Royal Mencap Society

Royal Mencap Society - Kent Domiciliary Care Agency

Inspection report

75 High Street
Edenbridge
Kent
TN8 5AU

Website: www.mencap.org.uk

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16 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 16 November 2016.

Royal Mencap Society - Edenbridge is registered to provide personal care. They support a small number of adults with learning disabilities who live in their own tenancies in the Edenbridge and Uckfield areas with their personal care and other needs. The domiciliary agency also provides practical day to day support to a larger group of people with learning disabilities in an outreach or supported living capacity.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the previous inspection on 6 February 2014, the agency met the regulations.

People and a friend said the service provided was what people needed. The support they received was flexible to meet people's needs and the designated tasks were carried out satisfactorily and on time. People thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They were clearly recorded, fully completed, and contained regularly reviewed information that enabled staff to perform their duties.

Staff where knowledgeable about the people they were providing a service for and the way the people liked to be supported. Staff provided care and support in a professional and friendly way that was focussed on the individual and they had appropriate skills to do so. Staff had received induction and refresher training that enabled them to carry out their tasks.

If required people were encouraged to discuss with the manager and staff, any health and other needs that may affect the way support was provided. Agreed information was passed on to GP's and other community based health professionals, if appropriate. If required staff were available to protect people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets. This was whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and monitored and assessed the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The agency was suitably staffed, with a work force that had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

Medicine was administered safely. Staff had been trained to prompt and administer medicine.

Is the service effective?

Good

The service was effective.

The person's support needs were assessed and agreed with them. Their needs were identified and matched to the skills of trained staff.

The person's care plan contained a section regarding monitoring their food and fluid intake to make sure they were nourished and hydrated.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

The opinions of people using the service and their preferences and choices were sought and acted upon. Their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when giving support.

Is the service responsive?

Good

The service was responsive.

The agency reviewed people's care plans as required. The care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed in a timely way.

Is the service well-led?

Good

The service was well-led.

The agency focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Royal Mencap Society - Kent Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection that took place on 16 November 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were two people using the service. During the inspection we spoke with both of them, a friend, two staff and the registered manager.

Whilst visiting the office premises we looked at copies of two people's care plans. Copies of care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, staff training, supervision and appraisal systems and quality assurance.

Good

Is the service safe?

Our findings

People felt safe using the service and they and a friend told us that there was suitable numbers of staff available to meet people's needs. One person said, "I'm safe using the service." A friend told us, "The service is run safely."

Staff followed the agency's policies and procedures to protect people from abuse and harm. This included assessing risks to people and themselves when a service was delivered. Training was provided and refreshed in how to recognise abuse and possible harm to people using the service. Staff also had access to the provider's policies and procedures that informed them of the action to take if they encountered abuse. The agency's safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. There was no current safeguarding activity. Previous safeguarding alerts were suitably reported, investigated and recorded.

The recruitment procedure for staff was run centrally by the organisation's human resources department and vacancies advertised on its website. The recruitment process included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview was conducted by two managers and included scenario based questions to identify people's skills and knowledge of the care field they would work in. The questions were based on the organisation's core values. People using the service were involved in the selection process and their views sought regarding the suitability of candidates. References were taken up, work history checked and disclosure and barring (DBS) security checks carried before staff were confirmed in post. There was a six months probationary period and 12 days shadowing of more experienced staff.

The agency carried out risk assessments as part of the initial needs assessment. The risk assessments enabled people to take acceptable risks as safely as possible, contained measures to reduce the risk and also identified potential risks to staff. The risk assessments were monitored, regularly reviewed and updated if needs changed. They were contributed to people using the service, staff and relatives when appropriate. Staff encouraged input from people to identify any risks that staff may not be aware of or may have missed. Staff had been trained to identify and assess risks to people, themselves and shared information regarding risks with the manager and other members of staff. There was an accident and incident record that was regularly reviewed.

Staff prompted people to take medicine or administered it to them in a safe way. Staff were trained to prompt or administer medicine and this training was updated regularly. They also had access to updated guidance. People's medicine records were completed by staff and checked by the agency.

Good

Is the service effective?

Our findings

People said they were involved in making decisions about the care and support they received, who would provide it and when this would take place. They told us that they received support from staff, on time and it was provided in a way they liked. Staff were aware of people's needs and the type of care and support that was required. This was confirmed by a friend who had frequent contact with people using the service. They told us that staff were well trained and this enabled them to complete the required tasks. One person said, "They do what needs to be done and give me my tablets." A friend told us, "The staff are always willing to listen and act."

Staff received induction and on-going mandatory training. The induction was comprehensive, based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. As part of induction new members of staff shadowed more experienced staff until they felt sufficiently confident to provide support by themselves and the agency was also confident they were equipped to do so. Training included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene and health and safety. More specialist training was also provided in areas that directly reflected the specific needs of an individual. There were staff meetings and one to one supervision at four to six week intervals. There were also annual appraisals that provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were supported and advised by staff to make healthy meal choices. Staff raised and discussed any concerns with the Community Learning Disability Team.

The care plan recorded consent to the service provided and there was a service contract with the agency. Staff regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were made aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications that must be made to the Court of Protection were, if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. Staff listened to what people said, valued their opinions and provided support in a friendly, helpful and compassionate way. One person said, "I'm very happy, the staff are nice." A friend told us, "The keyworkers are brilliant, very caring."

The agency provided suitable information about the service it provided. The information outlined the service people could expect, the way support would be provided and the agency expectations of them.

Staff received training in treating people with dignity and to respect them and their privacy. This was part of induction and refresher training. It included the importance of social engagement, interaction and inclusion of people. The agency operated a matching staff to people and their needs policy. This included using in-house bank staff, who people knew to provide continuity of care when covering leave or sickness. The provider did not use agency staff.

A friend said that staff treated people with dignity and respect, were friendly and kind and provided the support that was required.

People said they were fully consulted and involved in all aspects of the care provided. This was by patient and thoughtful staff that were prepared to make the effort to make sure their needs were met properly. A staff member told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed that tasks were identified in the care plan with the person and their relatives to make sure they were correct and met the person's needs.

The agency had a confidentiality policy and procedure that staff were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People said that the agency sought their views and they were consulted and involved in the decision-making process before a service was provided. One person said, "They come on time." People using the service and a friend told us that people received personalised care, the staff were very responsive to people's needs and happy to discuss any concerns they may have. Staff enabled people to decide things for themselves, listened to them and if required action was taken. A friend said, "People are kept informed if there are changes to their service."

Service commissioners forwarded assessment information to the agency, regarding people's needs. The agency also carried out assessments prior to providing a service to identify if they could meet people's needs appropriately and that the commissioning assessment had covered all aspects of people's needs. An assessment visit was carried out in conjunction with people who would be using the service and relatives, if appropriate, to confirm the identified needs were accurate and to confirm the required tasks. This was to prevent any inconsistencies in the service to be provided. The visit also included risk assessments.

We saw office copies of care plans for two people using the service. They were individualised, person focused and the management team told us that people were encouraged to contribute to the support plans and update tasks with the agency if needs changed. The support plans detailed the agreed tasks and gave information that would help staff familiarise themselves with the person and their needs. This included how they would like to be addressed, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical history. There was also an abbreviated 'Grab and run' sheet that contained essential information.

People's needs were regularly reviewed, re-assessed with them and the care plans changed to meet their needs. The changes were recorded and updated in the person's file that was regularly monitored and reviewed.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training in this. People said they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

Good

Is the service well-led?

Our findings

People said that they felt comfortable speaking with the manager and there was regular telephone communication with the office. One person said, "I talk to the office." A friend told us, "I am invited to reviews to provide support for (Person using the service." This was with the person's permission.

During our visit the management team was open, described the provider's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, staff understood them and they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff received support from the manager and felt valued. The manager was in regular contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during staff meetings. Suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure. One staff member said, "It's a very good organisation to work for and there is plenty of communication."

The records demonstrated that regular staff supervision and annual appraisals took place with input from people using the service included. This was to help identify if staff were person centred in their work.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with the people regarding the support provided. They noted what worked for the person using the service, what did not and any compliments and comments to identify what the person considered the most important aspects of the service for them. This was an individualised approach to monitoring the quality of their care. Quality checks took place that included regular phone contact with the people and people visiting the office.

Audits took place of people's files, staff files, support plans and risk assessments. There were systems in place to audit and monitor all aspects of care provided. These included completion of a monthly compliance information tool and financial audits. The manager said that the agency used this information to identify how it was performing, any areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.