

## 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 ●

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

The inspection was carried out on 24 March 2016 and was unannounced. There was one adult social care inspector. The previous inspection was in June 2014 and there were no breaches in the regulations at that time. 100 Pennine Crescent is a small home that provides personal care for up to eight people with learning disabilities. On the day of the inspection there were eight people living in the home.

The home had a registered manager who was also the registered provider. 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's safety and independence were promoted well and people told us they felt safe and secure living at Pennine Crescent.

People received their medicines when they needed them and there were secure systems in place for medicines management.

Staff were well supported through regular training and supervision, and they were clear about their roles and responsibilities. The registered manager worked alongside staff on a daily basis.

Recruitment of staff was in progress to cover a shortfall in staff numbers and staff worked hard to ensure there was continuity of care for people during this time, although this sometimes meant staff worked long hours.

People enjoyed the food and mealtimes were sociable occasions. People's personal preferences and choices were supported and they were involved in food planning and preparation.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and how to ensure people's rights were promoted. Six out of the eight people at the home had authorised Deprivation of Liberty Safeguards (DoLS) in place.

There was a homely, welcoming and friendly atmosphere and staff were kind, respectful and caring. People were fully consulted, involved and included and there was strong evidence of person centred care.

There was an open and communicative culture in the home, with effective management and systems for assuring the quality of 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 was safe.

People's safety was given high priority and staff understood individual risks and how to mitigate these.

Staff understood how to ensure people were safeguarded.

Staffing levels were maintained, although staff sometimes worked long hours.

### Is the service effective?

Good ●

The service was effective.

There were regular opportunities for staff training and support.

Staff had a sound understanding of the legislation regarding the Mental Capacity Act

People's health and dietary needs were well met.

### Is the service caring?

Good ●

The service was caring.

There were warm and caring relationships between staff and people.

People said they felt well cared for and there was strong emphasis on this being people's home.

People's dignity and privacy was respected.

### Is the service responsive?

Good ●

The service was responsive

People's choices were promoted.

People had access to activities in keeping with their individual interests.

People understood how to complain if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was fully involved in the service and people's care.

Systems and processes for monitoring the quality of the provision were in place.

There was an open and transparent culture with constant communication to meet people's needs.

# Mencap in Kirklees - 100 Pennine Crescent

## **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.

The inspection was carried out on 24 March 2016 and was unannounced. There was one adult social care inspector. The previous inspection was in June 2014 and the service was compliant with the regulations at that time.

Before the inspection we reviewed information we held about the service. We contacted the local authority and reviewed any notifications we had received. The provider submitted a detailed provider information return (PIR) before the inspection took place. This gave us information about the service which we reviewed as part of the inspection.

We spoke with all eight people, three staff and the registered manager. We spoke with one relative and one visiting professional. We reviewed two care plans and looked at documentation to illustrate how the service was managed. We looked at the premises including one person's bedroom with their permission.

# Is the service safe?

## Our findings

People told us they felt safe. They said this was their home and they felt secure. One person said: "I do feel safe. I used to live on my own and I didn't feel safe there, but now I do. It's good". Another person said: "I'm safe, yes. I like the staff". One person's relative told us their family member was safe living at Pennine Crescent and they had 'no concerns whatsoever about safety'.

Staff had a confident understanding of the safeguarding procedures and how to identify if a person may be being abused. Staff said they would always report if they saw any poor practice and would use the whistleblowing procedure to ensure people were safeguarded. People were encouraged to understand how to stay safe through discussions at house meetings.

Visitors to the home had their ID checked and were asked to sign in the visitors book, with a further request to use anti-bacterial hand gel upon entry to minimise the spread of infection. We saw there was a system in the entrance for noting who was in and out of the home and who the designated fire marshal was. Fire safety information was in easy read format for people to understand.

People were aware of their own abilities and risks and staff supported them in managing their own safety. Staff knew people's individual risks and what to do to ensure people's safety. For example, staff described the procedure they would follow if a person did not return to the home after going out to the local shop. The registered manager told us, and we saw records to show, they had begun to work with a West Yorkshire Police safeguarding initiative 'The Herbert Protocol' in relation to vulnerable people who may go missing.

Accidents and incidents were recorded and the provider analysed details of these to see whether any trends or patterns could be identified.

Staffing levels were appropriate for the needs of the people, although we found there were not always enough numbers of staff to provide cover without staff working long hours and shifts. The registered manager told us this was because there was a staff vacancy and measures were in place to fill this. However, to ensure consistency of the same staff for people, staff had agreed to pick up extra hours and shifts rather than bring in unfamiliar agency staff wherever possible. The registered manager said they were monitoring this to ensure staff had opportunities for rest days and did not feel too tired to safely care for people. We saw staff who had worked a lot of hours maintained a professional level of enthusiasm and energy for their work and we could see no adverse effects on people's care. Staff we spoke with said they were happy to cover the shortfall and felt supported to ask for time off if they felt their working hours had a detrimental effect on people's care.

People told us they had their medicines on time and we saw systems and processes were in place for managing medicines safely. Staff we spoke with showed a clear understanding of medicines administration and we saw medicines were stored securely and recorded accurately. People's individual medicines were clearly labelled and staff showed us they monitored the dates of opening and expiry. Where medicines, such as antibiotics, needed refrigerating staff showed us these were stored within the refrigerator in a lockable

container. There was no one who had been prescribed controlled drugs at the time of our inspection. If people needed to have medicines 'as required' (PRN) but not regularly, such as pain relief, staff knew the signs individual people might display to show this was required, although there was no clear protocol in place for individuals with regard to PRN medicines. The registered manager said they would give consideration to this so that new or unfamiliar staff would have clear instructions about this.

# Is the service effective?

## Our findings

People said the staff were good at their job. One person's relative said they were satisfied staff had the necessary skills needed to care for their family member.

Staff told us they felt well supported in their role and able to approach the registered manager at any time. Staff said they had regular supervision sessions every two months to discuss their work with people and to identify any opportunities for training. We saw evidence of supervision and appraisal in staff files we looked at.

Staff training was regular and relevant to staff's role with people. There was a clear matrix which identified which staff had completed each area of training and where training was not done, in the case of new staff, this was planned. For example, one member of staff had not yet had training in administering medicines, but this was scheduled.

Effective communication between staff was evident as staff worked closely together. As one staff member finished their shift there was a good handover given for the next staff member to understand people's needs that day.

The registered manager said there was a reliable staff team, although there was a shortfall in staff numbers at the time of the inspection. The registered manager told us that the provider had recruited a new senior staff member who was due to start the following week and they explained the recruitment process that was followed with robust vetting to ensure staff were suitable to work with vulnerable adults. We saw evidence in staff files staff had been suitably checked and vetted before working in the home.

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 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 checked whether the service was working within the principles of the MCA and found that the registered manager and staff had a sound understanding of the legislation. They confirmed there were six out of the eight people living at the home who were subject to a Deprivation of Liberty Safeguard (DoLS). We checked that the service was working within the principles of the MCA and that the conditions on authorisations to deprive a person of their liberty were being met.

People told us they enjoyed the food and we saw they were able to make their own choices whenever they wished to. We saw staff assist people with their choices through offering visual cues. For example, one person asked for noodles for lunch and staff showed them a selection of flavours to choose from. We saw people independently accessed the kitchen to make drinks and to clear away after they had eaten, which maximised independence in activities of daily living. One person offered to make drinks for others. Staff



demonstrated how people's individual food preferences were catered for and we saw people enjoyed sitting down to eat together. We observed the lunchtime meal and this was a very sociable occasion.

The provider information return told us meals were prepared taking into consideration people's preferences and dietary needs. We saw menus were displayed with people's choices. We saw there were opportunities for regular snacks, such as chocolate from the shop and fruit from the fruit bowl. There was a focus on healthy eating and people were involved in the shopping, choosing and planning of meals. Where people had particular health requirements, such as a particular diet, we saw how staff worked alongside other professionals, such as speech and language therapists (SALT) to ensure appropriate dietary advice was obtained.

Nutritional assessments were completed for people using a Malnutrition Universal Screening Tool (MUST) and these were done monthly and monitored to ensure people's dietary needs were met.

People, staff and relatives told us people had good access to other health professionals. Dates of people's health appointments were recorded in the house diary and further details recorded in people's health files. We saw staff reminded people about taking care of their health, such as by cleaning their teeth and washing their hands.

# Is the service caring?

## Our findings

People said staff cared about them. One person said: "I like it here. I like the staff". One person's relative said "This is home to [my family member] and we feel when we come here it's just like coming from home to home". Staff we spoke with said they thought 'people get fantastic care' and all staff said they would be happy for themselves or their own families to live at Pennine Crescent.

We found the environment was very homely, friendly and welcoming and there was a very clear emphasis on this being home for people, rather than a workplace for staff. People were comfortable in their surroundings and freely accessed all areas as they chose to. People were at absolute ease with staff and there was a strong sense of shared living.

We saw staff relationships with people were supportive and respectful and staff chatted with people and listened attentively to what they had to say. Staff quickly noticed when people needed support, such as if they looked sad and they were prompt in helping to reassure and distract people until they showed they felt happier. Where people's verbal communication was difficult to understand, staff made every effort to interpret their non-verbal cues, such as facial expression and gestures to accompany what they were saying.

Staff were aware when people may need reassurance, such as about the inspection process, and they gave good explanations to enable people to feel involved and informed. People approached staff with spontaneous hugs, which staff reciprocated appropriately.

People's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before entering rooms. We saw staff respected people's right to get up when they wished to and they respectfully gave them time to wake up at their own pace before offering assistance to get ready for their day. Staff spoke in a polite and courteous way when interacting with people and we saw people were relaxed in the company of staff, engaging in friendly banter at times. This helped to create a happy atmosphere in the home and we saw people enjoyed this light hearted fun.

Staff told us they enjoyed their role in caring for people and they put people's needs at the heart of what took place. Staff said they respected people's rights and would always discuss people's care with them and gain consent before assisting with any tasks. There was a designated dignity champion whose role was to promote people's rights and develop staff awareness of how people's dignity was integral to their care and support. We saw dignity and respect was a theme for regular discussion at staff meetings.

People's rights were promoted throughout the service and staff worked within an enabling ethos. Two people had an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions affecting their lives. We saw the IMCA visited people on the day of our inspection. We spoke with the IMCA and they told us the service upheld the rights of people living there, there was an enabling environment and people's best interests were considered well.

People's end of life wishes had been discussed with them in ways they understood and they were supported

to discuss and decide if they would want an attempt to be resuscitated in the event of them stopping breathing. Details of these discussions and people's decisions were recorded at the front of their care records.

# Is the service responsive?

## Our findings

People told us they enjoyed activities of their choice and they had plenty to do. People said the service was responsive to their needs.

People were actively involved in their care and support. People's care plans contained details of their care and they had been informed and included in discussions about matters that affected them. Where possible, people had signed their care plans.

We looked at care records for two people and saw these were person centred and detailed each person's individual preferences for all aspects of their care. We saw these were written in the first person, with clear statements about what, who, when and how care should be provided to meet individual needs. These were updated regularly and illustrated how people had opportunities to make choices.

People engaged in activities of their own choice and details of these were written in their care plans. We saw one person had chosen to go to the shop independently and another had asked staff to accompany them to the shops. People told us they sometimes chose to go out with staff and they told us about their favourite places. People and staff chatted together about holidays they had been to and places they would like to go to. People told us staff had gone with them on a holiday to Blackpool and they recounted together how much they had enjoyed this time.

People were encouraged to attend day centres and clubs of their choice. One person had been out for the day and told us they were involved in cutting grass and planting flowers. They said they enjoyed being involved in growing things in the garden at the home and we saw photographs to show vegetables that people had grown, prepared and enjoyed for a meal. We saw a wide range of photographs showing people involved in many activities, outings and events, such as visits to the railway museum, a dog visiting the home, the garden project, discos and holidays.

We saw people sat together and enjoyed films on television, which encouraged some conversation between them and with staff about what they liked to watch. One person said they liked watching particular types of movies and staff helped them to choose one of their choice to watch. Another person requested to watch a music video which staff facilitated. The person showed us their dancing skills as they engaged in some spontaneous dancing in the kitchen. One person could be heard loudly singing to their favourite music and staff joined in when they heard this. Staff chatted with people about their favourite football teams and they enjoyed some friendly rivalry about who was the best team. One person showed us the guinea pig and we saw they were involved in feeding it.

One person was looking forward to visiting their family for the weekend and was preparing for what they would pack to take with them. Staff supported them to pack their things and gave reassurance as to when their family would arrive to collect them.

Staff placed emphasis on people's right to choose their own activities and said they facilitated whatever people chose to do. We saw people had a wish list in their care records which encouraged them to think

about anything they might like to do. We heard one person planning their forthcoming birthday celebrations with staff and they considered where they might like to go and who they wished to invite along.

One person showed us their bedroom and we saw this was personalised to their own taste. There were photographs and personal memorabilia which we saw displayed in their room.

The complaints procedure was clear and accessible to people and their families. We saw the procedure was in easy read format for people, with photographs of the staff they could complain to if they wished. The relative we spoke with said they had no cause for complaint but was confident that if they did, the registered manager would address any areas of concern without delay. The relative said staff were approachable to raise any matters with at any time and they felt their views were important. We saw complaints and compliments were shared with staff. One recent compliment had been received from a visitor who gave praise for the homeliness of the service.

## Is the service well-led?

### Our findings

The service had a registered manager who had been involved in the running of the home for a number of years. We saw the registered manager was fully involved in people's care and support. People, staff and visitors told us they thought the service was run well.

On the day of the inspection, the registered manager was on annual leave, although came promptly to support staff through the inspection process. Staff told us the registered manager was very visible in the service and we saw this during our inspection. Staff said where the manager was on leave there was always someone senior who could be contacted should the need arise.

The culture in the home was open and transparent and there was no hierarchy evident between management and staff or staff and the people who lived there, creating a trusting, respectful atmosphere and a sense of equality. We saw staff were clear about their responsibilities, had shared visions and values and were happy and motivated, which helped to create a positive atmosphere for the people who lived there.

The provider information return gave information about how senior managers were involved in ensuring the quality of the provision, through meetings and quality assurance visits. There were staff forums, newsletters and questionnaires were used to inform and receive feedback on the service. The registered manager told us they felt supported to run the home and received regular supervision within their role. Monthly managers' meetings were held to share practice and identify areas to improve, which were then discussed with all staff.

Systems were in place to assess and monitor the quality of the provision and there were clear lines of responsibility for taking any necessary action. The registered manager told us there were further plans to share the auditing processes more with staff once the staff team was fully recruited to. The registered manager had an accurate assessment of the strengths of the provision and the areas that needed to improve.

Documentation to support the running of the home was in place and securely filed to ensure confidentiality was respected. We saw this was orderly and information was easy to locate. Policies and procedures were updated and records of buildings maintenance and safety were in place. Staff told us they made daily checks to ensure the safety and suitability of the premises. Where information had to be displayed, such as fire evacuation and notices, this was done discreetly so as not to detract from the homely environment.