

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

Scarborough & District Mencap

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Date of Inspection: 14 January 2014

Date of Publication: February 2014

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Scarborough & District MENCAP
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

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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'.

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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 14 January 2014, 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

People told us they had regular meetings to plan how the service should be run and what activities people would like to take part in.

We spoke with several relatives who told us that the manager and staff keep them informed as to what is happening at the centre. One person whose relative received support at home told us "The staff always turn up and they get on really well with X they treat them with respect and encourage them to be independent". Another person said "The service covers all my relatives needs personally there is nothing I would change".

We saw that people had a care plan that outlined the care and support they required. The plans were reviewed regularly and involved other agencies, one relative told us "They always attend the multi-disciplinary review of X's care plan and give positive feedback as to their involvement with Scarborough and District MENCAP".

People told us that they felt safe when receiving care and if they had any concerns they would report them to the office. Staff told us that if they had any concerns about the people they were supporting then would tell the manager.

We saw staff records and these indicated that people had been thoroughly checked prior to their recruitment. This ensured they were suitable to work with people who may be vulnerable.

There was a complaints procedure in place for people to use if they were not happy with the service. There had been one complaint in the last twelve months, this had been dealt with appropriately. The manager also records any minor issues raised with them to ensure they can keep improving the service.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

Scarborough and District MENCAP provided support to people who have a learning disability and/or complex needs no matter what age they are. The service provided was mostly supporting people to access the local community, people who used the centre attended a day service and staff took them out from there. A small percentage of work was providing personal care to people in their own homes.

We spoke to 12 people who used the service and they told us that staff were friendly and very helpful. One person told us that staff helped them to go in to the local community to do some shopping. Other said they had a timetable of activities and on the morning of the inspection several people had been dancing at a local church.

We saw that people were given information about Scarborough and District MENCAP. The information contained the aims of the service, how to make a complaint and a brief equality and diversity statement indicating that everyone would be treated with dignity and respect.

We looked at four case files and found they contained a detailed service provision plan. This informed the carers of when people would attend the service provided by MENCAP and what support each person required. We saw evidence that staff worked with other agencies to ensure the support the person who received the service got was continuous.

People told us they had regular meetings to plan how the service should be run and what activities people would like to take part in. We looked at the minutes of the meetings and

saw that everyone was encouraged to take part. People who used the service had decided they wanted to go; bowling, to drama club, photography keep fit as well as domestic tasks at the centre such as making their own lunches and keeping the kitchen clean and tidy. Part of the meeting was dedicated to looking at how people would like to be supported and spoken to and how they should speak to other people.

We spoke with several relatives who told us that the manager and staff keep them informed as to what is happening at the centre. One person whose relative received support at home told us "The staff always turn up and they get on really well with X they treat them with respect and encourage them to be independent". Another person said "The service covers all my relatives needs personally there is nothing I would change".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at four care plans and these contained daily notes that detailed the tasks actually carried out by the staff. The manager told us that the plans were developed following an assessment of the support that was needed and in conjunction with other agencies involved. The care plans were signed by the person concerned or by their relative.

We saw that the care plans were reviewed annually and people who used the service were involved in their review. Other information included in the care plans were details of best interest meetings, referral forms, contact sheets for the days attended the day unit received a service in the community, risk assessments.

All staff had received first aid training and reported any accidents or incidents that happened whilst they were working. We saw risk assessments for the environment, challenging behaviour and manual handling, where they were appropriate. Staff told us if they had any concerns about the support they were providing they would speak to the manager.

Scarborough and District MENCAP provides a service for older people, younger adults and children all of whom have a learning disability and/or complex needs. We were able to speak to some of the people who used the service. One person told us "The carers help me to go out shopping and we go to the beach". Another person who could not verbalise their opinion was observed interacting with staff in a positive manner. Staff assisted several people with their lunch and were observant to the cues the person they were assisting gave.

We spoke with carers of children who used the service. They told us "The service is

excellent it helps X with their independence and they have the same carer which has allowed them to develop a good working relationship which has helped their confidence". Another person told us "They are very good they not only support X but me as well they keep me informed of any issues with the service". Another person told us "They always attend the multi-disciplinary review of X's care plan and give positive feedback as to their involvement with Scarborough and District MENCAP".

Everyone we spoke with told us the carer always treated them with respect and if they were going to be late then they always rang and informed them.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The manager, and support workers had up to date training on The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) with more training planned. We spoke with three staff members and they could explain their responsibilities in relation to the MCA and DoLS to ensure people's rights were upheld. Mental capacity assessments and deprivation of liberty safeguarding checks had been carried out where appropriate. This ensured that decisions were not made on behalf of a person who had capacity to decide for themselves and that people were not unlawfully deprived of their liberty.

We discussed with the manager situations where they would notify the local authority and the Care Quality Commission (CQC) of safeguarding and other incidents which may affect the welfare of those using the service so that suitable steps could be taken to protect them.

We saw evidence that the organisation had obtained checks from the Disclosure and Barring Service (DBS) for staff working in the service. The manager explained what she would do if there were any issues on a DBS check. This ensured that people were protected from staff that were known to be unsuitable to work with vulnerable people and children.

Staff told us that they would take any concerns to the manager and they were confident they would take the appropriate actions in response to their concerns.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at the records for five staff. They all contained an application form, with a full employment history, two references, and a Disclosure and Barring Service (DBS) check that covered work with vulnerable adults and children.

The files also contained evidence of training carried out as well as supervision and appraisal meetings.

Staff we spoke with confirmed that they had not started their role until their DBS clearance had been received by the service. All staff spoken with told us that when they first started they had worked with another member of staff until they felt competent to work alone.

Each member of staff had completed a 12 week induction which was based on the common induction standards. The induction included basic training in manual handling, medication, first aid and policies relating to staff safety, health and welfare.

The training officer told us they were re-vamping the training schedule and showed us a matrix identifying what training staff had completed. We saw evidence that training had been booked for staff who needed their training updated.

The manager explained that new staff would shadow experienced staff until they felt confident to work alone.

We saw evidence that new staff had regular supervision for the first 12 weeks then moved on to monthly supervision. This ensured that staff had appropriate support in their role.

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

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The manager told us that clients were given information about Scarborough and District MENCAP including their complaints policy when the service started. The policy contained details of how to complain and when the complainant should expect a response.

We spoke to people who used the service and they told us they would tell the staff if they were unhappy. During our visit we saw one person approach a member of staff and tell them about their unhappiness with part of the service they received. Staff took time and listened to what they had to say. Afterwards the member of staff told us they would take the issues raised to the persons care manager. They recorded the conversation in the persons service file. Relatives told us "If I have any concerns I can talk to the staff" and "I have confidence in the staff and I can talk to the manager or assistant manager if I need to".

We saw evidence that any minor issues raised through discussion or the regular surveys were recorded and the action taken to resolve the issues were also recorded. Examples of resolved issues included staff using their mobile phone whilst out with people who used the service, and issues between service users.

Staff told us they could take any concerns to the manager and they would direct any client to contact the manager if they had any complaints.

We saw the complaints log and saw there had been no complaint made to the organisation in the last 12 months.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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