Royal Mencap Society

Mencap - North Norfolk Domiciliary Care Agency

Inspection report

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Date of inspection visit:
28 November 2018
29 November 2018
30 November 2018

Date of publication:
11 January 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

This was an announced inspection that began on 28 November 2018 and finished on 30 November 2018.

Mencap – North Norfolk Domiciliary Care Agency provides care and support to people with learning disabilities and autism. At the time of the inspection it was providing support to eight people. The service is a domiciliary care agency. It provides personal care to people with learning disabilities living in their own houses and flats in the community. This service provides care and support to people living in 'supported living' settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The regulated activity is provided across four houses which are part of a wider service of eight houses in North Norfolk. People have their own tenancies in shared houses, with their own bedroom and shared communal spaces such as kitchen, living room and dining room. Staff provide support at the property according to contracted hours. The support is either one to one, or shared with other tenants in the property. Sleep in support is provided overnight at each of the houses. At the time of the inspection there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is run by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and looked after by the staff at Mencap – North Norfolk Domiciliary Care Agency. Staff had a good understanding of how to safeguard people from abuse.

Risks were assessed and managed well to support people in carrying out daily living tasks and supporting people to lead an active life in the community.

There were procedures in place to help protect against employing staff who were unsuitable to work in the service. There were enough staff to meet people's needs. Staff worked flexibly across the service to cover staff absence ensuring people were supported by people who knew them.

Staff were trained in the administration of medicines and could describe how to do this safely. There were robust auditing procedures in place to make sure that all procedures were followed and people received

their medicine as it had been prescribed.

Incidents and accidents were recorded and reported to managers who monitored these through an online system. Learning from incidents and accidents was used to improve the service for the future.

Care plans were detailed and person centred. They provided the information that staff needed to support people to live their life as independently as possible. Staff received the training they needed to provide them with the skills and knowledge required to support people. Managers regularly checked the competency of staff in carrying out their role. Staff were supported through regular supervisions and annual appraisals.

Systems were in place to support people with eating and drinking. This was appropriate to the needs of individuals, so where full support was required with specialist diet this was monitored closely. Where people were more independent they were supported to take part in preparing meals for themselves.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

Staff were kind and caring. There was a person centred ethos that promoted people's independence across the service. People were supported to live fulfilled lives, to pursue interests and hobbies and to take part in their local community. People had choice about where they lived and who they shared a house with.

The service responded to people's needs. Care plans were regularly reviewed and kept up to date. Pictures were used as communication tools across the service to help people express their views and make choices. Staff knew people well and supported people to pursue their interests.

There was a robust complaints procedure in place. People knew who they should speak to if they wanted to make a complaint. They were confident that their concerns would be dealt with.

The service had supported people at the end of their life and was working with people using the service to plan in advance to make their wishes and feelings known.

The service was well led. Staff and people spoke positively about the management of the service. There were robust governance systems in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had knowledge of how to identify and report abuse.

Risks to people had been assessed and were managed to promote people's independence.

People were administered medicines safely.

Is the service effective?

Good

The service was effective.

Care plans were person centred and gave enough information for staff to deliver care according to people's needs and preferences.

People were supported with healthcare needs and the service worked well with other professionals.

The service worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring.

People were involved in planning their care and the support that they needed to do the things that they enjoyed.

Staff understood the importance of promoting people's dignity, privacy and independence

Is the service responsive?

Good

The service was responsive.

People were supported in a way that enabled them to live fulfilled and meaningful lives.

There was a clear complaints procedure that people understood and were confident to use.

There were systems in place to support people with compassion at the end of their life.

Is the service well-led?

Good

The service was well led

People and staff spoke positively about the management of the service.

The staff team worked well together. They understood the values ethos of the organisation and how to apply these in their role.

The views of people using the service were used to develop and improve the service.

Mencap - North Norfolk Domiciliary Care Agency

Detailed findings

Background to this inspection

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

The inspection took place on 28, 29 and 30 November 2018 and was announced. We gave the service 48 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first inspection of this service.

The inspection was carried out by one inspector who visited the office location on 30 November. On 28 November we spoke with four care staff over the telephone and on 29th November we spoke with three people who used the service in their homes.

Before the inspection we looked at all the information that we had about the service. This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is 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 also contacted professionals working with the service for their views.

We looked at the documentation in relation to two people using the service and looked at three staff files. When we visited the office, we spoke to the registered manager and one of the service managers. We also reviewed information relating to how the quality and safety of care was monitored by the registered manager. Prior to the inspection we received feedback from one health care professional who was working with the service.

Good

Is the service safe?

Our findings

People told us that they liked the staff, the staff were there to help them and that they felt safe. One person told us, "I feel safe and looked after…If I'm worried I tell them and they tell me to keep calm."

Staff told us that they had received training in safeguarding people from abuse. They could tell us the different types of abuse and how to report concerns. Staff were aware of the need to safeguard people who may be vulnerable when out in the community, including preventing discriminatory treatment. There were systems in place to support people reporting abuse.

There were risk assessments in place to keep people safe. Care plans were cross referenced to relevant risk assessments so that staff were clear about how to manage any risks associated with supporting a person. Risk assessments covered a range of areas to enable people to carry out daily living tasks and lead an active life in the community. The assessments were detailed and gave enough information to enable staff to manage the risks. Turn charts and body maps were used for the management of pressure ulcers. When we spoke with staff they were aware of risks and how to manage them. For example, they could describe how to support people to reduce the risk of pressure ulcers and understood how long a person should be left in their chair before they were supported to move.

Risks were managed to support people's independence and to involve them in their care including areas such as risk of scalding when making hot drinks or ironing. Other areas covered included eating and drinking, mobility, going out in the community, pressure ulcers, behaviour and fire safety. The central record of some of the risk assessments had not been reviewed for over a year. However, when we asked the registered manager, they said that reviews of records were all carried out at the houses and more recently updated records were at the houses. The service manager scanned these records through so that we could see that they had been updated more recently. It is important that records are regularly reviewed so that staff have the most up to date guidance to meet people's needs safely.

There were procedures in place to help protect against employing staff who were unsuitable to work in the service. This included ensuring references and a Disclosure and Barring Service (DBS) check had been received prior to a member of staff starting in post. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. We could see from the records that any gaps in employment history had been accounted for.

People and staff told us that there were enough staff to meet people's needs. The registered manager told us that they calculated the number of staff needed based on the contracted hours for support. At the time of the inspection they were recruiting to vacant roles in the service, as well as using relief staff in the interim to cover. Staff were flexible between the houses so that they could ensure that staff absences were covered. This meant that staff got to know people in other houses which gave people consistency of care.

The service supported some people with their medicines. Staff told us that they had received training on the administration of medicines. There was guidance in the records about people's medicines including

protocols for 'as required' (PRN) medicines. Staff told us that they wrote their initials on the medicines administration record (MAR) when they had given someone their medicines. One member of staff told us, "I check every morning to make sure nothing has changed, it's usually in the diary if things have changed. If I have been off I check nothing has been changed." Records gave information on how medicines should be administered. For example, one person was administered their medicines in yoghurt following an assessment by the Speech and Language Therapist (SALT) to prevent them from choking. We could see on the MAR charts that staff had signed when they had given medicines. If any medicines were not given the reason was given on the back of the MAR chart. On the MAR charts that we looked at there had been different codes used for not administered, sometimes a cross and sometimes a dash. We spoke with the registered manager about making sure that consistent codes were used and that these should be clear on each MAR chart. They told us that this varied depending on the pharmacy and that some of the MAR charts did have codes. They told us that they would ensure that consistent codes were used for the future.

Staff were aware of how to prevent the spread and control of infection. Staff told us that they wore gloves and ensured that the houses were kept clean. They told us that helping people to clean their house was part of the support they offered. They ensured that they prompted people to wash their hands if they forgot. If anyone had any infections such as diarrhoea and vomiting they tried to encourage them to stay in their bedroom and only use one bathroom so other people could use a different bathroom.

People reported incidents to their line manager using an incident reporting form. We reviewed incident forms and could see that these showed appropriate actions were taken following an incident such as seeking medical help if necessary. One member of staff told us, "If we do an incident form we email it straight away to the manager. They share we have 'learnt from this that perhaps we should do it this way'." The registered manager told us that all incidents were uploaded to a central online system that enabled them to monitor ongoing issues, such as someone's behaviour or health. This meant that appropriate actions could be taken. They also had a critical incident reporting system to alert the wider organisation if something was more serious.

Good

Is the service effective?

Our findings

People's needs were assessed well. The assessment of people's needs fed into the care plans which guided staff on how people's needs were planned for and met. People told us that staff understood their needs. Staff worked closely together as a team and consistently worked with the same people so that they got to know them well. Where people needed specialist equipment, for example in relation to mobility or pressure care the care plan included detail about how to use the equipment such as a specialist chair. The details of the hoist and sling were included in the care plan. The service manager told us that there was also a picture on the wall in the person's bedroom. In one of the care plans it said that a person used a frame to mobilise when they went out in the community. However, this was not clear in all of the documentation. We spoke with the registered manager about this and they said that they would provide more guidance on this and make it clearer. Staff told us that if they went to a different house that they knew people's needs because they had supported them before, one staff member said to check whether things had changed, "You can pick up the care plan or grab folder and can quickly read up on what you need to know."

Where people had complex support needs, they had a 'critical support plan' covering areas such as, reducing choking risks, epilepsy, and pressure ulcers. Monitoring charts were used to check support had been given where appropriate, for example with eating and drinking.

Staff told us that they received the training to give them the knowledge and skills they needed to support people. Staff told us, and we could see from the files that staff had received training in moving and handling, safeguarding, food hygiene, first aid, dementia, positive behaviour support, medicines and finance support. As well as this mandatory training they could also request training that they felt they needed. Staff told us that the induction process was good and that they had spent time shadowing with other staff. New staff had to complete the Care Certificate. This is an industry recognising training programme for staff working in health and social care. The managers carried out observations of staff member's competence to carry out key tasks such as supporting people with their medicine, finance or eating and drinking. Staff told us that the managers regularly came to the service. One staff member told us they, "Check care plans and watch us doing medication and thickener etc." Thickener is used to change the consistency of fluids to prevent people from choking. We could see from the records that when managers carried out competency checks. As well as observing staff they also asked questions. For example, when carrying out an observation around finances, they would ask the staff member, "What are the main documents they use when supporting with finances?" and, "Why is privacy important?"

Staff told us that they received regular supervision as well as annual appraisals. The service had a system called, "Shape your future" where staff set goals and objectives for what they would like to achieve. Staff told us that the supervision meetings were helpful and that managers supported them in their role.

People were supported to eat and drink. One person told us, "Staff cook nice meals - chicken, I like roast dinner." Staff described how they supported people with eating and drinking. This included ensuring people received the correct food and nutrition if they were going out in the community. Where people had specialist diets, systems were put in place to ensure these were followed. For example, one person who had a Speech

and Language Therapist (SALT) assessment and had to have fluids and nutrition at specific time spaced throughout the day. The staff completed charts to record how much the person had and the time. The care plan also gave guidance for staff if they were supporting this person out in the community over a meal time, reminding them to take drinks and thickener with them. We could see from the records, and staff told us that they knew about allergies that people had because they were recorded in the care plan.

Staff told us that they worked together as a team. Staff were flexible and worked across services to help each other out. People were supported to attend other services such as day services for people with learning disabilities, to help them develop skills and pursue hobbies and interests. The service worked well with other health professionals who gave specialist support. For example, they had worked with the district nurse to support a person with pressure ulcers and the SALT to support people at risk of choking. People were supported to go to the dentist, opticians or chiropodist. A member of staff told us that they, "Contacted the physio for one person, [who] now has exercises to do that we support [person] with." We saw in the records that people had hospital passports which was a document that included basic information about a person and their support needs that could be given to hospital staff if they were admitted in an emergency.

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.

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and could describe the basic principles. They emphasised making sure that people had choice about how they lived their life and the ways in which they were supported. Staff understood the importance of still giving people choice even when capacity had declined, for example because someone was living with dementia. One member of staff said, "I am very conscious and try my best to offer options. We take photos and use them to help people to make decisions, even if they can only choose from two things." Another member of staff said, "I give people all the information and try to help them to make the right decision for them. They may make mistakes, and they are allowed to make mistakes." They said that if things went wrong they supported people to understand why things happened and how they might change things in the future.

People's care plans included information about their capacity to make decisions. The finance section described how much support people needed with their finances for example, full support, partial support or no support. The care plan described how to support the person so that they retained the choice on how to spend their money. Where people did not have capacity, other professionals had been involved, for example one person who did not have capacity regarding their diet, a best interests meeting had been held with the dietician. Staff told us that they followed the plan to help support the person with eating and drinking. There were some people living with dementia whose capacity had changed recently. Staff understood that if people's capacity changed that they took into consideration what had been recorded about someone's wishes in the past when supporting them to make decisions in the future.

Good

Is the service caring?

Our findings

People told us that the staff supporting them were kind and caring. They felt listened to and felt that the staff showed an interest in the things that they liked doing. Two of the people we spoke with told us that the staff helped them to look after and care for their pets as part of their support. Staff were aware of how to communicate with people using pictures if necessary. There were staff rotas on the noticeboard in the houses with pictures of the staff who would be on duty so that people knew who would be supporting them each day. One member of staff told us that, "We have easy read, including pictures like for a cup of tea, for a person with dementia we have pictures to show who is working so they can recognise who is coming on."

Staff told us that they regularly supported the same people which enabled them to get to know people well as well as their history. One member of staff told us, "One of the people we support spent 11 months in hospital after they were born, we've gone right back to early years." For some people this was over 60 years. People were supported with their interests as well as to maintain relationships with their family and friends. One member of staff told us, "One person liked to do lots of walking as [they] had been on a walking holiday, another liked dancing, another we support to bible classes."

The service aim in the service user guide was to, "Enable service users to live independent and fulfilled lives at home and in the community." This was reflected throughout the service in the conversations with people using the service and staff. The service user guide was in an easy read format so that it was easy for people to understand. It explained what people should expect from the service such as, "Treating you as an equal citizen regardless of disability, race, religion, culture or gender," and, "Calling you by your chosen name." Staff were aware of the importance of showing respect for the fact that the houses were people's homes. Asking permission before going into a person's bedroom or not using equipment unless it was part of the support for the person for example. Staff told us that they were aware of the importance of treating people equally, one staff member said, "I am very aware of making sure the right time is spent [with each person]."

People could choose where they lived. When finding a home for a new person the service looked for a location close to where they already spend their time. Family and friends were involved if the person required support to make the decision, and if they lacked capacity a best interests decision was made. New people were introduced to the people already living in the house in a place away from the home setting so that it was neutral. If it was decided that someone would move in to a house it was done in a planned way, starting with visits to the house and then overnight stays, with regular reviews of progress.

Staff were aware of protecting people's privacy and dignity. Closing doors and curtains for example when supporting with personal care. People were supported in a way that promoted their independence. For example, when cooking meals staff described involving people to do tasks that they could do such as preparing vegetables, or setting the table. Staff were aware of the importance of maintaining independence even if mental capacity declined. One member of staff described how a person living with dementia used to make their own drink but now would get the milk out of the fridge when staff made the drink. Through this approach, one person had been supported to become independent in relation to personal care and as a result, no longer required the regulated service.

People told us that staff were kind and helped them if they were anxious or worried. One person said, "If I need a doctor they [the staff] would ring the doctor for me." Another person told us that they got a newspaper every day and the staff spent time with them looking at the paper.

Good

Is the service responsive?

Our findings

Care plans were person centred and detailed. They provided guidance for staff on areas such as activities people liked doing, communication, health issues, managing finances, personal care needs and managing their home. One staff member told us that they thought they got on well with the people using the service and that they, "Read their files so you know what is happening and speak to other staff to ask about little ways and you just get to know them and they get to know you." Staff told us they updated plans whenever things changed and when we looked at the care plans we could see that they had been updated recently.

People received care that was responsive to their needs. People's care needs were fully assessed and regularly reviewed when they changed. One person's health had suddenly deteriorated, through living with dementia. After being very independent and mobile, the person became a wheelchair user and needed support around all aspects of care. When this first happened, the person had developed pressure ulcers. The service worked with the district nurse and the SALT to respond to the change in care needs. As a result, the pressure ulcers healed. One member of staff told us that, "Because of the consistency of staff it has improved and is much better."

People were supported to follow their interests. In care plans there were details of the activities and hobbies that people enjoyed doing. One person enjoyed gardening and had managed an allotment with their relative when they were younger. The service supported the person to grow vegetables in their back garden. The person was supported to set up raised beds which enabled them to cultivate the garden now that they were getting older and found bending difficult. The person told us, "I have onions in one, broad beans and cabbages, they might be ready for Christmas." Other people were supported to pursue hobbies at day services and more able people were supported in roles in the community, through voluntary work for example.

One member of staff described how they supported someone to be part of a national campaign run by Mencap to raise awareness about the support that people with a learning disability needed when they went into hospital. The support involved going to parliament to meet their MP, as well as raising awareness with health professionals in the local hospital.

There was a robust complaints system in place. People knew who to speak with if they had any concerns. They said that if they raised concerns they were listened to and issues were dealt with. There had not been any formal complaints in respect of the regulated service. The registered manager told us that all complaints were logged and an acknowledgement was sent immediately to the complainant. The complaint was investigated and the response given with the outcome including further options such as what to do if they were not happy with the outcome. The registered manager told us that complaints would not always be managed by themselves. They may be dealt with by other managers unrelated to the direct service, to maintain objectivity.

The service had supported people at the end of their life. Staff had been given end of life training. A person using the service had passed away just over a year ago. The registered manager told us that they worked

closely with the district nurses and palliative care nurses. The person was very close to another person using the service so they wanted to keep the person within Mencap services when they needed to move to a property adapted to their needs. They managed to arrange for the person to move to a different property in the service which was fully accessible. This enabled them to support both people in their relationship and to support the person's friend through bereavement. We spoke with this person and they showed us pictures and things that they had to remember the person by, and said they often spoke with staff about their memories together.

The registered manager told us that some people had advance care plans or funeral plans. The registered manager said, "We try to approach it in creative ways, especially if there is no family," but they recognised that this could sometimes be difficult or distressing for people. Where family were involved they often took the lead and the service worked alongside them.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager and the service managers. One member of staff said, "Over the years there have been massive improvements. We've just got a new manager, last few months, fantastic, cannot fault them." People knew who to speak with if there were problems and said that the management were responsive and, "Got things sorted." The registered manager was keen to develop a positive culture of mutual support across teams. Managers were trusted to have a flexible approach to their role. The registered manager told us that they were, "Very dedicated, very person centred, and strive to have good outcomes." Staff understood the vision and values of the organisation and were very person centred in their approach.

Staff felt valued and respected. One member of staff said that they had been involved in a 'Top Talented' programme. The registered manager told us this was a way of recognising staff for being exceptional. A mentor supported these staff to take part in projects in other parts of the country. They were also supported in their progress and professional development including management qualifications.

There was a clear governance framework in place. The registered manager used an auditing tool to monitor services. The auditing tool highlighted where audits were late or had not been completed. Service managers carried out monthly audits of care records and competency checks with staff. The registered manager checked the audits carried out by the service managers, as well as carrying out their own audits in areas such as medicines, care plans, health and safety, finance and daily logs. We looked at the records in relation to the auditing of medicines and could see that these were very detailed. They included checks on ordering and stock control, guidance for staff on administering medicines such as allergies, dose and method of administration as well as ensuring records were completed correctly.

We noticed that because the service managers and registered manager carried out their audits by visiting the houses and because care records were updated by staff at the houses, there were sometimes inconsistencies between the records held centrally and those in the houses. This mainly occurred in relation to the review dates on risk assessments. This meant that if there was an issue with the record held at the house, if records were destroyed in a fire for example, they would not have up to date records. The registered manager said that they would be updating this to ensure that the records and reviews were consistent across the service.

The registered manager was aware of the events that they were required to notify the Care Quality Commission (CQC) about. However, where there had been errors in medicine administration they had reported these to the local safeguarding but as no harm had been caused they had not reported these to the CQC. We clarified with them that in the future all issues reported to safeguarding should also be notified to CQC.

People and staff were kept up to date with what was happening in services by an internal newsletter. The registered manager said that each house held regular house meetings to discuss issues relating to the running of the house and issues important to the people living in the house. People using the service were

also consulted about activities that they would like to take part in. The registered manager also told us that every year they had a reflection event with people and families, reviewing the year, what went well and what not so well and what we could do differently. They used these events to inform the future development of the service.

The service had access to a charitable trust that organised trips and events such as boat trips or the pantomime. People using the service were consulted each year on what they would like to do.

Staff told us that there was an open culture and they felt free to raise concerns with their manager. They attended staff meetings. We reviewed the records of staff meetings and these covered areas such as safeguarding, guidance with pressure ulcers, and ensuring that people were supported in their routines according to their care plan.

The registered manager was working to continually drive improvement. They told us they now had a much more stable management team but also had plans for future improvements. They planned to develop Champion roles. For example, they were organising for some staff to attend a four day person centred thinking course. One staff member would be identified as a champion to support person centred working across the service. They were also looking at reviewing some of the systems and processes to drive improvement and had started to look at the way in which they assessed and managed risks associated with people's care and support.

There was an electronic system that the registered manager used to manage staff performance and professional development. This recorded all the competency checks, as well as training that staff had attended. The software highlighted where training was out of date and staff needed to attend refresher courses. The registered manager used this tool as well as the auditing tool to create action plans for each of the managers to further drive improvement in the service.

The service worked well with other organisations. The registered manager told us that they, "Meet day services teams on occasion to ensure we are all working towards the same aim." When people were attending different services, they had a communication book which they would take between services. Where there were particular support needs or risks, such as choking, assessments would be shared with the other provider. The district nurse, as well as providing support with people's health care had also provided training in positive behaviour support, to help staff support people with behaviours that may challenge. The registered manager told us that they, "Aim to work collaboratively with all providers to improve care."