Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Scarborough & District Mencap

Brookleigh, 60 Valley Road, Scarborough, YO11 2JE

Tel: 01723374819

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Scarborough & District MENCAP
Registered Manager	Mr. David Mennell
Overview of the service	Scarborough and District Mencap offers support and care to children and adults with a learning disability. Care is offered to people in their own homes and in the community.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people who used the service, three members of staff and a family member to help us in reaching a judgement about the care provided. People who used the service told us that staff were good.

We saw that people were encouraged to make day to day decisions for themselves. They were supported to make appropriate decisions when they were not able to do this for themselves. People's individual lifestyles were promoted. A relative said that the staff supported people in a positive way and enabled them to be a part of the local community.

We saw that everyone had a care plan and that staff worked with the same people. This allowed staff to get to know the person they were supporting. Staff helped people with their medication and made a record of when they did this.

Staff were supported to do their job. They had supervision every three months to ensure they had opportunity to identify their training needs. It was also a chance to discuss how they were getting on with the people they were supporting. Staff also had the opportunity to complete training pertinent to their role.

There was a clear complaints policy and we saw evidence that where people had complained the manager had responded appropriately and in a timely manner.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with six people who used the service. We were also able to speak to three staff, the manager, one family member and a social care professional. We also looked at records relating to consent for the support people received. People who received a service told us the staff were "Good and kind". One person told us it was "Good rubbish"

Scarborough and District Mencap provided services to people in their own homes and in the community. They ran a day service which many of the people who used their service accessed. We saw that people were encouraged to make day to day decisions for themselves. They were supported to make appropriate decisions when they were not able to do this independently for themselves. An example of this was when staff offered people a choice of their lunch or which activity they wanted to do. People's individual lifestyles were promoted. One person was observed watching a video, other people were seen to go out with staff and some people helped in the kitchen.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

We saw that the care records for Mencap were part of a larger care plan provided by Social Services or the Health Authority. The care plans outlined the level of capacity each person had. Prior to the inspection we had received information that someone was not being given the choice as to what activities they did whilst being supported in the community. During the inspection we observed people who could not verbally express their wishes, but were very clear with their body language what they wanted to do and staff supported them with this.

People told us they could make their own decisions as to what they wanted to do during the time they were supported. We saw staff offer choices to people such as watching a DVD, going out for a coffee and going shopping. Staff used both verbal picture prompts and gave people time to respond to the choice on offer. Staff told us the only limitation for someone to do an activity was financial limitations.

The manager told us they had been involved in several best interest meetings. These are meetings that bring together health care professionals, care staff and relatives to make a decision on behalf of a person who lacks the capacity to make that decision themselves. As they were not the lead agency in these meetings they recorded the outcomes of these meetings and incorporated them in their care plans.

Staff had completed training in the Mental health act 2005 (MCA) and those staff we spoke with were clear about their responsibilities in relation to Deprivation of Liberty Safeguards (DoLs)

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with six people who used the service. We were also able to speak to three staff, the manager, one family member and a social care professional. We also looked at records relating to the support people received.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at five care plans and they contained information from social services, including a brief life history and the care and support the person required. The plans also included information about people's medication, a profile form highlighting people's likes and dislikes, any phobias and who their key worker was. There was a communication passport. moving and handling assessment and contact sheets.

Prior to this inspection we received information that people did not have risk assessments in place, and the care provided was inappropriate. We observed people interacting with staff and that staff were supportive of what people wanted to do. We saw risk assessments in place where they were needed and we spoke to a worker from social services. They told us "We work well with Scarborough and District Mencap, they follow our interventions, they attend reviews and we are satisfied with the work they do".

People told us that the staff gave them the time and support they needed and staff were observed interacting positively with people using the service in line with their care plan. Staff told us that where they supported people in their own house a copy of the care plan was kept there. Some of the people who used the service came under children's services with the local authority and their contact sheets were sent each month to their social services worker.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered.

We spoke with six people who used the service. We were also able to speak with three staff, the manager and a family member. We also looked at records relating to medication.

We looked at five care plans and where it was identified that people took medication there was a 'request to administer medication' form as well as a record of medication administered. The request to administer medication form identified what medication was taken and when it should be administered. The form was signed and dated by the person's main carer.

Staff assisted people with their medication and reminded them if they needed to take it. When people who were supported in the community needed medication they brought it with them in its original packaging and only carried the actual amount of medicine needed. Staff then assisted with the medication and signed the administration record.

Staff spoken with told us they had to complete a safe handling of medicines course to ensure they knew how to assist someone with their medication. Any problems with medication were reported back to the main carer and to the social worker.

A family member spoken with told us that they were confident the person who went out received their medication when they needed it. They also told us that if there were any problems staff would tell them about it at the end of the day.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with six people who used the service. We were also able to speak with three staff and the manager. We also looked at records relating to training and supervision.

Staff received appropriate professional development.

We looked at the records for four members of staff. These records contained details of training completed, these included; basic awareness in child protection, challenging behaviour, epilepsy awareness, safeguarding of vulnerable adults, autism awareness and mental health. The manager showed us evidence that further training for staff had been organised. Staff were also supported to complete a national vocational qualification in health and social care or the Diploma in health and social care. There were also records of supervision each member of staff had completed.

Staff told us they were supported to attend training on a regular basis. They told us they received supervision every three months and their training needs were discussed each time. Each member of staff had their own training profile.

New staff under went a thorough induction and worked along side experienced staff until they had been assessed as able to do the job independently. Staff told us they knew who they were working with each day and this ensured that people had the right skills to manage their role.

People who used the service were observed interacting with staff in a relaxed and positive manner. One person told us "I like xxxx they know what I like".

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with six people who used the service. We were also able to speak with three staff, the manager and a family member. We also looked at records relating to complaints.

People were given support by the provider to make a comment or complaint where they needed assistance.

We saw the complaints policy and procedure. This detailed how to make a complaint and the timescales in which a complaint would be responded to. It also gave details of how to take an unresolved complaint forward. People were given a copy of the complaints policy and procedure when they started to receive a service.

We spoke with people who used the service and they told us if they were unhappy they would tell their care worker. We also observed interactions between staff and people who used the service during the inspection. Staff were observant to none verbal methods of communication. For example when people were not happy their whole body language changed and they became withdrawn. Staff responded appropriately to these episodes.

Staff told us that if people were not happy with something they were doing then they would either tell them or withdraw from them. They told us the managers would spend time with people to try and find a resolution to their situation.

We saw evidence that two formal complaints had been received by the provider. A record of the complaints, the investigation and the outcome of the complaints were seen. The manager told us that from one of the complaints a staff training issue had been identified. Evidence was seen to demonstrate the staff training had been implemented. The complainants were aware of the outcome of the investigation.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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