this, it's all very person-centred."
- People's care records contained details of their hobbies, interests and personal goals. People met regularly on a one to one basis with a named member of staff, to discuss and plan activities they wished to participate in. Staff told us they were familiar with people's likes and dislikes and protected equality characteristics and planned meaningful activities to reduce the risk of social isolation.
- One relative told us about steps taken by staff to prevent a person missing out on Easter eggs and to make the people living at the supported living service feel involved with important events happening with the staff. They told us, "[Name] is lactose intolerant, one carer went to the supermarket in their own time and saw some lactose free Easter eggs and bought them for [Name]. They're always thinking of the people they care for. A couple of the staff got married last year and made sure they sent some cake to the service. They make sure they take pictures of everything they do it's little things that mean an awful lot."

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 of times for getting up and going to bed.
- People were supported by staff who demonstrated an in-depth understanding of their specialist support needs, preferences and interests which gave them choice and control over the care provided. Staff worked closely with people's families and healthcare professionals to provide tailored, person-centred support and promote equality.
- Staff regularly attended team meetings and accessed training and development opportunities, reflecting on areas of their own practice, learning through experiences and reflecting on equality and diversity, both

individually and in teams, which influenced how the service was developed. Staff told us they were comfortable to challenge colleagues' practice and to discuss any concerns with the service managers and or registered manager.

- Guidance was in place for staff, to ensure people requiring support with communication needs were able to express their wishes, preferences and daily needs, including through use of equipment and specialist technology.

- Where needs were identified, the service implemented accessible communication standards for example providing information in alternative formats, or meeting with people face to face rather than discussing information by telephone.

# 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 remained rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- A relative spoke highly about the way staff met people's individual needs. They said, "The care is very individual to what the person wants and needs." The registered manager and staff demonstrated a commitment to providing consistently high standards of person-centred care. People were placed at the centre of care planning and delivery.
- 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.
- Staff told us they felt listened to, and that if they gave feedback or made suggestions these were acted on, which made them feel valued.

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

- The registered manager jointly with the service managers were clear of their regulatory responsibilities in relation to reporting incidents and safeguarding concerns to CQC.
- The service had contingency plans in place to ensure they could provide a safe and consistent service in the event of poor weather conditions and had measures in place to maintain staff safety when working alone. Due to the specialist support needs of some people using the service, the plan outlined mandatory staff training required to work across the service.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. The service had maintained a good rating since the last inspection visit.
- Staff gave positive feedback about the support provided by the registered manager and out of hours support systems in place.

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

- People and staff were encouraged to contribute their views on the running of the service and give feedback through the compliments and complaints process in place.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated to staff. Staff confirmed that if they were unable to attend meetings, the minutes were available to ensure everyone had access to the information discussed.

- The registered manager spoke very passionately about advocating for service users' rights to live independently with the right levels of support in place.