Inspection Report

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

Heart of England Mencap DCA North

Flat 7, Eastwell, 105 Shipston Road, Stratford Upon Avon, CV37 7LW

Tel: 01789293785

Date of Inspection: 22 April 2014

Date of Publication: April 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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heart of England Mencap
Registered Manager	Mrs Nikki Drew
Overview of the service	Heart of England Mencap DCA North provides personal care to people who live in their own home.
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 announced 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 22 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

When we visited Heart of England Mencap DCA North, we spoke with the registered manager, two team leaders, two personal assistants (members of care staff) and eight people who used the service. Speaking with these people helped answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We saw people's care records accurately reflected their care needs. We found people's care records were regularly evaluated and reviewed by senior staff.

We found the provider made appropriate checks on staff before they began work.

We found evidence the service learned from incidents and investigations and appropriate changes were implemented to improve the service.

Is the service effective?

People told us the care they received met their needs. They told us they had been involved in planning the care they received.

Staff we spoke with understood the needs of the people they supported and what they told us was reflected in people's support plans.

Is the service caring?

We spoke with eight people who used the service and they were all positive about the staff

who supported them. For example people told us; "Lovely staff, very friendly", "I'd be lost without them" and "Staff are always polite and very well trained."

Staff we spoke with were positive about their role as care workers.

Is the service responsive?

We found people were asked for their views about their care and these were acted on. We saw the provider had recently sent out a quality assurance survey to people who used the service in April 2014.

We saw care staff noticed when people's needs changed and took action. People received help and support from other health professionals when required, such as GPs.

Is the service well led?

We found the service had an effective quality assurance system in place and any identified actions had led to improvements in the service people received.

People who used the service and staff told us they were able to speak with the manager and felt able to raise any issues or concerns they had. We found evidence improvements had been made to the service following investigation of concerns.

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 privacy, dignity and independence were respected. 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

We looked at people's care records and found most people had signed their support plans to confirm they agreed with the care and support they received. We found one person had not signed their care records. We spoke with this person on the day of our inspection and they told us they had been involved in their care planning. We discussed this issue with the manager who assured us she would ask the person's keyworker to review the person's plans and ask them to sign them. (A keyworker is someone who works regularly on a one to one basis with people.)

We looked at one person's care records in detail. These showed the person had complex health needs and difficulty communicating. We saw this person had signed their care records. We asked the manager if the person had agreed to the care they received and if they had been involved in their care planning. The manager told us care staff supported the person in their care planning because the person did not have a family representative. We saw the manager was in the process of setting up a new initiative called a 'circle of friendship', where the person would have a group of people to support them make future decisions. This would be similar to having an advocate, but would involve a group of people. (An advocate is someone who works individually with a person, listens to them, allows them to express their views and then represents the person.) The manager gave us her assurances an advocate would be involved in this person's future reviews, where appropriate.

People who used the service told us about the support they received from staff, for example being supported to prepare meals. They told us staff gave them choices about what food they would like to eat. We saw people's support plans reflected this and staff recorded people's choices in their communication logs. One person who used the service told us care staff asked them, "What do you want to do?" The person told us the care staff listened to them.

Staff members we spoke with gave us examples of how they supported people. For

example, one member of staff told us, "Y has flash cards, Y likes them." They told us how they used the cards to support the person to make choices. This meant people were supported in promoting their independence.

One person we spoke with told us how weekly meetings were held in their shared house involving people who used the service and staff members. They told us at the meetings they, "Discuss what we like, what we don't like and what we want to do more of." They told us, "It depends on how I feel and what I think." This meant people were given appropriate support to make decisions regarding their care.

We found people who used the service were invited to attend a 'customer forum'. This was an annual meeting where people who used the service could discuss things which were important to them. This meant people expressed their views and were involved in making decisions about their care.

We asked people who used the service if staff treated them with respect. Everyone we spoke with was positive about how staff treated them. One person told us staff were, "Very friendly."

We found the provider had recently issued quality assurance questionnaires to people who used the service. The questionnaire was in an easy to read format with pictures. We saw people had been asked for their opinions on several aspects of the service. This included if people were happy with the support and if staff respected their privacy. Although the results had not been received for the current survey, we saw the results of the previous annual survey. We found the provider had recorded any issues people had raised and taken steps to improve the service.

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.

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

Reasons for our judgement

We spoke with eight people and asked them about their experience of using the service. Everyone we spoke with was positive about the care they received. One person told us their carer workers were, "Lovely." Another person told us, "I keep them going, keeping them busy."

We looked at five people's care records and we saw most of them contained clear and detailed instructions for staff on how to care for people. The care records were person centred which meant they contained information specific to people's individual needs.

We reviewed one person's care records kept in their home. The provider may find it useful to note this person's records were not complete. Important information was missing, including support plans relating to their complex health needs. We discussed this with the manager who told us information should be in the person's home. They told us the plans were in the process of being reviewed by the person's keyworker. Copies of the missing plans were found and replaced in the person's home during our visit.

Staff told us the manager or team leaders wrote and reviewed people's support plans. We found evidence of this in the care records we looked at. People told us if their needs changed, the staff noticed and their care records were reviewed. They told us the care they received met their individual needs. This meant people's needs were assessed and care was planned and delivered in line with their individual support plans.

We found most people who used the service had their own keyworker. (A keyworker is someone who works with people regularly on a one to one basis.) People we spoke with knew who their keyworkers were. One person told us their keyworker was, "Lovely." They told us they were to go on holiday with them later in the year. Another person named their keyworker and told us, "I get on well with him."

People we spoke with told us they had a rota in their home, so they could see which member of staff was coming to visit them. People told us they had staff who visited them regularly. This meant people received consistent care from staff who knew them.

We looked at people's care records and saw risks to people's wellbeing had been

identified on their support plans. For example, one person's support plan gave detailed instructions to staff about how the person should be supported to access the community. We spoke with the person and found their activities reflected what was on the support plans. This meant people's care was planned and delivered in line with their individual care plan.

Staff told us that they read people's care records regularly when they visited people's homes. One member of staff told us, "If there's anything new I like to know." Staff told us if there were any issues, they would contact the manager straight away to let them know.

We asked staff how they recorded the support calls they made to people. Staff told us they recorded all care and support given to people in their daily communications books and their shift report book kept at their home. We saw these documents were up to date and that they included detailed information about what care people had received and the length of time of calls. This meant that people's needs were assessed on a daily basis.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We looked at the provider's infection control policy and saw staff had access to information about how to minimise the risk of infection when caring for people. We saw the service completed regular service checks and spot checks at people's homes. These included looking at infection control measures. We saw if checks identified any areas of concern, action was taken to improve the service. For example we saw that out of date food had been found in one person's home. The issue was taken up directly with the staff members involved, training was provided to the whole team at a staff meeting and service procedures were reviewed to avoid the problem reoccurring. This meant there was a process in place to maintain standards of hygiene across the service.

Care staff told us supplies of personal protective equipment (PPE), such as aprons and gloves were kept in people's home. We saw there was a supply of PPE kept in the care office which was easily accessible to staff.

We found staff received training on infection control procedures as part of their induction. We saw from the manager's training records, staff had received mandatory refresher training every two years following their induction.

We spoke with staff about how they minimised the risk of spreading infections when they provided care to people. One member of staff told us how they used PPE when they supported people with their personal care. They told us how they washed their hands regularly.

People who used the service told us staff wore PPE when they supported them with personal care. People we spoke with raised no concerns about the standard of hygiene provided by the service.

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

We looked at the records of five care staff. We saw appropriate checks had been undertaken prior to staff beginning work with the provider.

We saw the provider followed its recruitment procedure. We found references were obtained from previous employers which gave information about staff's past performance. Appropriate criminal record checks were obtained prior to staff beginning work. The identities of staff were verified.

We saw the provider had obtained information which showed they had checked the physical and mental fitness of staff for care work. This meant the provider had ensured suitable staff had been employed to provide care and support to people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We found that there was a system for monitoring the quality of the service. This system included a quarterly health and safety checklist and quarterly service reports, which were carried out by the manager and sent to the provider. These checks included areas such as fire safety, electrical safety and record management. We saw how the provider analysed the results and sent action plans for further works to be carried out where required. This showed evidence that learning took place from incidents and appropriate changes were implemented.

The manager carried out regular service checks at people's homes. The checklist included checking people's food to see if it was in date and checking if PPE was readily available in people's homes. We found where actions had been identified, improvements had been made to the service. For example, out of date food had been found in one person's home. A plan was put in place to increase the frequency of checks by staff, to ensure the person's food was safe to eat.

We saw the manager provided a summary of important information to the provider on a weekly basis. We saw the information included issues such as accidents and incidents reports and staffing capacity issues. This meant the provider was kept informed about changes at the service on a regular basis.

We found the provider also conducted audits in other key areas, such as customer records and medication. We saw if issues were identified, a plan of action had been followed to make improvements to the service.

We saw there were records of any accidents or incidents which had occurred. Staff we spoke with were able to explain to us how incidents were recorded and how these were reviewed by the manager. This meant there was a system in place to monitor accidents and incidents within the service.

We looked at the complaints procedure. We found that there had been seven issues logged as a comment, concern or complaint in the last 12 months and these had been

recorded and responded to appropriately. This meant the provider took account of complaints and comments to improve the service.

We found people who used the service had been provided with easy to read information about how to make a complaint. People we spoke with told us there was a complaints procedure in the care records at their home. One person told us, "If I wanted to make a complaint I would call Nikki (the manager)." Another person told us, "If I had a problem I would contact the team leaders or the manager." This meant the complaints procedure was accessible to people.

We spoke with staff about how they shared important information. Staff told us they used people's communication books, shift books and diaries to record important information or changes to people's needs. Staff told us they had regular staff meetings where they shared important information. Staff told us they found the meetings useful and they felt listened to. One member of staff told us in the meetings they, "Talk case by case about customers, changes to policies and procedures and how to improve things." This meant staff were asked for their views about people's care and they were acted on.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk