

Orwell Mencap

# Orwell Mencap Genesis

## Inspection report

6 Wright Road  
Ipswich  
Suffolk  
IP3 9JG

Tel: 01473723888

Website: [www.orwellmencap.co.uk](http://www.orwellmencap.co.uk)

Date of inspection visit:

10 January 2018

12 January 2018

Date of publication:

26 February 2018

## 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

Orwell Mencap Genesis is a domiciliary care agency for adults with learning disabilities. It provides personal care to people living in their own houses and flats. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this announced inspection of 10 and 12 January 2018 there were five people who used the service.

The provider was given up to 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make agreements with people and their relatives so we could meet and talk to them to find out their experiences of the service. This service was registered with CQC on 11 January 2011.

At our last inspection 8 December 2015 we rated the service as overall good, however safe was rated as requires improvement. There were inconsistencies in the recruitment processes and risks to people were not always assessed and reviewed appropriately. At our inspection 10 and 12 January 2018 we found that improvements had been made and contributed towards people consistently receiving safe, effective, compassionate and high quality care.

A registered manager was 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.

Orwell Mencap Genesis provided a safe service to people. This included systems intended to minimise the risks to people, including from abuse, mobility, nutrition and with accessing the community. Support workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of support workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. At the time of this inspection no one was being supported with their medicines however systems were in place to provide this support safely when required.

People and relatives had developed good relationships with the support workers and the registered manager. People received care that was personalised and responsive to their needs. People's care records were accurate and reflected the support provided.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were able to express their views and support workers listened to what they said and took action to ensure their decisions were acted on. Support workers consistently protected people's privacy and dignity.

Support workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

The service listened to people's experiences, concerns and complaints and took action where needed. People, relatives and staff told us the registered manager was accessible, supportive and had good leadership skills. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to progress.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The likelihood of harm had been reduced because risks were regularly assessed and reviewed.

There were sufficient numbers of support workers who had been recruited safely and who had the skills to meet people's needs.

Systems were in place to help protect people from the risk of abuse and harm. Support workers knew how to recognise and report concerns and were confident to do so.

When required systems were in place to support people with their medicines safely.

Support workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Good ●

### Is the service effective?

The service remains Good

Good ●

### Is the service caring?

The service remains Good

Good ●

### Is the service responsive?

The service remains Good

Good ●

### Is the service well-led?

The service remains Good

Good ●

# Orwell Mencap Genesis

## **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 announced comprehensive inspection was carried out on 10 and 12 January 2018 by one CQC inspector. The provider was given up to 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the days of our inspection. We also wanted to give them sufficient time to make arrangements with people and where appropriate their relatives to meet with us and or talk with us on the telephone about their experience of the service provided.

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 contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch Suffolk and members of the public.

We spoke with one person who used the service and four relatives. Two people we met had complex needs, which meant they could not always readily tell us about their experiences. We observed the way they interacted with their support workers at the provider's day care centre which was located next to the service.

We spoke with the registered manager; provider's nominated individual, assistant manager and four support workers.

To help us assess how people's care needs were being met, we reviewed two people's care records. We also

looked at records relating to the management of the service, seven recruitment files, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

At our last inspection 8 December 2015 we rated this key question requires improvement. At our inspection of 10 and 12 January 2018 we found that the previous shortfalls with recruitment processes and risk assessments had been addressed. This included employee references appropriately obtained and recorded and risks to people being regularly assessed, reviewed and amended where required. These improvements had been sustained and we have changed the rating to good.

Risks to people's safety were managed appropriately. Support workers and the registered manager were aware of people's needs and how to meet them. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, nutrition, choking, accessing the community, medicines and being safe in their homes.

Robust recruitment procedures were in place which checked that prospective employees were of good character and suitable to work in the service. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. Records we looked at confirmed this.

The provider had maintained measures to protect people from harm and abuse. Support workers knew how to keep people safe and they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the provider's safeguarding and 'whistle-blowing' (reporting of bad practice) policies. When concerns were raised the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One support worker said, "We all have a duty of care to act and report any concerns. I would go straight to management. I have done before and action was taken."

People were safe with their support workers. One person said, "I feel safe with [support worker]. I know [support worker] and they know me well enough if there was a problem who the right people are to contact for me. A relative commented, "I have no qualms about [person's] safety when they are with their support workers. They have established a relationship that works really well. You can see [person] is safe in the interactions, if [person] didn't feel comfortable being in their company, you would soon know as they would refuse to cooperate and their behaviours would change." Another relative said about the support workers "We trust them in our home and to do right by [person]. They have always been polite, respectful, on time; we have no complaints."

Systems were in place to record and investigate incidents, accidents and near misses in the service. The registered manager reviewed the outcomes to identify lessons learnt, themes and patterns, taking steps to reduce the risk and likelihood of further reoccurrences. This included liaising with relevant professionals where required.

People who were vulnerable as a result of specific medical conditions for example, epilepsy, had clear plans

in place guiding support workers as to the appropriate actions to take to safeguard the person concerned. For example, there were examples of where healthcare professionals had been involved in the development and review of care arrangements. Where appropriate, there were detailed care plans for support workers to follow where people may display behaviours that could be challenging. Wherever possible people's choices about how they wanted to be supported during a crisis were included in the strategies in place to keep them safe and manage the risk. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

People, relatives and support workers told us that there were sufficient numbers of support workers to meet people's needs but acknowledged there had been several personnel changes which at times had been unsettling in the service. One relative said, "There is an established team in place to support [person] but sometimes they [service] can't cover. This is not often so not a major concern more a niggle. It is the odd weekend that can be the problem. We do have contingency arrangements in place for when this happens and we get enough notice so we can sort it. I am aware they are recruiting so hopefully that will resolve things. On the plus side we do have continuity of care, always know who is coming; never had any agency or strangers turn up." The registered manager advised that they were actively recruiting. They acknowledged there had been several staffing changes in the last 18 months including at management level but that things had settled down. To ensure continuity of care existing staff and management wherever possible covered shifts. While there had been no missed care visits to people in the last 12 months there had been some instances where visits had been cancelled by the service.

At the time of our inspection no one was being supported with their medicines by the service. However systems were in place to support people safely when required. This included support workers being provided with medicines training followed up by regular checks on their practice by the management team. People's records provided guidance to support workers on the level of support each person required with their medicines and information on the prescribed medicines that each person took. Support workers had been trained to administer epilepsy medication to support people who had seizures.

Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment, such as disposable gloves and aprons. Support workers confirmed that these were available to them in the office and they could collect them when needed.



## Is the service effective?

### Our findings

At our last inspection of 8 December 2015 the service was rated good. At this inspection of 10 and 12 January 2018, the service continued to provide support workers with the training, ongoing support and the opportunity to obtain qualifications in care to meet people's needs effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

The registered manager had a training matrix that allowed them to monitor any training updates that were needed. Support workers told us that they had the training and support they needed to carry out their role effectively. This included the provider's mandatory training such as moving and handling, first aid and safeguarding. This was updated where required. Also, support workers received additional training associated with people's specific and diverse needs such as epilepsy and autism. The registered manager told us they were planning further workshops on managing behaviours that challenge and mental health to support staff in the upcoming year. One support worker shared with us, "The training is good, and covers everything you need. If you want more training you can talk about it in your supervision and it gets arranged."

Records and discussions with support workers showed they continued to receive supervision, competency observations and appraisal meetings. These provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One support worker shared with us their experience of the arrangements in place, "Supervision is done with [management team] we talk about what is working well, what challenges there are and what support is needed. You can talk through any issues you have."

Where required the service continued to support people to maintain a healthy diet. One person told us how they were being supported to eat and drink well. They said, "I need to be reminded or I will forget to eat and drink. [Support workers] help me to do this so I don't get sick." People's records identified the support that they required including how identified risks were managed. A relative told us, "They [support workers] feed [person] all right, prompt and remind them. They are very good at encouraging [person] to do things like eating and drinking."

People continued to be supported to maintain good health and had access to health professionals where required. Records demonstrated that the support workers were proactive in obtaining advice or support from health professionals such as a doctor when they had concerns about a person's wellbeing and acting on the advice given. One relative told us, "The support workers are good at letting me know if they spot a change or are worried about something. We can then get onto the doctor or hospital straight away. Good team work."

The service worked effectively with professionals from other care settings to ensure people's needs were met consistently and effectively. For example, ensuring systems were in place to support coordinated care and support when another care agency was also involved in a person's care arrangements. This included information sharing through a communication book so that all support workers involved in the person's

care were kept informed. Where required support workers or a member of management had travelled with people if they were being admitted to hospital to reassure them and to advocate on their behalf where needed. As part of the transfer process they brought with them key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met.

The Mental Capacity Act 2005 (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 told us that the support workers asked for their consent before providing any care. One person commented, "I have been with the service a long time. It is okay no problems. I know my support workers really well I am happy with them. They understand and respect me. I trust them. They know what to do and listen to me." A relative commented, "Choice is respected. [Person] won't go out or leave the house if they don't want to. Support workers know how to try to encourage [person] but also how not to antagonise [person] and escalate the situation. It is a fine balancing act." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with. Support workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

# Is the service caring?

## Our findings

At our last inspection of 8 December 2015 the service was rated good. At this inspection of 10 and 12 January 2018, feedback from people and relatives was positive. People were satisfied and happy using the service, they continued to be complimentary of the support workers approach and felt cared for. The rating continues to be good.

People told us that their support workers treated them with kindness and respect. One person said, "They all know what to do and listen to me. They make sure I eat, wash and dress and smell fresh. They remind me to do these things myself." They added, "I am very happy with the service from Orwell Mencap Genesis. Since I got the support from them, I have not been back to [medical facility]. This is a big step for me. They have kept me well. Made a big difference in my life." A relative commented, "It is a good service, the support workers look after people really well, very caring and compassionate."

People continued to be relaxed in the presence of their support workers and with the management team. Support workers were caring and respectful in their interactions and we saw people laughing and smiling with them. Support workers used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This was confirmed by one person who said the support workers, "Don't rush me; understand me and know how to talk to me."

People were encouraged by support workers to be actively involved in expressing their views and making decisions about their care and support needs. The support workers listened and acted on what people said. People's care records demonstrated how people continued to make decisions about their ongoing care arrangements. Their views were listened to and incorporated into the planning and delivery of their care and reflected in their care records. Accessible information was made available to people to assist them in making decisions about their care. This included access to independent advocacy services.

Where people were unable to express their views their relative or representative where appropriate were included in the process. One relative shared with us their positive experience of working with the service, "We have been to several meetings over the years to discuss the care arrangements. We make changes when they are needed. It doesn't happen often as if it's not broke you don't fix it."

People were encouraged to be independent. Support workers told us that they tried to enable people to maintain their independence as much as possible and assessed the level of support people needed all the time. A support worker told us, "I love my job, helping people to enjoy a quality life. Doing things their way, on their terms." One person described their experience saying, "They [support workers] help me to do things for myself. [Sometimes] I need a kick up the backside to do things and get going. They know how to get me to do things without me getting angry or upset." A relative commented about the support workers, "They are fantastic, well trained, know how to treat people with dignity and respect. They recognise when it's needed to offer encouragement to help people be independent and when to step in to keep people safe. They have a good nature. Very caring."

People's right to privacy and dignity was respected and promoted. Support workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, privacy and choices. One person said, "My business is my business. They [support workers] talk to me, not about me to other people." A relative commented the support workers, "Always call out so [person] knows they have arrived, knocks on their bedroom door and makes sure any doors and curtains are closed when they do [personal care]."

## Is the service responsive?

### Our findings

At our last inspection of 8 December 2015 the service was rated good. At this inspection of 10 and 12 January 2018, we found support workers continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People's care records were regularly reviewed and accurately reflected people's needs. They covered an individual's health, personal care needs, risks to their health and safety, and personal preferences. The care plans took into account pre-assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions and how they communicated and mobilised. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity.

The registered manager advised that people's care plans were being further improved to be outcome focused, reflecting an individual's development. They would contain more detail on people's daily routines providing support workers with the information they needed to meet individual needs in line with their wishes. For example, how they wanted to be supported with personal care and to do daily living tasks.

Where people needed support with behaviours that may be challenging to others, their care records guided support workers in triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for support workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People told us that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person commented, "I have been involved in reviews. They [support workers] help me make choices about my care; what I need and what I wanted."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan reviews, "I have been actively involved from the beginning. I know what is in place and if there are any changes to be made I am consulted fully. I have been to lots of meetings several with other professionals. There is excellent communication and my point of view is considered." Another relative shared their positive experience, "There are good communication systems. They write everything down, share information, keep me updated. Let me know what is going on."

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advance care planning. This included supporting people to make decisions based on their personal values and preferences about the care they would want to receive if they became unable to speak for themselves.

People's views were actively encouraged through care reviews and annual questionnaires. One person said,

"I was asked what I thought of Orwell Mencap Genesis. Filled out a form and said I was more than happy." The registered manager explained they were reviewing the existing annual questionnaire to increase the feedback received about the quality of care provided. This included ensuring the format was fully accessible, questions related to the domiciliary care provided and were not about the provider's other services/activities.

A complaints process was in place that was accessible to people who used the service. At the time of our inspection one complaint had been received. This had been dealt with in line with the provider's complaint procedures. People and relatives told us that they had not needed to complain as any comments or concerns they made were acted on straight away. They said they were confident that if they made a complaint it would be dealt with properly. One person told us, "I have no problems. If I did I would speak to [support worker]. If it was a big problem I would speak to the boss or big boss [registered manager and provider's nominated individual] but only if it was really serious. [Support worker] sorts most things out for me." A relative commented, "I know who to speak to if I was unhappy. I know how to complain. Have done it before and it was dealt with."

## Is the service well-led?

### Our findings

At our last inspection of 8 December 2015 the service was rated good. At this inspection of 10 and 12 January 2018, feedback from people, relatives, support workers and professional stakeholders was positive about the management arrangements in the service. We found the registered manager was proactive and took action when improvements were identified. They were able to demonstrate how lessons were learnt and how they helped to ensure that the service continually improved. Therefore the rating continues to be good.

People and relatives were complimentary about the approach of the registered manager. One person said, "[Registered manager] is hands on and approachable. If they say they will get back to you they do."

The registered manager promoted an open culture where support workers told us they felt respected, listened to and encouraged to professionally develop. One support worker said, "We have had several managers come and go and that has been frustrating; different ways of working each time. Current manager is good, has taken time to learn about the people, staff and the service before making lots of changes. They have asked and listened to our feedback. This is encouraging. They are recruiting so that should take the pressure off. We have a good team in place." Another support worker said, "It is a reputable company to work for. I feel supported; manager is available and has an open door policy."

Support workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that support workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry. One support worker said, "The team meetings are good to find out what is going on. Talk about things."

Where comments from people were received the service took swift action to address them. This included requests to change their support worker, times of their care visits, amendments to planned healthcare appointments and suggestions for the daily activities. The registered manager advised us that as part of ongoing development of the service they planned to implement formal systems to effectively and consistently capture the way people's feedback including comments and concerns were acted on and used to improve the service.

Systems were in place which showed that the service continued to develop. The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on health and safety, incidents and accidents and care records. We saw that audits and checks supported the management team in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place. The registered manager shared with us their 'service improvement plan' which reflected the priorities and continual progress of the service. This included active recruitment, staff training, enhancing people's documentation to be outcome focused and include information on advance care planning, checklist for personnel files, review of the home risk assessment tool, recording of late visits and improving existing feedback systems taking account of informal comments and concerns.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from professionals cited effective working relationships with the service.