

# Review of compliance

## Royal Mencap Society Community Support (Waveney)

<b>Region:</b>	Eastern
<b>Location address:</b>	Community Support (Waveney) The Aspire Centre Yarmouth Road Lowestoft Suffolk NR32 4BF
<b>Type of service:</b>	Domiciliary Care Service
<b>Date the review was completed:</b>	03/2011
<b>Overview of the service:</b>	Community Support (Waveney) is a branch of Mencap and based in The Aspire Centre in Denes School at Lowestoft, Suffolk. This branch provides a range of services to people with learning disabilities living in the community in Suffolk.

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

## What we found overall

**We found that Community Support (Waveney) was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the 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 and we asked the provider to send us their recent quality assurance satisfaction surveys and Provider Compliance Assessments.

### What people told us

The provider sent us the results of the last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys had been completed by people. Eleven said that they were helped to make choices and one answered that they did not know. Twelve said that the service did 'the best for me'. Eleven said that they were happy with the people who worked with them and one did not answer.

### What we found about the standards we reviewed and how well Community Support (Waveney) was meeting them

**Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use this service can expect to be treated with respect, to have their diverse needs met and to be consulted with about the care that they are provided with.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People who use the service can expect to be consulted with about their care.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People who use the service can expect to have their assessed needs met.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

People who use the service can expect to have their nutritional needs met.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

People who use the service can expect to be supported by a service that coordinates with other providers to ensure that they are provided with a coordinated care package.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

People who use the service can expect to be safeguarded from abuse.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People who use the service can expect to be protected by the service's infection control procedures and processes.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

People who use the service can expect to be safeguarded by the service's medication procedures and processes.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People who use the service can expect it to be run from suitable premises.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

People who use the service can expect that their needs and preferences regarding equipment is identified in their care records and staff are appropriately trained to assist people to use equipment in a safe manner.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People who use the service can expect to be protected by the service's recruitment procedures and processes and to be supported by care workers that are appropriately qualified to meet their needs.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People who use the service can expect to be supported by a regular and consistent team of care workers.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

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

People who use the service can expect to be supported by care workers that are trained to meet their needs.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

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

People who use the service can expect that it is regularly monitored and assessed to ensure that their needs are met appropriately.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People who use the service can expect to be provided with information about how to make complaints and that their complaints will be listened to and acted upon.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People who use the service can expect that their records are up to date and complete.

- Overall, we found that Community Support (Waveney) was meeting this essential standard.

**Action we have asked the service to take**

None

**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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
During our previous regulatory activity of this service people told us that their care plans matched with what they wanted from the service. They told us that the care workers did the things that were detailed in their care plan, that the care workers always listened to and acted on what they said and that they felt that their privacy and dignity was always respected.

The provider sent us the results of the last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys had been completed by people. Eleven said that they were helped to make choices and one answered that they did not know. Twelve said that the service did 'the best for me'.

**Other evidence**  
The provider declared compliance for this regulation in the transition registration application and no evidence of non compliance was identified.

The provider told us in their transition registration application how they listened to the views of the people who used the service and stated 'Mencap has a range of mechanisms in place to collect and canvass the view of the people who use our services, their parents and carers. At a service level we undertake regular surveys to capture the views of the people who use our services and the people who commission them. The people who use our services tell us that they want services that are stable and delivered by staff teams that are consistent and competent to provide the service. Our quality assurance process 'What Matters To Me' allows us to capture learning from our service delivery. We use this learning to inform our systems and improve our systems and ways of working across the range of regulated activity. Specifically through including the people we support in recruitment and selection discussions and involving them in the delivery of our staff training programmes'.

During our previous regulatory activity which included visits to the service, people's care records that were viewed held detailed needs assessment and care plans that identified how their assessed needs and preferences were met and the areas of their care that they could attend to independently. The records detailed the support that they were provided with to meet their diverse needs, such as with their diet and communication. We observed that care workers interacted with people in a respectful manner.

The provider told us in the transition registration application how they met the diverse needs of the people who used the service and stated 'Mencap's ethos is based on tailoring the support to the needs and aspirations of each person we support. In this way we can therefore meaningfully understand and support the diverse range of needs of each individual. We use person centred planning to promote and facilitate this approach with our teams and we have embedded person centred planning within our training for all staff and managers'.

The provider sent us their statement of purpose, which identified how people's choices were listened to and how people were treated with respect. The statement of purpose stated:

'Objectives

1. To enable service users to maintain and develop their independence.
2. To ensure service users are treated with respect and that their individuality is understood and acted upon.
3. To ensure service users have control over their lifestyle and the way in which the service is delivered.
4. To ensure service users are empowered in their engagement in the wider community and the development of social networks.
5. To ensure that service users have information to help them make choices about how they choose to live their lives and the way the service is delivered.
6. To ensure that the personal privacy of service users is respected at all times.
7. To ensure service users receive a reliable, flexible and consistent service.
8. To ensure the health and welfare of service users and staff are promoted and protected.
9. To ensure the service is delivered in a professional manner at all times and that high standards and quality in service delivery are met.'

It was noted that the statement of purpose was provided in an accessible format,

such as picture and text, which assisted people's understanding of the document.

**Our judgement**

People who use this service can expect to be treated with respect, to have their diverse needs met and to be consulted with about the care that they are provided with.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
During our previous regulatory activity people told us that the care workers always listened to and acted on what they said.

The provider sent us the results of the last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys had been completed by people. Eleven said that they were helped to make choices and one answered that they did not know.

**Other evidence**  
The provider stated non compliance for this regulation in the transition registration application. They provided details of how they would be compliant by 1 October 2010 and stated 'to ensure that individual's support plans refer specifically to the Mental Capacity Act 2005. To add a format to individual health action plans for individual's consent to treatment'.

The provider stated in their transition registration application 'Mencap pays close attention to the views and experiences of the people who use our services, their parents and carers. We know from the people we support that they want greater

influence over where, how they live and how their care and support is delivered', 'the people who use our services tell us that they want services that are stable and delivered by staff teams that are consistent and competent to provide the service', 'we use the experiences of the people we support and their families to inform not just our service delivery but also our campaigning activity' and 'Mencap's ethos is based on tailoring the support to the needs and aspirations of each person we support'.

The provider sent us their Provider Compliance Assessment relating to this outcome February 2011. The provider said that they were compliant and evidence to show this included 'support plans and risk assessments reference to Mental Capacity Act. Evidence of best interest meetings where applicable. Evidence of involvement of relevant professionals involved where applicable. Plans show involvement of, and are signed and agreed by the person. Evidence of family or other relevant representatives where applicable. Mencap monthly compliance tracking tool evidences that procedures are followed in practice, monitored and reviewed. Health action plans owned by the person evidencing individual's needs and wishes. Evidence of independent advocates for persons who require this support'.

During visits to the service that were undertaken as part of our previous regulatory activity people's care records that were viewed had been signed by people, to show that they agreed with their contents and there were records of care reviews, which included people's comments and preferences about the support that they were provided with. Details of the support that people were provided with were included in their care plans and how they were consulted with about their health care.

The provider sent us their statement of purpose which identified how people were consulted with about the care that they were provided with, which included 'to ensure service users have control over their lifestyle and the way in which service is delivered' and 'to ensure that service users have information to help them make choices about how they choose to live their lives and the way the service is delivered'.

### **Our judgement**

People who use the service can expect to be consulted with about their care.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
During our previous regulatory activity people told us that their care plan matched with what they wanted from the service and that the care workers did the things that were detailed in their care plan. Comments from people included 'provide me with a good stable life', 'they help me quite a lot with everything I need' and 'I am happy with the way things are'.

The provider sent us the results of the last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys had been completed by people, all said that the service got their support right and that they were supported to keep healthy and feel good.

**Other evidence**  
The provider declared non compliance for this regulation in the transition registration application. They told us that not all people's care records included end of life wishes and compliance would be achieved by 1 October 2010. They stated 'where applicable we need to put in place a plan for individuals around their wishes relating to end of life care which clearly demonstrates how their decisions were arrived at in accordance with the MCA (Mental Capacity Act)'.

The provider told us in their transition registration application how they met people's

care and welfare needs and stated 'Mencap's ethos is based on tailoring the support to the needs and aspirations of each person we support. In this way we can therefore meaningfully understand and support the diverse range of needs of each individual. We use person centred planning to promote and facilitate this approach with our teams and we have embedded person centred planning within our training for all staff and managers'.

The provider sent us their Provider Compliance Assessment February 2011 relating to this outcome and they said that they were compliant. They listed the evidence that showed their compliance which included 'support plans and assessments are person centred', 'accident/incident/near miss reports are linked to review of plans', 'health action plans, review meetings with the person, their representatives, other agencies involved', 'monthly audits of person's information by staff supporting them which includes meeting with the person to discuss support plan, person's aspirations and outcomes, changes to risk assessments if required', 'involvement of independent advocacy where applicable', 'managing risks with individuals leading to increased opportunities i.e. learning to self medicate or travel to college for example independently' and 'plans that reference how/where the Mental Capacity Act applies e.g. best interest meetings'.

During our previous regulatory activity which included visits to the service people's care records that were viewed detailed the step by step support that they required to meet their assessed needs and preferences. The care plans detailed the support that people required and preferred in areas such as with their personal care, their preferred form of address, managing their finances, their chosen activities and cooking. The care plans cross referenced to related documents, such as risk assessments and behaviour plans.

The provider sent us their statement of purpose February 2011, which explained how people's needs were met and stated:

'Aims

1. To assist people with a learning disability to lead independent and fulfilled lives and whatever support they require.
2. To provide personal care and support for those who use the service, by promoting a positive approach to health, welfare and lifestyle'.
3. To ensure that the service provided is based upon and achieves O'Brien's five service accomplishments: community presence, community participation, dignity and respect, choice, competence'.

### **Our judgement**

People who use the service can expect to have their assessed needs met.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
At previous key inspections it was noted that people's dietary and nutritional needs were identified and met.

**Other evidence**  
The provider declared compliance for this regulation in the transition registration application and no evidence of non compliance was identified.

During our previous regulatory activity it was noted that people's care records included details of their specific dietary requirements, support that they needed with eating and drinking and the support that they required with planning their menu, shopping for and cooking their meals to ensure that their dietary needs were met. Care workers were provided with food hygiene training.

The provider sent us their Provider Compliance Assessment relating to this outcome February 2011. The document listed the available evidence to show the support provided to people to ensure that their nutritional needs were met, which included 'needs assessments, person centred plans, risk assessments, health action plans, menu plans for services and individuals, daily visit notes, health aware champion' and 'Mencap 'what matters to me' standards'.

**Our judgement**  
People who use the service can expect to have their nutritional needs met.

## Outcome 6: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

#### Our findings

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

The service worked with other providers to ensure that people were provided a coordinated care package.

##### Other evidence

The provider declared compliance for this regulation in their transition registration application and no evidence of non compliance was identified.

The provider told us in their transition registration application how they worked with other providers and stated 'Mencap is a direct service provider and a membership organisation, we use the experiences of the people we support and their families to inform not just our service delivery but also our campaigning activity. People with a learning disability are members of our organisation sitting on our trustee board. Mencap is proud of its campaigning activity at both local and national level. We have an excellent track record of influencing policy and supporting people with a learning disability to make effective contributions to local partnership boards'.

The provider sent us their statement of purpose, which included the contact details of Suffolk County Council and CQC (Care Quality Commission), should people choose to contact them. The statement of purpose stated 'support services provided by Mencap are flexibly arranged to meet the needs of the individual service user

and the specification of the service purchaser'.

During our requests for information and our previous visits to the service, they had provided the requested information promptly and in an open manner. The provider kept us updated with information that we should be aware of. They sent their Provider Compliance Assessments when we asked for them.

**Our judgement**

People who use the service can expect to be supported by a service that coordinates with other providers to ensure that they are provided with a coordinated care package.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
The provider sent us the results of the last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys had been completed by people. Nine said that they felt safe and three chose not to answer.

**Other evidence**  
The provider declared compliance for this regulation in their registration transition application and no evidence of non compliance was identified.

During our previous visits to the service care worker training records that were viewed showed that they were provided with the training that they needed to ensure that people were safeguarded, such as safeguarding training and managing challenging behaviour. The registered manager had attended a local authority safeguarding train the trainer’s course and they provided updated information to the care workers. People’s care records included risk assessments that identified the risks in their day to day living and the methods of minimising the risks. Risk assessments included issues such as in their home environment, when in the community, using transport and finances.

The provider sent us their statement of purpose February 2011. The document

stated in the 'Mencap's vision: people with a learning disability must have:' section 'respect for their rights and responsibilities, free from discrimination and abuse'.

We had not received information, such as notification of safeguarding alerts, in the last twelve months that caused concern about the safeguarding of people that used the service.

**Our judgement**

People who use the service can expect to be safeguarded from abuse.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
During our previous visits to the service it was noted that care workers were provided with infection control training and they were provided with disposable gloves to ensure that people were protected from the risk of cross infection.

**Other evidence**  
The provider declared non compliance for this regulation in the transition registration application and the reasons for non compliance were 'we do not have a copy of the Code of Practice for Health and Social Care on the prevention and control of infection and related guidance. Our services are delivered to people's own homes and we understand from the Code Appendix A that in these circumstances this Code is applied proportionate to the environment and individual circumstances. We do ensure that staff have guidance on the use of personal protective equipment and follow recommended safe hygiene practice when supporting people in their personal care and this is documented in their care plans. All staff have infection control training'. They said that they would be compliant by 1 August 2010 and said that they would 'we will continue to follow safe hygiene practises when supporting people in their own homes. We will ensure staff working in the services have access to this Code'.

The provider sent us their Provider Compliance Assessment relating to this outcome and for which they stated compliance. They told us that they evidenced how they were compliant such as 'infection control policy, risk assessments, staff training and induction records, risk assessments relating to employees, team meeting minutes,

health and safety check records'

**Our judgement**

People who use the service can expect to be protected by the service's infection control procedures and processes.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
During our previous visits to the service people showed us their medication records, which were appropriately completed by the care workers to ensure that people were safeguarded. People's care records included the support that they required with medication and included a medication risk assessment and medication profile.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

During our previous regulated activity it was noted that care workers were provided with information about the safe handling of medication in the employee handbook, training and annual medication observations.

The provider sent us their Provider Compliance Assessment relating to this outcome February 2011, in which they said that they met the required standards. They listed the evidence of how they were compliant, which included 'medication operational guidance, workforce development plans, observations of practice, Mencap's internal compliance tracking tool, support plans and risk management plans reference to Mental Capacity Act, health action plans, individual protocols for service users

requiring PRN (as required) medication, accident/incident/near miss reporting procedures - medication error procedures, referral application - needs assessments, health and safety records'.

**Our judgement**

People who use the service can expect to be safeguarded by the service's medication procedures and processes.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
The service was run from a suitable premises.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

The service was run from The Aspire Centre on the premises of Denes High School in Lowestoft. The premises provided office space with the equipment needed to manage the service effectively, such as computers, telephones, fax machine, and it provided adequate secure storage space for confidential records. There was space for meetings and training.

**Our judgement**  
People who use the service can expect it to be run from suitable premises.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
At our previous regulatory activity of this service it was noted that care workers were appropriately trained to use equipment in a safe manner to ensure that people were safeguarded.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

At our previous visits to the service people's care records that were viewed detailed the support that people required with their mobility and moving and handling, including equipment that they used to support them were required. Risk assessments were also in place which identified how the assessed risks were minimised, in areas such as mobility, using household appliances and cooking. Care workers training records and guidance provided in the care workers handbook that were viewed showed that they were provided with the training and guidance that they needed to support people to use equipment safely, such as moving and handling equipment and household appliances.

**Our judgement**

People who use the service can expect that their needs and preferences regarding equipment is identified in their care records and staff are appropriately trained to assist people to use equipment in a safe manner.

# Outcome 12: Requirements relating to workers

## 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
At our previous visits to the service recruitment records that were viewed showed that the appropriate checks had been undertaken to ensure that people were safeguarded. Checks included CRB (Criminal Records Bureau) checks, two written references, an application form which detailed their previous work experience and history and items of identification.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

The provider sent us their statement of purpose February 2011, which identified the registered manager and team manager's qualifications and that the support workers had achieved a minimum of NVQ level 2 or were working on their awards.

The provider sent us their Provider Compliance Assessment relating to this outcome, which told us that the people who used the service were involved in the recruitment and interviewing of potential care workers. The provider told us in the document that the appropriate recruitment checks were undertaken to ensure that people were safeguarded and stated 'staff only start work when a full enhanced disclosure has been received and that it is satisfactory alongside two satisfactory references'. They also told us that care workers were provided with an induction

training course.

**Our judgement**

People who use the service can expect to be protected by the service's recruitment procedures and processes and to be supported by care workers that are appropriately qualified to meet their needs.

# Outcome 13: Staffing

## 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 sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
At our previous visits to the service people told us that they were provided with regular care workers that were known to them. They were complimentary about the approach of the care workers and that they always provided the support that they needed. This showed that people were provided with a consistent and reliable care package.

The provider sent us the results of their last quality assurance satisfaction questionnaires, which were undertaken March 2010. Twelve surveys were completed by people. Eleven said that they were happy with the people who worked with them and one did not answer.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

The provider sent us their statement of purpose February 2010, which included the details of the management and care workers that worked for the service.

**Our judgement**  
People who use the service can expect to be supported by a regular and consistent team of care workers.

## Outcome 14: Supporting workers

### 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 workers

#### Our findings

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

During our previous regulatory activity care workers told us that they were provided with training that was relevant to their role, gave them enough knowledge about health care and medication, that helped them to understand and meet people's needs and that kept them up to date with new ways of working. This showed that the care workers were provided with the training that they needed to meet people's needs.

##### Other evidence

The provider declared compliance for this regulation and no evidence of non compliance was identified.

The provider told us in their transition registration application how the care workers were supported and trained to meet people's needs. Statements in the document included 'we use person centred planning to promote and facilitate this approach with our teams and we have embedded person centred planning within our training for all staff and managers' and 'all staff as part of their induction are given training in equality and diversity. National resources are available to all staff via the intranet to assist staff in their planning and delivery. A small national working group chaired by the Director of HR and Governance oversee this work and makes regular reports which are available on the intranet for staff to review'.

At our previous visits to the service the care worker records that were viewed showed that they were provided with the training that they needed to meet people's needs. Training included medication, safeguarding, first aid, person centred awareness, epilepsy awareness, sexual rights for people with learning disabilities, bereavement, induction, moving and handling and managing challenging behaviour. They also showed that they were provided with regular one to one supervision meetings and annual performance reviews, where they were provided with the opportunity to discuss their training needs and how they were working.

**Our judgement**

People who use the service can expect to be supported by care workers that are trained to meet their needs.

# 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**  
The provider sent us the results of their last quality assurance satisfaction questionnaires, which were undertaken March 2010. This showed that the people who used the service were provided with the opportunity to express their views about the service that they were provided with.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

The provider told us in their transition registration application how the service was monitored and assessed to meet people's needs and stated 'Mencap has a range of mechanisms in place to collect and canvass the view of the people who use our services, their parents and carers. At a service level we undertake regular surveys to capture the views of the people who use our services and the people who commission them. The people who use our services tell us that they want services that are stable and delivered by staff teams that are consistent and competent to provide the service. Our quality assurance process 'What Matters To Me' allows us to capture learning from our service delivery. We use this learning to inform our systems and improve our systems and ways of working across the range of

regulated activity. Specifically through including the people we support in recruitment and selection discussions and involving them in the delivery of our staff training programmes'.

The provider sent us their Provider Compliance Assessment relating to this outcome February 2011, which listed the quality assurance processes that they regularly undertook to ensure that the service was monitored and assessed.

**Our judgement**

People who use the service can expect that it is regularly monitored and assessed to ensure that people's needs are met appropriately.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
The provider sent us their statement of purpose that included an accessible complaints procedure, which explained how people could raise concerns and complaints about the service that they were provided with.

During our previous regulatory activity people told us that they knew how to make a complaint.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

At our previous visits to the service we viewed their complaints records, which showed that complaints were responded to and addressed promptly.

**Our judgement**  
People who use the service can expect to be provided with information about how to make complaints and that their complaints will be listened to and acted upon.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
The provider sent us the results from their last annual quality assurance questionnaires. Twelve surveys had been completed by people. Nine said that they were happy with their paperwork, one said that they did not know and two did not answer.

**Other evidence**  
The provider declared compliance for this regulation and no evidence of non compliance was identified.

During our previous visits to the service we viewed records such as people's care records, complaints and staff training and it was noted that all were complete, legible and up to date.

The provider sent us their Provider Compliance Assessment relating to outcome 16, which told us that records were regularly monitored and reviewed as part of their quality assurance processes. This ensured that the records kept by the agency were regularly assessed to ensure that they were up to date and complete.

**Our judgement**

People who use the service can expect that their records are up to date and complete.

**Action**  
we have asked the provider to take

None

# 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 Adult 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