

Harpenden Mencap

Harpenden Mencap Domiciliary Service

Inspection report

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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 inspection took place on 11 February 2016. We gave the provider 48 hour notice before we carried out the inspection to ensure we could access the information we needed.

Harpenden Mencap Domiciliary Service provides personal care and support to people with learning disabilities who lived in 11 individual flats located in the same building. The service also provided support for people who lived in the community; however at the time of the inspection the five people who were supported by the service in the community did not receive personal care.

We last inspected the service on 16 January 2014 and found that they met the fundamental standards. At this inspection we found they continued to meet the standards required.

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 2008 and associated Regulations about how the service is run.

People were supported by staff who were knowledgeable in safeguarding procedures and how to report concerns of abuse internally and externally to safeguarding authorities.

People were supported to understand the risks associated with their daily activities and encouraged to take positive risks and live an active life as independently as they were able to.

There were sufficient numbers of qualified and skilled staff to meet people`s needs at all times. Recruitment procedures were safe and effective and helped to ensure that staff employed to support people were of good character and able to carry out their role safely and effectively.

People were supported to independently take their medicines and their ability to do this was regularly assessed. However staff were trained in safe handling of medicines to help ensure they were skilled to administer medicines to people if required.

People`s consent for the support they received was constantly sought by staff using various communication methods to help ensure people understood what they were consenting too. Their consent to the support they received was also recorded in their support plans.

People told us staff were kind and caring in their approach and always treated them with respect. Staff promoted people`s dignity and respected their privacy.

People had regular reviews of their support needs and where appropriate people`s relatives and care coordinators were involved to ensure their needs were met at all times.

People were encouraged and supported to pursue their hobbies and interests, to be actively involved in the community and participate in sports activities which they thoroughly enjoyed.

The provider actively sought people`s views on the service in regular meetings and in addition they sent annual questionnaires to people using the service, staff, health and social care professionals and relatives. They also contacted an independent company to carry out an impartial survey which also included all the above. The results were analysed and a service improvement action plan was developed to ensure improvements were made to the service provision.

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 people received was safe

Staff knew how to report concerns internally and externally to safeguarding authorities.

People were supported to understand and manage risks in a non-restrictive way and live independent and fulfilled lives.

There were sufficient qualified and skilled staff to meet people`s needs at all times.

Recruitment procedures were robust and helped ensure staff were fit and able to support people with complex needs.

People were supported to take their medicines independently however staff were trained in safe handling of medicines so that they could provide support if needed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were well trained, skilled and able to support people effectively.

Staff felt supported by managers, they had regular supervisions and yearly appraisals.

People were supported to have a healthy balanced diet. They were involved in planning their menus and cooking their own food.

People had support from staff to keep in good physical health, to attend medical appointments, dental appointments, opticians and chiropodists.

Is the service caring?

Good ●

The service was caring.

People developed long standing relationships with staff who they trusted.

Staff involved people and their representatives in decisions about every aspect of the support they received.

People were supported to be as independent as possible and they worked towards well established goals.

Staff promoted people`s dignity and privacy in a respectful manner.

People had information available about independent advocacy services in case they needed advice and support.

Is the service responsive?

Good ●

The service was responsive.

People`s care and support plans were regularly reviewed and contained up to date person centred information about the support needs people had and their abilities.

People were encouraged to pursue their hobbies and interests and they were supported to be active members of the community.

People`s views were actively sought and any issues they reported were followed up by the manager to ensure these were solved.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted an open and transparent culture which was appreciated by staff, people and their relatives.

The registered manager conducted regular comprehensive audits to help ensure the service they provided was at a high standard.

Staff told us the registered manager was approachable and available to support them to carry out their roles.

Harpenden Mencap Domiciliary Service

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 was planned to check 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 inspection took place on 11 February 2016. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, two support staff, a senior support worker and the registered manager. We contacted three relatives and a leisure activity provider following the inspection for feedback about the service.

We looked at three care plans, three staff recruitment files and a range of other relevant documents relating to how the service operated. We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People told us they felt happy and safe because of security arrangements and because staff looked after them. One person told us, "I love it here, I love my own space and I feel very safe." Another person said, "I feel safe because I have my call button and intercom. If I don't want to let somebody in I won't." People were aware of safety arrangements and they felt reassured that the front entrance in the building had been monitored by CCTV and staff were able to monitor who was let in the building by people and intervene in case it was needed. For example, when we arrived at the service we rang the call button and a person living there opened the door. They told us the registered manager would be down in a second. The registered manager told us they always monitored people coming in and out for the safety of the people.

People were encouraged and supported by staff to take positive risks. This approach helped ensure people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. For example a risk of getting lost was identified for one person when they moved into their flat and they were unfamiliar with the area. Staff accompanied the person on their regular journeys, to a day centre and to their family home until they were confident to find their way independently. One person told us, "I am very independent. I go to work on my own."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as nutrition, cooking, medicines, road safety, household tasks, mobility, health and welfare. For example one person had a fall due to their medical condition affecting their mobility. The registered manager contacted health and social care professionals and they were looking to purchase specialist equipment, electric chair, specialist electric bed to enable the person to stay safe and independent for as long as possible.

Staff received training about how to safeguard people from harm and they were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Staff knew where to find information and guidance about how to report concerns, together with relevant contact numbers should they need to report any concerns. The registered manager ensured that people using the service were educated in what abuse meant and how to keep safe. They arranged training sessions where people attended together with staff and learned about the different types of abuse and safeguarding. One person told us, "I had a course on how people can get abused. I was shocked how people were treated in some videos we saw there." This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred

There was enough staff to meet people`s needs at all times. One staff member said, "Our rota is planned and we support people as and when they require. We are never short staffed and we don't really use agency." The registered manager told us they planned staff rota`s six weeks in advance and they identified the cover they needed for planned holidays or sickness. They told us they covered available hours with their own bank staff and regular staff. People were given a rota for two weeks in advance so they knew which staff member was allocated to support them on what days. A senior support worker told us, "We only use

permanent staff and bank staff. We discussed staffing in meetings with people and they refuse to let agency staff to support them, so we employed our bank staff to cover when needed."

Safe and effective recruitment practices were followed which helped ensure that all staff employed at the service were of good character and physically and mentally fit for the roles they performed. People were encouraged to be part of the interview process and express their opinion about the candidates. One staff member told us, "I was interviewed by one of the people using the service. I felt from the interview that this is a person centred service."

Plans and guidance were available to help staff deal with unforeseen events and emergencies. There was an on-call system for people to request help during the night when there was no staff in the building. The manager told us people were very independent and knew how to deal with emergencies. They told us that in case people could not phone for help during the night they only had to use their call button which then alerted staff that lived close by. They told us the system worked very well. For example a person had not been feeling very well during the night. They used their call button and asked the manager for support. The manager requested emergency services and accompanied the person to hospital and supported them through their recovery. This person`s relative told us, "When [person] was admitted to hospital they [staff] went the extra mile in making sure somebody was there all the time and they kept in touch regularly."

People were helped and supported to take their medicines independently. Staff enabled people to request their own prescriptions and take their medicines at the correct time. People`s ability to take their own medicines was regularly reviewed by staff who, in agreement with people, checked if they were doing this correctly. Staff were trained in safe administration of medicines as a precaution in case they had to administer peoples` medicines for whatever reason. One staff member told us, "We always ask discretely from people if they took their tablets for them not to feel we don't trust them to do it, because we do."

Is the service effective?

Our findings

People who lived at the home and their relatives were positive about the skills, experience and abilities of staff who supported them. One person told us, "They [Staff] are good. They know exactly what I want." Another person told us, "Staff is excellent." One relative told us, "I am confident and happy that staff and management really know how to support [Person]. [Person] is very happy there."

Newly employed staff were required to complete a structured induction programme. During their induction they received training relevant to their roles, and had their competencies observed and assessed in the work place which ensured that they were skilled and able to carry out their job roles effectively. Staff received training and regular updates in areas such as moving and handling, food hygiene, medicines, first aid and safeguarding. They also attended training sessions about the conditions affecting people they supported. For example autism and epilepsy training sessions to be able to recognise signs and symptoms if people's medical condition deteriorated. A senior support worker supported a person from another location owned by the provider and engaged the person to educate staff about the condition they had. They told us, "It cannot get any better than to learn about [condition] from somebody who lives with it."

Staff members told us they felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them together with regular supervisions and yearly appraisals where they discussed their performance and future development. One member of staff told us, "I don't have to wait until my supervision; I can approach the manager to discuss anything any time. This is a very good place to work in." Another staff member said, "I have monthly supervisions where I can get my views across on what is or isn't working for me and I can ask for further training."

People told us they were always asked by staff to agree to the support they received. People signed their support plans to indicate their consent and agreement for the support provided.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working in line with the principles of the MCA.

People were supported to cook their own meals and buy their own groceries. Staff supported people as and when they needed support with shopping, food preparation and cooking. Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. They were provided with detailed guidance about how to prepare and provide meals that supported a healthy balanced diet, which took full account of people's preferences and met their individual dietary requirements. One person told us, "I cook for myself. I really like pasta and I do the washing up. Staff will come in and chat to me whilst I am cooking and they remind me if I forgot something. It is very nice."

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's complex health and welfare needs. People`s support needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One person told us, "I take my purple folder [folder with medical information] to every appointment I have." Another person told us, "I went to my GP a while ago and they gave me good advice."

People had routine health checks yearly and they could access their GP any time they felt they needed it. People were supported to attend dentist appointments, opticians and they were regularly visited by a chiroprapist.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were very familiar with their needs. One person told us, "I love it here. The staff are lovely and they are very respectful. A relative told us, "Staff is very caring and take real interest in [Person`s] well-being and happiness."

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. They had developed positive and caring relationships and were very knowledgeable about people's individual personalities, characters and the factors that may have influenced their moods and behaviours. For example, staff told us about a person they supported. They told us the person was very private and interacted well with staff, however when they told staff `you are fired` it was their way letting staff know they wanted to spend time on their own. Staff understood this and gave the person space and privacy.

People developed long standing relationships with staff who knew them well and were able to read people`s body language and this had a positive effect on people, they were smiling, relaxed and happy in staff`s company. There was a lot of laughter between staff and people. One person told us they had a favourite football team they supported and they were aware of who supported different teams between the staff working at the service. They laughed and were happy to tell us how they looked forward to Monday mornings to discuss their team`s victory with staff who supported the losing team and have banter about it. This meant that people felt confident to share their emotions with staff who supported them.

We saw that staff had talked with people about their care and support needs and had involved them in decisions about how these were planned and delivered wherever possible. One person showed us their care plan and said, "I know what is in my care plan. I am signing to say I agree with it." Relatives also told us they had been fully involved in the planning and reviews of the care and support provided. One person's relative said, "Anything we suggest as family they [staff] jump on it and they try to put it in place. We are very happy that [Person] is so independent and well supported."

Key workers were responsible for ensuring that the guidance provided about how to care for people safely and effectively was updated to reflect people's changing needs and personal circumstances. The managers and staff provided updates to people's relatives on a regular basis and consulted them about their progress and developments where it was appropriate. They also accessed independent advocacy services if people needed somebody to represent them. For example one person was not confident to speak up in their reviews where their family and social care professionals were present. They discussed this with the registered manager who was in the process of arranging an independent advocate to speak for the person in meetings.

Staff and the registered manager gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. For

example the registered manager told us how two people they supported developed a relationship and staff supported them in their partnership and marriage. They were proud to tell us after a few years they still supported the couple who were happily married and active members of their community.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included support guidelines about their preferred routines, medicines, eating habits, relationships that were important to them, preferred communication and support needed for preferred activities. One staff member said, "We support people with everyday life and we make a difference."

For example each person had a plan for each day of the week and what this meant for them. This included when they liked to get up, breakfast routine, personal hygiene support needs, activities and appointments. The registered manager told us, "We create care plans in a way that anybody who reads it can support the person." People and their relatives told us the support they received was person centred and met their needs. One relative said, "The support [Person] receives is person centred. It is so good that takes my mind of it and I trust the staff will do everything needed for [Person] and enable them to live as they like." One staff member told us, "We are not here to tell people what they cannot do; we are here to tell them they can do it, and we will support them to do it."

Staff also had access to detailed information and guidance about how to communicate effectively with people, particularly those who were less verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. Support plans for people described the signs, gestures, and body language people used to communicate and also what staff approach should be when this happens. One staff member told us, "We know people so well and we anticipate gestures and behaviours. We prevent incidents because we know when to step away and give people space."

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I am working as a volunteer in a local theatre." Another person said, "I have a paid job, I am doing it for ten years."

People were helped by staff to pursue hobbies and interest and engage in activities which were challenging; however they gave people a great sense of achievement. Some people were part of Britain's special Olympics team and they participated in swimming and athletics competitions. One person told us, "I am looking forward to go to Cardiff with the Olympic team. I like to meet new people." Another person said, "I was in Austria skiing. I love it."

People were helped to plan holidays together and with relatives. One person told us, "We went to the seaside and it was lovely. [Staff name] helps us organise other holidays as well." Another person said, "I am going on holiday abroad with my family. I cannot wait." One relative told us, "independent living is the aim and they [staff] to do a lot. To go to clubs and socialise and try different types of activities."

People told us, and we saw minutes of regular meetings to show that they were consulted and updated

about the services provided and were encouraged to provide feedback about how the home operated. For example we saw that in one of the meetings it was explained about CQC inspections and what that meant for them. People were interested and asked if they could show the inspectors their personal files. The registered manager had explained that they could chose to show inspectors the file and also explained to people that they must be honest and tell inspectors their true experience and feeling about the service.

The provider had a complaints policy they sent to relatives yearly to ensure they were informed about how to make a complaint. We saw and relatives told us that all matters they raised were resolved before they had to complain. The service operated a `Grumble book` where staff and managers recorded any issues raised by people or relatives and they recorded how they solved the issues and the date of the feedback. This avoided formal complaints and kept people and relatives happy. One person told us, "If I have any concerns I will go to [manager] or staff, they are ever so good."

Is the service well-led?

Our findings

People, staff and relatives were all positive about how the home was run. Staff and people were very complimentary about the registered manager and the senior support worker; they felt both were approachable, supportive and well organised. One person told us, "I like the manager they are very friendly and they listen." One relative told us, "The managers and staff are very helpful. They provide an excellent service, I trust them."

The registered manager was clear about their vision regarding the purpose of the service, how it operated and the level of support provided to people. They told us, "We support people in all areas of their life to ensure they can be independent." The managers and staff were knowledgeable about the people who lived at the home, their needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "I love working here. The ethos of this service is to promote a friendly and open culture for both; people and staff."

The registered manager liaised with other organisations to create opportunities for people using the service to try different leisure activities. We received feedback from a manager from a leisure activity project who told us, "Some of the people access our community project which supports people with leisure activities. I find the service well managed and the staff are very professional at all times. Communications between the two projects is very good, and people are encouraged to be as independent as possible. My involvement with the service is great; I wish other services could copy their example!"

The registered manager carried out regular checks and audits in a number of key areas, for example in relation to health and safety, staffing, supervisions and support plans. They ensured any issues identified were actioned and completed in a timely fashion to ensure the service was safe. We found that records relating to people were kept up to date and reflected the support people needed.

The registered manager encouraged and valued feedback from people. They contacted an independent company to carry out a survey and gather feedback. It had gathered feedback from various groups; people using the service, relatives, visitors, social and health care professionals. Following the survey the registered manager had sent letters out to families and people using the service and updated them about the results of the survey and the actions they were implementing to improve the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.