Royal Mencap Society

Northumberland Mid & North Domiciliary Care Agency

Inspection report

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15 January 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 inspection took place on 14 and 15 January 2016 and was announced. This was so we could be sure that management would be available in the office as this is a domiciliary care service. We last inspected this service in January 2014 where we found the provider met all of the regulations that we reviewed.

Northumberland Mid & North Domiciliary Care Agency provides personal care and support to people in their own homes and help to access the community. At the time of our inspection the provider delivered care and support to 29 people and employed 60-70 members of staff. The service supports people with mental health issues, physical disabilities, sensory impairments, learning disabilities or autistic spectrum disorders, older persons and people living with dementia. The care and support provided ranged from 24 hour care packages to short visits, which for example, supported people to access the community, and provided companionship.

A registered manager was in post at the time of our inspection. 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 spoke highly of staff whom they said supported them safely and in line with their needs. Systems were in place to protect people from abuse and there were channels available through which staff could raise concerns. Records showed that safeguarding matters had been handled appropriately and referred on to either people's social workers or the relevant local authority safeguarding team for investigation. The provider worked collaboratively with these organisations.

People's needs and risks that they were exposed to in their daily lives were assessed, documented and regularly reviewed. Medicines were managed and administered safely and staff supported people to manage health and safety risks within their own homes and refer matters on to third parties, if necessary. Recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled and physically and mentally fit. Staffing levels were determined by people's needs and the number of people using the service.

Staff training was up to date and staff received the support they needed to ensure they had the skills relevant to their roles and the varying care needs of the people using the service. Supervisions and appraisals were carried out regularly, as were staff meetings. Staff told us they felt very supported by the registered manager and the provider organisation overall. The provider had support schemes in place for staff to access wherever necessary and recognition schemes to reward good practice.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. There was evidence to show the service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis, if necessary. Decisions that

needed to be made in people's best interests had been appropriately referred to their social workers.

People reported that staff were very caring and supported them in a manner which promoted and protected their privacy, dignity and independence. People said they enjoyed kind and positive relationships with staff and we observed this when we visited people within their own homes.

Care records were person centred and demonstrated that the provider was responsive to people's needs. People were supported to access the services of external healthcare professionals if they needed help in this area.

Communication was good within the organisation at both provider level and service level. Regular meetings took place and newsletters were distributed which kept staff informed of key issues and changes within the organisation.

People knew how to complain and records showed that complaints were handled appropriately and records kept of each complaint received. People's views and those of their relatives were gathered through surveys.

We received positive feedback from both people and staff about the registered manager and the provider organisation. They promoted an open culture and staff told us they found both the manager and provider organisation very approachable. The provider had clear visions and values which were embedded into the organisation in order to develop the business positively. Auditing and quality monitoring of the service delivered was thorough and were carried out regularly. Records showed that any issues which were identified, were promptly addressed.

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.

A safeguarding policy and procedure was in place and records showed this was followed in practice. Medicines were managed safely and recruitment procedures were robust.

Staffing was determined by people's needs and people received consistent care from a small team.

Matters of a health and safety nature were monitored regularly and emergency planning was considered.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to meet people's needs.

Communication within the service was good and people had information available to them in a format that met their needs.

The Mental Capacity Act 2005 (MCA) was applied correctly and the provider delivered care in line with their obligations under this act.

Is the service caring?

Good

The service was caring.

People and staff enjoyed good, positive relationships with one another.

Staff ensured that people were involved in all aspects of their care. Communication aids were available for staff to use to provide explanations in a format that met people's needs.

Advocacy, independence, dignity and respect were promoted throughout the service.

Is the service responsive?

Good

The service was responsive.

Care was person-centred and people were supported to achieve their own personal goals.

Care plans and risk assessments were regularly reviewed. Where necessary, changes were made to people's care delivery.

People enjoyed fulfilled lives and pursued a range of activities of their choosing. Complaints were appropriately handled.

Is the service well-led?

Good

The service was well-led

A registered manager was in post and the provider met their legal obligations under the Care Quality Commission (Registration) Regulations 2009.

Staff enjoyed good support from the provider and registered manager within the organisation and there were staff support, benefit and reward schemes in place.

Quality monitoring was effective and well structured. The provider had a good oversight of the service and standards of care delivered.

Northumberland Mid & North 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 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 14 and 15 January 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to be sure that somebody would be in at the office to assist us.

The inspection was carried out by one inspector.

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 reviewed the information that the provider returned to us and in addition the information we already held about the service within our records. This included reviewing notifications that the provider had sent us. We also contacted Northumberland Safeguarding Adults team and Northumberland local authority contracts team to gather their feedback about the service. We used the information we gathered to inform the planning of this inspection.

As part of our inspection we visited five people in their own homes. We spoke with six care staff, two team managers and the registered manager. We reviewed a range of records related to people's care and the management of the service. These included five people's care records, six staff recruitment, training and induction records, medicine administration records (MARs) and records related to quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person commented, "I feel safe". Another person told us, "I like all of the staff and feel safe". We observed interactions between people and staff and saw that people were comfortable in the presence of staff.

Safeguarding policies and procedures were in place which highlighted the different types of abuse that people could be exposed to and the steps that staff should take when responding to incidents or allegations of abuse. In addition, the provider also operated a whistleblowing helpline called "Speak out safely" which offered advice and support for staff where they needed to report issues of concern in confidence. Well maintained records showed that safeguarding matters had been appropriately reported to the relevant local authority safeguarding team for investigation and the provider worked collaboratively with these organisations. There were no outstanding safeguarding cases at the time of our visit. Staff training records showed that they had received training in the safeguarding of vulnerable adults.

Accidents and incidents that occurred within the service were monitored and reported back to the provider's head office, although records showed that the number of accidents and incidents were low. Staff and the registered manager told us that all accidents of a serious nature were treated as a critical incident by the provider and referred to external parties such as local authority safeguarding teams or the police.

Risks that people were exposed to in their daily lives had been appropriately assessed and were reviewed on a regular basis. Documentation about these risks was available in people's own homes for staff to refer to. Changes in people's care delivery were decided by the provider and a multi-disciplinary team to mitigate risks that had presented themselves. For example, one person displayed aggressive behaviours at times and there was a risk assessment in place related to this. In addition, a decision had been made that when out in the community the person would be supported in a particular way to reduce the risk of their behaviours escalating and them coming to any harm.

Staffing was determined by the needs of each individual and their living arrangements. Some people shared houses with other people with similar care needs and a consistent staff team was allocated to support all people living at the home. People who used the service received a mixture of support ranging from 24 hour a day support, to a small number of hours of support, for example, where they were helped to access the community safely. Staffing levels ranged from 3:1 staff to person support, or 1:1 support, depending on each individual's needs. Staff told us they felt supported by management in their roles and there were enough staff on duty at any one time at each allocated service to support people. We observed staff were not rushed when supporting individuals and we saw they had time to sit and engage with people. Staffing levels were appropriately managed by the provider and were tailored to people's needs, based on their personal circumstances and complex health conditions.

People were supported with their medicines appropriately and they had care plans in place detailing how staff needed to be support them to take their medicines safely. Medicine Administration Records (MARs) were well maintained and signed by two members of staff to show that one staff member administered the

medicine and the other witnessed the process. Most people's medicines were pre-packed in monitored dosage system (MDS) containers. We cross checked some of these packs against people's MARs and saw that the amount administered tallied with the amount dispensed from the MDS. The storage, ordering and disposal of medicines was well managed. A detailed medication policy was in place which gave information and guidance to staff.

Records reflected that the provider's recruitment procedures were robust. Staff completed an application form including details of their employment history, they were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. The DBS support providers to make safer recruitment decisions as they check potential employees against a list of people barred from working with vulnerable people, including children. Staff also completed a health declaration questionnaire to check if any reasonable adjustments were needed to their working environment. They were provided with a contract of employment and staff handbook for reference. This meant the provider had systems in place designed to ensure the person's health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

There was evidence that staff were mindful of health and safety risks within people's own homes and supported them to remain safe. For example, environmental checks on fire safety, water temperatures and the cleaning of showerheads were carried out regularly to ensure people remained safe within their own home environments. In addition, there were "Emergency files" in place in people's homes for staff to refer to should matters of an urgent nature arise. These provided staff with information about external parties to contact, for example, if they needed assistance in a plumbing emergency. On-call arrangements were in place for staff should they need to contact management for support and guidance at any time, 24 hours a day. Business continuity plans were maintained at each service which showed that contingency planning had been considered.

Good

Is the service effective?

Our findings

People were positive about the service and care that they received. One person told us, "X (staff member) helps me with my bad days". Another person said, "I like all of them, the staff. There is nothing I am not happy about". We looked at the results of a survey sent to people using the service in October 2015. These included the comments; "I get a lot of support to live my life the way I want and be independent"; "The staff help me to understand my rights"; "I am encouraged to eat healthy"; and "My support worker tries to help me with confidence and keep calm".

One member of staff told us that the staff team supporting one individual in their own home was consistent and had been in place for the previous four years. All of the care workers we spoke with knew people and their needs very well. Staff teams were allocated to support the same people within the community and therefore people received continuity in care.

Staff told us they felt supported to carry out their roles and they were provided with the training they needed to enable them to meet people's needs. Records showed that staff had received training in a number of key areas, such as fire safety, safeguarding and moving and handling. In addition, staff had received training in areas such as epilepsy training and Huntington's disease awareness, to ensure they were equipped with the correct knowledge to effectively meet people's needs. Staff training records showed that they completed an extensive 12 week induction which included attending training courses and completing topical workbooks.

Team managers carried out thorough staff competency assessments related to medicines administration, the handling of people's finances and the application of the Mental Capacity Act 2005 (MCA), to ensure that staff maintained their skill levels and delivered a good standard of care. A supervision and appraisal system named "Shape your future" was in place which supported staff via three one to one meetings with their manager throughout the year and one annual appraisal meeting to review their performance. The manager told us that ad hoc supervision sessions with staff were also carried out in between these meetings should this be necessary. One member of staff said, "It's excellent here. I cannot fault the support I have received. The ethos of the staff team is about supporting each other". Another member of staff told us, "I absolutely love working here; X (team leader) is an amazing boss, doing anything they can to support us".

Communication between the provider and people using the service, and the provider and staff, was good. A range of information was available for people in a format that suited their needs. For example, there were pictorial information leaflets available within the service which informed people of their rights and support plans were written in a pictorial format. One member of staff told us how "flash cards" were used to explain to people about their right to vote in the previous year, prior to the general election. We saw tenancy agreements and letters in one person's home that had been issued in pictorial format so they could understand them. Staff were supported with how to explain certain issues to people at an appropriate level, should they need this support. For example, there were information packs available to staff guiding them on how to promote healthy eating to people or explain their support agreement. Packs included questions to ask people and easy read leaflets for them to look at and discuss with staff. This meant staff were equipped with the tools they needed to communicate with people effectively.

Staff told us, and records showed that regular communication about the organisation and any important messages was maintained at both national and regional level. A "team talk" newsletter was issued internally monthly and this highlighted key messages for staff about the service. Nationally a newsletter from senior management was also issued to all staff to their own homes, to make sure they were informed of the latest key issues. This meant the provider had invested in communication to ensure that messages reached staff at all levels. In addition, the provider also issued guidance and information to people's families about working with their service, opening up lines of communication and all people using the service were issued with a pictorial service user guide.

People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this input. Staff were proactive in ensuring that people got the medical support that they needed. Records showed that where staff were concerned about people's welfare and well-being, they sought medical attention or obtained advice from healthcare professionals. A comment on one of the recently returned surveys issued to people stated, "I receive all of the support I need from GPs, nurses and hospital appointments and all other medical support. I would not be able to attend without support". We saw that one person had been instructed to do physiotherapy exercises to improve their mobility and pictures of these exercises were retained within their home. Records showed that staff supported the person to do these exercises daily as they signed a form to evidence that they had been completed.

The service was involved in supporting people in the preparation of their meals and, where necessary, assisting people to eat an adequate diet. We saw people were supported to get drinks of their own choosing during our visits to their homes and people and staff talked about what they wanted for their evening meal that day.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. When 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We discussed the Mental Capacity Act (2005) and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the provider. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. The manager told us that they had begun the process of assessing people to see if any deprivation of liberty safeguards (DoLS) were needed and were doing so in consultation with people's families and care managers or social workers. We saw that guidance and policy information was available to staff and managers about assessing people's capacity, obtaining their consent, DoLS and best interests decision making. Staff were knowledgeable about the MCA and DoLS and told us about how they applied this within their work.

There was evidence to show that the provider referred matters related to people's capacity and any decisions that needed to be made in their best interests, to either their social workers within the local authority or other relevant healthcare professionals. For example, we saw recorded evidence of best interest decision making in relation to people receiving flu vaccinations, dental interventions and measures being put in place to help one person manage their diet better. We were satisfied that the provider was aware of, and carried out their legal obligations under the MCA.

Good

Is the service caring?

Our findings

People commented about the positive relationships they enjoyed with staff and they enthusiastically relayed stories about memorable occasions where staff had supported them to access the community. One person said, "They are nice the staff; they are good people". Another person told us, "I like them (staff). They help me". Comments on a recently survey completed by people included, "My support worker always explains things and helps me get my heating allowance every year and taxi card" and "We have fun together and go out".

We observed staff supporting people in their own homes and saw they enjoyed good relationships. Staff were respectful in how they treated the person they were supporting and respectful of their surroundings, given the fact that they were in people's own homes. Equality and diversity was evident throughout the service and the ethos of the service was very much about supporting people to live a full life, the way they wanted, as independently as possible. People's diverse needs were supported in a variety of different ways. Training records showed that staff had received training in equality and diversity.

We observed people were involved in their care and were encouraged and supported to do as much as possible for themselves. When we arrived at one person's house they opened the door to greet us, with support from staff, and they offered us a cup of tea and a biscuit. Records showed that people were involved in their care, either by the fact that they had signed their care plans to demonstrate they were aware of the contents and this had been discussed with them. In one person's home a workman telephoned whilst we were visiting. The staff member came through immediately afterwards to advise the person of the content of the call, informing them of some work that was to be completed on the property the following day. Records related to maintenance checks carried out in people's homes showed they were involved in all aspects of the service. For example, one person checked that torches were working in the property so that in the event of a power cut torches were available and another person checked smoke alarms were still working regularly. One member of staff told us, "We try and get people involved as much as we can".

Staff told us how they maintained people's dignity, for example, by giving them private time when bathing, following an appropriate assessment of risk. Steps had been taken to protect one person's dignity by making adaptations to their home environment, so they could not be overlooked by their neighbours whilst in their own personal space. We observed people moved around their homes freely and where they preferred their own company, we saw that this private time was facilitated by staff.

People were encouraged to be as independent as possible. One person told us, "We went on the bus the other day to Asda for food and to the bank". They also told us that the day prior to our visit they had collected a medicine prescription from the local pharmacist. This showed that people were supported to carry out activities of daily living themselves, but with support from staff, rather than these activities being done for them.

Advocacy was promoted by the provider in all aspects of the service. Staff acted as advocates for example, when supporting people to claim benefits they were entitled or to access healthcare services.

Care records were stored securely in people's homes to maintain privacy and when staff talked with us about people and their needs, they did this discreetly and confidentially.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and ensured that they received the care and support that they needed. They described a life full of choices which were respected by staff, who strove to support them to meet their desired goals. One person told us, "I go out in the car and for cups of coffee. I went to see Star Wars. I go for walks". Another person commented, "I go to a disco and I choose things". One person showed us some arts and crafts items they had made at a group held in the local area. Records from a recent survey sent out to people to gather their feedback showed that out of 15 people, 14 people answered "Yes" to the question "Do we help you choose how you live your life?". One person had also written the comment, "There are always plenty of choices made available for me to live my life to the best of my ability". This showed that the provider promoted choice and sought to enrich and fulfil people's lives.

The provider had designed a model on which people were supported to achieve personal goals and fulfil their dreams and ambitions. This model was called "What matters most" and recorded people's goals, big or small, and also information about how to achieve these. One person had a goal of wanting to go on a trip to Liverpool and we saw that the provider had facilitated this trip with staff being provided with the support they needed to arrange this trip. There were photos which showed the person had enjoyed themselves. In one person's house they showed us photographs of a trip they had enjoyed abroad with staff and they talked of another up and coming trip which they were looking forward to. This showed that people received a person-centred service in order to achieve their goals.

The provider carried out an assessment of people's needs, prior to them receiving care from the service. Individualised and person-centred care records were maintained within people's homes which provided staff with the information they needed to meet people's care and support needs. We saw people had support plans and risk assessments in place related to, for example, their behavioural needs, communication levels, mobility and mental health. Care records were reviewed regularly and team managers and the registered manager visited people in their homes periodically to review their care, gather their views and check staff performance. Where people's needs changed, alterations were made to their care and support plans and risk assessments. For example, staff had identified one person's needs relating to bathing had changed and an assessment had been carried out by an occupational therapist. In response to this change in the person's needs, a bathroom was converted to a shower room within the person's home.

Staff were knowledgeable about the people they supported and their needs. The information they shared with us tallied with information held in people's care records and our own observations. There was evidence that staff responded to matters and issues brought to their attention, in respect of people's health, safety and their general well-being. For instance, records showed that such matters had been referred to external organisations for their input and to people's families. In addition, staff had referred matters to the local safeguarding authority or people's social workers, where they had concerns that people were vulnerable or at risk. Hospital "grab sheets" detailing essential information about each person, were available within each home to be transferred with people, should they need to receive care in a hospital setting. This showed that the provider was responsive and proactive to changing circumstances.

The provider told us that they gathered people's views and the views of staff and relatives via surveys. We reviewed the results of these surveys and found the feedback overall was very positive. Staff told us they would actively report any concerns or issues that people raised with them during care delivery. They told us they could also feedback their views through staff meetings, or alternatively during their individual supervision sessions with their manager.

A structured complaints policy and procedure was in place for staff to follow should they need to support any individuals to make a complaint. People told us they did not have any reason for complaint and they were happy with all aspects of the service to date. One person said, "There is nothing I am not happy about. I would tell staff if I was not though". There was little evidence of complaints being raised with the service and this tallied with what people told us. We reviewed one complaint that had been received within the last year and saw this had been handled appropriately and investigated fully, with an outcome and explanation being sent to the complainant. A formal apology was also given to the complainant that the service had not lived up to their expectations. This showed the provider handled complaints thoroughly.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection who had been managing the service since September 2013. We received positive feedback from staff about the manager as an individual and the overall leadership of the provider organisation.

Staff told us the registered manager was "one of the most supportive bosses" they had ever worked for and said, "she is very thorough and vastly experienced". At all levels staff confirmed that they could approach any management and the overall registered manager at any time. One member of staff commented, "I cannot fault the organisation in any way shape of form. I have been supported totally. Things 100% get addressed if you bring anything up". Another member of staff said, "The leadership and support is excellent. I couldn't fault the support I have received". Staff told us that the provider organisation had invested in new systems to make things more streamlined and these were being embedded into the service.

The ethos of the service was very much about promoting people's independence and supporting them in any way they needed, to live as full a life as possible. Staff told us that this ethos had been adapted within the staff team and they were very supportive of each other so that they could maximise their potential and provide the best possible service to people.

The provider had five key values; inclusive, trustworthy, caring, challenging and positive; which they embedded throughout all aspects of their organisation. Staff told us that it was there job to promote these five values when supporting people and in the way that they performed in their roles. The provider also had a plan in place called "Our Big Plan" which highlighted five key priorities within the organisation over the next four years to 2020. These included; raising awareness and changing attitudes; making a difference to the lives of people with a learning disability here and now; supporting friendships and relationships; improving health for people with learning disabilities; and giving children the best start in life.

Records showed that the provider tasked services within their organisation with topical research where "conversations" took place between staff and the people they supported, as a way of gathering feedback about values and priorities. For example, one such conversation carried out recently was aimed at gathering information about the experiences of people with learning disabilities when accessing healthcare within the community. We saw the manager and staff at this service promoted these values and priorities in their work and the feedback people gave us about their experiences of care showed that there had been a positive impact on their lives.

Senior leadership team meetings and meetings at service level took place regularly. Staff at all levels and roles within the service told us they felt fully informed. Newsletters and magazines were also issued both service and company wide as a way of keeping the staff team up to date with key issues and changes.

A staff recognition and reward scheme called "You Rock" was in place designed to say thank you and well done to staff and volunteers working within the organisation. Staff and volunteers could be nominated for their commitment and hard work and be entered into a competition for the chance of winning a "special

treat". In addition, a staff benefits scheme was in place where a discount card was available to staff through which they could access benefits and discounts for a number of organisations such as holiday companies, retail outlets and theme parks. A lifestyle support programme was also available to staff via the provider, where they could access support, for example when they had experienced a bereavement, or they were suffering from anxiety and/or depression. This showed the provider invested in supporting the staff team.

An overall electronic quality monitoring system was in place which was thorough and provided accountability. Service managers and the registered manager were responsible for feeding back information to head office about, for example, the completion of training courses by staff and supervision and appraisals undertaken. Service managers were responsible for monitoring the service people they supported received. There was evidence that regular monitoring checks and visits to people's homes took place to ensure that the service they received was of a good standard. Health and safety checks and auditing of each service was carried out by service managers. In addition, the registered manager carried out random spot checks on each service regularly to ensure standards set by the organisation were met and that no shortfalls existed. Staff competencies were regularly tested and records about these were retained within staff files. Where staff needed further support we saw that this was given to them and they confirmed that extra training was offered where needed.

Feedback from people and staff was sought and used by the provider to develop the service delivered. The values and behaviour work carried out by the provider(referred to above) showed they aimed to continually improve the experience of people in receipt of their service.