

Mencap in Kirklees

Mencap in Kirklees - 100 Pennine Crescent

Inspection report

100 Pennine Crescent
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Ratings

Overall rating for this service	Good ●
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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

Mencap is a small residential care home for up to eight of whom have a learning disability or mental health issues. The service provides support and social interaction to enable people to become more independent in the community. At the time of this inspection the service was supporting seven people with personal care.

Our last inspection at Mencap in Kirklees took place on 24 March 2016 when the service was rated Good overall.

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

People we spoke with were very positive about the support provided to them. They said they felt safe and staff were respectful and kind.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with could explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety without restriction.

Staff recruitment records were robust and promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines. However, we did speak to the registered manager about the need to ensure the labelling of topical creams took place.

There were appropriate numbers of staff employed to meet people's needs and to provide one to one support for some people.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision and appraisal for development and support. Staff told us the registered manager was very approachable. People and staff told us they felt their concerns would be listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

Staff knew people they were supporting well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people who they supported.

There were a variety of methods available for the registered provider to assess and monitor the quality of the service. We found quality assurance processes were effective in ensuring compliance with regulations, identifying areas requiring improvement and acting on them

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 remains Good.	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 ●

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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 was a comprehensive inspection. The inspection took place on 17 January 2019 and was unannounced. There was one adult social care inspector.

We gathered and reviewed information before the inspection such as the provider information return (PIR), notifications about the service and liaison with other agencies, such as the local authority and safeguarding team.

We spoke with two people who used the service, two members of care staff, and the registered manager. We looked at the premises and some people's rooms with their permission. We looked at two care plans, two staff files, training and supervision records and documentation to show how the service was run, such as maintenance records, policies, procedures and audits.

Is the service safe?

Our findings

People told us they felt the service delivered their care safely. One person said, "Yes I am safe, they [staff] are really nice and look after me. I go out when I want but if I need someone to come with me they will." Another person said, "Yes of course I am."

Safe recruitment procedures were in place. We looked at the procedures for recruiting staff. We checked two staff recruitment records of staff who had been employed by Mencap. Both the files evidenced two references and a Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. These help to ensure people employed were of good character and had been assessed as suitable to work at the service.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risk assessment and management plans were in place to minimise any risks identified, while allowing people as much freedom and independence as possible. Topics covered included moving people safely, going out into the community and safety around their home.

The registered provider effectively protected people from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records showed when concerns had been highlighted, the service had reported them and taken appropriate action, where necessary. Staff had completed training in this safeguarding and spoke confidently about their role in identifying and reporting any concerns.

Accidents and incidents had been monitored and evaluated. Information collated had been analysed by the registered manager, then shared with the senior management team so they had an overall picture of any concerns. This enabled the service to learn lessons from past events and make changes to practice where necessary.

There was enough staff employed with the right training and skill, to meet people's needs.

People were supported to take their medication safely. Staff had undertaken training on safely handling medication and periodic competency checks made sure they were following the provider's policy. They recorded the support they provided on a medication administration record, which was checked periodically by staff. People told us they were happy with the way staff supported them to take their medicines. However, we spoke to the registered manager about the need to ensure all topical medication was labelled with an open and expiry date.

Infection control procedures helped to ensure the spread of infection was minimised. Staff had completed training on this topic and where applicable said they had ample supplies of protective clothing, such as disposable gloves and aprons.

Is the service effective?

Our findings

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments and told us they received a good service. One person told us, "Oh yes, they're [staff] friendly and professional laughing]." Another person said, "Yes I can go where I want and go to bed when I want."

People's nutritional and hydration needs were met. Where people needed assistance to prepare or eat their meals this was included in their plan of care. People we spoke with were happy with how this support was provided. Staff had completed training in food hygiene and understood their role in supporting people to remain as well-nourished and hydrated as possible.

People received the support they required to access health and social care professionals when they needed to. Records showed input from people such as the occupational therapy team, GP's, district nurses and opticians. One person said, "I go to the Doctors when I am poorly. They look after me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

Staff we spoke with said they felt supported by the registered manager and they worked with the manager throughout the day. Staff told us, "I feel very supported. I have regular contact with the manager", "I feel listened to, we have regular meetings with managers."

People were supported by staff who had the training and knowledge to meet their needs. They had completed a structured induction to their roles. They all had ongoing access to a structured training programme to update and enhance their skills and knowledge.

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. The policy stated staff would be provided with regular supervisions and an annual appraisal annually.

Is the service caring?

Our findings

People were supported by compassionate and caring staff, who delivered their care and support as they preferred. People described staff as caring, polite, helpful and kind. One person said, "They're lovely so good and kind. I trust them."

On the day of inspection, we observed staff supporting one person with their breakfast. The staff member said, "I am here just to support and encourage." The staff members tone of voice was quiet and gave the person time to finish their breakfast. The person gave the staff member a lovely smile before leaving the table.

All staff we spoke with displayed a caring attitude when speaking of people, they supported. All staff we spoke with seemed very passionate about their role and about providing high quality care. They all knew the people who they supported and their families very well.

People's privacy and dignity was maintained. When we asked people if staff respected their privacy and dignity they told us they did. One person said [when asked about personal care] "I do it all myself, sometimes I might need help with things and they do help me." Staff told us if they supported anyone they ensure curtains are closed and doors closed. One member of staff said, "I support people like I would like to be supported."

People's choices and preferences were respected. People were involved in planning care so support reflected what was important to them and how best to support them.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by staff. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

We saw the provider had policies in place to make sure people's confidential information was only seen by the appropriate people. Staff we spoke with were aware of these policies and the need to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

The service was responsive to people's needs. One person commented, "Yes the staff are lovely." Another person said, "Staff help me clean my room, staff make my breakfast, I ask them to do it. Sometimes I do it as well though."

People's care and support needs were effectively met. Following an initial assessment each person had a plan devised to meet their needs and help them to achieve their goals. These outlined the areas they needed support with, their preferences and any risks associated with their care. The plans we saw reflected people's individual needs in sufficient detail to ensure they were met.

People spoke positively about the care planning process and were very happy with how staff delivered care and support. One person said, "Yes we talk to the staff about all this." Another person said, "Yes we do look at this and staff support me."

People's end of life wishes were not always discussed as it was not relevant to their care package. For instance, one person did not want to discuss this at the time. However, some had been completed for people with their and family input.

Where possible, people were enabled to follow their hobbies and interests. The registered manager told us, "The staff provide support to engage people in local community resources, such as escorting them to access new local lunch clubs or walking them to local shops if needed for the first time." This was aimed at introducing people to new experiences within the local community, thereby helping them to regain their confidence and improving their lives. We saw people were now accessing the community on the local bus independently.

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. A record of concerns, complaints and compliments had been maintained. Complaints and concerns raised had been investigated and where outcomes indicated changes were needed, these had been made. Everyone we spoke with said they had no complaints. We saw many compliments about the service for example, '[Name of person] provided with dignity, respect and comfort'. 'Staff very friendly'. 'lovely staff no concerns'.

Is the service well-led?

Our findings

The registered manager was visible in the service and very knowledgeable about the people who lived in the home. There was a culture of positive, open communication between the management team and staff, which helped to ensure people's needs were met. The registered manager attended regular meetings with other registered managers to share ideas for practice and stay up to date with any changes to legislation.

People spoke highly of the registered manager and said they felt able to approach them. Staff we spoke with told us they thought the home was well run and they felt able to discuss any matters with the registered manager. Staff told us they were included in what was happening in the service and they received newsletters with information from Mencap services.

Effective systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, safeguarding, medicines, care planning and the dining experience. We reviewed some of these audits and found they were thorough and meaningful, with detailed actions produced to drive improvement. The registered manager told us they were proud of the way the staff cared for people and they understood the strengths of the service and areas in need of improvement.

We saw a Quality Assurance Visit had been completed in March 2018. This included the questionnaires which was sent out to professionals and the friends and families of people. The service received eight responses back and these were overwhelmingly positive in comments. Comments received included; 'I have always been more than happy with the care and attention at 100' and 'How can you improve on comfort, happiness and contentment? Keep on doing what you are doing' and 'From what I can see on visits everyone always looks happy and very well cared for. Happy home'. 'Staff and care excellent' and 'Not much room for improvement'.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.