

# Review of compliance

## Harpenden Mencap Society Harpenden Mencap Domiciliary Service

<b>Region:</b>	East
<b>Location address:</b>	19 Douglas Road Harpenden Hertfordshire AL5 2EN
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Harpenden Mencap Domiciliary Service is an independent charity providing supported living and personal care for people with learning disabilities, either living in the community or within the provider's accommodation for supported living.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Harpenden Mencap Domiciliary Service was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, talked to staff and talked to people who use services.

### What people told us

People we talked with spoke highly of the care they received at Harpenden Mencap Domiciliary Care agency. People told us that they were able to joke with the staff and that they were nice to them, with one person describing them as 'wonderful'. People told us they were involved in their care and that staff talked with them about plans for the day and what they liked to do. People told us that they were able to choose what they did, from what time they got up, to what they did during the day, and who they spend time with. People told us that staff respected their privacy and spoke to them nicely and kept them informed of plans and events.

People told us about their regular visits to day centres and clubs, and the activities they could enjoy there, and with staff from the agency, such as painting and gardening. Some people told us about being able to go on holidays and days out, some independently and some with staff, which they had all enjoyed. Some people told us about learning sign language and that staff used this sometimes when talking to people. People told us they felt safe with staff, and were able to contact a member of staff, day or night, if they needed help.

### What we found about the standards we reviewed and how well Harpenden Mencap Domiciliary Service was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is compliant with this outcome at this location. People are involved in their care, and treated with respect and dignity. People have their views and experiences taken

into account in the way in which their care, and the service, is provided and delivered.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is compliant with this outcome at this location. People are provided with safe and appropriate care which meets their individual needs and protects their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is compliant with this outcome at this location. There are policies and procedures in place to ensure people are safeguarded from abuse, and are cared for by staff who have received training and are aware of their role in safeguarding vulnerable adults.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider is compliant with this outcome at this location. Staff are provided with training, support and supervision to carry out their roles, and to continue their professional development.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider is compliant with this outcome at this location. There are systems and processes in place to ensure that the service is continually monitored and reviewed, so that people receive safe and effective care.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they were involved in their care and that staff talked with them about plans for the day and what they liked to do. People told us about the care plan and purple healthcare folders they kept in their homes and took with them whenever they visited people providing care for them.

People told us that they were able to choose what they did, from what time they got up, to what they did during the day, and who they spend time with. People told us that staff respected their privacy and spoke to them nicely. Some people we spoke with told us that staff had talked to them about forthcoming plans for them to move to new flats and that they were looking forward to it. Some people also told us they took part in interviewing new members of staff and that they enjoyed this.

##### Other evidence

During our visit to Harpenden Mencap Domiciliary Care on 18 January 2012, we spent time meeting with people using the service, both from the community and from the supported living facilities on the Stairways site. We saw that staff spoke with people about their care and support in a professional and cheerful manner, enabling them to decide for themselves what they would like. For example, on the day of our visit, the staff had arranged for a chiropodist to be available to people in the Stairways building

and had ensured people were aware of this opportunity. During the course of our visit, people were seen freely visiting the service, showing that people had been informed about this opportunity and had been able to choose whether or not they wished to access it.

The relationships between staff and clients were good, showing a warm and genuine rapport between them. During the course of the day, we heard staff chatting with clients in a respectful and supportive manner, discussing what their plans for the day were, and showing that people's independence was being respected. We were told about tenants meetings, held every few months to give people using the service the chance to express their views on the service they were receiving. Minutes of these meetings showed that people's comments were taken into consideration and support and care provided to accommodate them wherever possible. For example, people suggested ideas for outings which had been supported by the staff, and requests for help with cleaning and shopping were agreed.

People's care plans seen during the visit showed that either they were their own advocate or a family member took on this role, to ensure their rights and wishes were protected. It was clear from the interactions we observed between staff and people using the service, that most people could make their views clearly known, and that staff appropriately supported those who were not so able to do so.

### **Our judgement**

The provider is compliant with this outcome at this location. People are involved in their care, and treated with respect and dignity. People have their views and experiences taken into account in the way in which their care, and the service, is provided and delivered.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with were able to tell us about their care plans which they kept themselves in their homes. People told us that they had been involved in deciding what they needed in their care plans, and that staff helped them to do things during the day, such as shopping, cleaning, keeping their rooms tidy, and helping them to budget their money.

People told us about their regular visits to day centres and clubs, and the activities they could enjoy there and with staff from the agency, such as painting and gardening. Everyone we spoke to told us that staff treated them with respect and dignity. Some people told us about learning sign language and that staff used this sometimes when talking to people.

People told us that they were able to joke with the staff and that they were nice to them, with one person describing them as 'wonderful' and others telling us about the banter they have with them about football. People told us they chose what food they liked to buy and eat, and that staff reminded them about healthy eating. Some people told us that staff also reminded them when TV programmes were on, that they knew they liked to watch.

We were told about people being able to go on holidays and days out, some independently, and others with staff, which had been really good experiences for all. Where people had gone independently, they had talked about keeping safe with staff beforehand, and told us they had happily agreed to phone in every other day so that

staff knew they were ok. People told us they were able to contact a member of staff, day or night, if they needed help.

### **Other evidence**

During our visit on 18 January 2012, we saw that people using the service had packages of care and support in place to meet their needs in an environment that was appropriate for them to be as independent as possible. For example, people had care or help scheduled when it best suited them rather than the staff, and people were able to visit or phone the office on an informal basis whenever they wished to speak with staff. We observed that there was a friendly atmosphere in the building, where clients chatted happily to staff about their day, and staff chatted with people encouragingly about their involvement in the community. It was clear that the staff knew the people using the service and their needs very well and this was reflected in the detailed and individualised care plans seen during our visit.

Staff at the agency outlined the assessment process for a new person to the service, and a review of care plans showed that people had received a holistic assessment, including risk assessment, health, social and lifestyle needs. Care plans were produced in a format that was easy to follow for both people using the service and staff caring for them.

Care plans and documentation seen during our visit showed that people using the service were supported with things like their tenancy agreements, budgeting and managing their money, and cooking and cleaning, to enable them to live as independently as possible. During our visit, we observed people coming and going from their homes, some to day centres, and others from where they worked, with staff collecting people who needed help in travelling around. This showed that people were supported to carry out their lives with care that was tailored to their individual needs, and in line with what they wanted to do. Care plan review meetings were undertaken every four months with people's relatives, themselves and other key people within their care package; documentation showed that care was tailored in line with people's views, to ensure people's care was meeting their needs.

It was clear from both talking with people and staff, that the service is very user led. For example, people had told staff that they wanted to keep their care plans themselves rather than staff keeping copies and this had happened. People were keen to show us their care plans which showed the daily care and support they had from staff. People also showed us the rotas that were in their homes so that they knew when staff would be coming to help them during the day. People attended tenants' meetings, and minutes of these showed how people's requests were taken forward, such as ideas for outings and help with cleaning. Staff told us about the 'waking night shift', which was a dedicated phone number for people to contact staff overnight should they need help.

We were told about the recent introduction of purple folders, being piloted by the local authority to improve health care for adults with a learning disability in Hertfordshire. People using the service showed us their folders, which had been completed by health professionals they had seen, to ensure good sharing of information across those professionals involved in their care. Staff we spoke with were aware of the folders and the importance of reminding people to take them with them to appointments to ensure care was recorded in them.

There were systems in place to ensure people needing medication were supported to take it as prescribed. People were encouraged to keep their medicines locked in their own safe in their room, to prevent other people taking them. Staff recorded daily checks to demonstrate people had either self-administered their medicines, or had been supported by staff to do this. The staff had arranged for one person's prescription to be delivered to the Stairway's office at the person's request, to ensure the person received it safely rather than miss the delivery at their home, and support them in ensuring they had an uninterrupted supply in their medicines.

**Our judgement**

The provider is compliant with this outcome at this location. People are provided with safe and appropriate care which meets their individual needs and protects their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with during our visit told us they felt safe with the staff from the agency and that they felt happy to raise any concerns with either the staff directly or the managers if they needed to. Everyone we spoke with told us that they felt staff looked after them well.

##### Other evidence

During our visit to the agency on 18 January 2012, we saw that people using the service were happy and relaxed with the staff caring for them, showing they were comfortable in their company. Staff we spoke to were aware of the organisation's safeguarding policies, and had received training to ensure they were aware of how to recognise signs of abuse and what to do about it.

Safeguarding policies seen during our visit included relevant contact numbers and flow charts to ensure staff were able to report any concerns appropriately. Staff told us they were confident in raising concerns with managers, and felt there was a culture to support people being open; the way in which a recent incident had been dealt with showed this to be the case. Staff were aware of the mental capacity act and deprivation of liberties, and key staff had received training in these areas to ensure people could be appropriately assessed if the need arose. Staff we spoke with were very clear about their role in protecting people's rights and ensuring they were cared for safely and this was reflected in minutes of staff meetings and communication books to ensure people received individualised care that supported their rights.

**Our judgement**

The provider is compliant with this outcome at this location. There are policies and procedures in place to ensure people are safeguarded from abuse, and are cared for by staff who have received training and are aware of their role in safeguarding vulnerable adults.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not specifically speak to people using the service about this outcome. However, people we spoke with during our visit told us that they felt staff looked after them well and that they did a good job.

##### Other evidence

During our visit to the agency on 18 January 2012, we spoke with a number of staff who told us they were very happy in their jobs, and told us what a great organisation it was to work for. Staff told us of the service's philosophy of ensuring a very user-led service, and staff were supported to do this with specific training, such as person centred planning training, and with the positive and engaging spirit with which the agency was run. Staff told us they had received a great deal of training to support them in their role; new staff received an induction when starting in their role, and training records showed that staff received continual updates on mandatory training, such as safeguarding, nutrition, infection control, food hygiene and medication training. Across the staff, a variety of other training had been undertaken, including dementia, makaton sign language, and working with challenging behaviours. A number of staff had undertaken or were currently completing a learning disability qualification.

There were a number of ways in which staff were supported to ensure they were fully informed about people's needs, including a daily diary, a communication book, and a daily log. Staff told us how these were used particularly at the beginning of shifts, to ensure they were aware of any new or specific information relating to their daily work with people using the service. We observed staff arriving on shift and using these systems to ensure the team was continually up to date with people's daily needs.

There were systems in place to support staff when working alone. Staff were aware of policies and procedures in place to support them when working alone with people, such as signing in and out when going into the community and on visits, and carrying mobile phones to enable them to contact peers or managers if they needed. Staff told us about team meetings which were held two monthly; minutes of these meetings showed that staff's suggestions and comments were taken seriously by management, as well as ensuring staff were kept up to date with current issues and needs of the people they cared for.

Staff we spoke with told us they felt very well supported by their managers. Staff told us about the round the clock on call system, where a senior manager was always available to contact by phone for advice or support. Staff told us they were able to speak to their managers whenever they needed to during their work, as well as having monthly supervision sessions to ensure they felt supported and were able to reflect on their work. Minutes of staff meetings held two to three monthly showed that staff's views were listened to, and recent ideas to improve practice had been implemented. For example, a new system to give people more autonomy over managing their money had recently been suggested by a member of staff, and put into place. Staff told us they felt supported by their peers, and that the organisation was flexible towards their work schedule, as well as supporting them with their ideas to improve the service and their professional development.

**Our judgement**

The provider is compliant with this outcome at this location. Staff are provided with training, support and supervision to carry out their roles, and to continue their professional development.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not specifically speak to people about this outcome, but people did tell us they were able to give their feedback to staff whenever they wanted to, and that they had been involved in discussions about the future plans for moving into new accommodation later in the year. Some people also told us about weekly fire alarm tests and practice evacuations they took part in, and others told us that they knew about the complaints procedure and who was who in the organisation to complain to.

##### Other evidence

During our visit to the agency on 18 January 2012, we saw there were systems in place to ensure the quality of the service provided is continually monitored at the agency. For example, each person's medication chart was signed on a daily basis by the staff caring for them, and then audited on a weekly basis to ensure the amount of medicine remaining was reconciled with the chart. In addition, these charts were signed by the person using the service to show they were involved in checking they had taken their medication correctly.

Documentation was regularly audited, including monthly audits of people's financial records, to ensure people were being appropriately supported to manage their money and that this was being handled correctly. People's care plans were reviewed every four months, to ensure their needs were reflected and responded to by the service.

There was an ethics committee in place to ensure any issues of an ethical nature were appropriately discussed and addressed. The membership of this committee had

recently been re-considered to include a local GP, and representatives from a local multi-faith group and the charity Respond, to ensure there was an appropriate mix of professionals and external representation from the community when discussing ethical issues. People using the service were also involved as part of individual projects or policy development, showing that they were able to share their feedback and ideas on any changes. Minutes of these meetings demonstrated the organisation's commitment to improving the service, for example, through the development of a new end of life policy with a person centred plan, produced with help from local Macmillan nurses to ensure appropriate content.

A quality assurance meeting was held on a two monthly basis with membership from senior management across the Mencap organisation, to ensure the service was continually reviewed. Minutes of the meetings seen during our visit showed that the relevant topics, such as new aspects of the service, risk management strategies and changes to policies, were discussed. Actions had been taken to ensure clients were kept safe, and staff kept up to date on current practice and procedures.

A new log system had recently been introduced to help monitor the service being provided. This gave a summary of the day at the agency, including who was working with who, and key events of the day, such as telephone calls received and any accidents or incidents. This was in addition to the daily diary kept by staff, and meant that the manager could have an overview of the service in order to monitor and pick up on any issues or needs.

Following a suggestion from a new member of staff, another system had been set up, using a separate 'medication communication book', to help improve communication amongst staff about changes to people's medication as it happened. Staff told us they found this a much more effective way of being updated about people's medicines, than this information being put in the general communication book.

There had been no complaints about the service in the last year, either to the Care Quality Commission or the service itself and no safeguarding or serious incidents reported. There was a 'grumbles' book in place, for people to raise any small issues with staff. This had very few things recorded in it, and those which were recorded had been resolved appropriately by staff. There was also a compliments book with comments from the relatives and the local community, highlighting the good work that people felt the service did.

### **Our judgement**

The provider is compliant with this outcome at this location. There are systems and processes in place to ensure that the service is continually monitored and reviewed, so that people receive safe and effective care.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA