

## Mencap in Kirklees

# Mencap in Kirklees (DCA)

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Mencap in Kirklees is a domiciliary care agency providing personal care to people living in a number of supported living facilities. At the time of our inspection there were 22 people using the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

Staff supported people to have choice, control in their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service was flexible to people's needs and we saw examples of how the provider was responsive to their changing needs.

### Right Care

Staff understood people's needs and provided appropriate care. One person's relative told us, "Our experience has been very positive. The support (person) gets is individualised to (them). It is a good staff group that understand the task and involve us in solutions." Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their needs, and this promoted their wellbeing.

### Right Culture

People received good quality care and support because the provider and staff focused on meeting their needs and wishes to enhance their quality of life. People and, where appropriate, their relatives were involved in planning their care. People, relatives and staff felt well supported by the management team and able to raise concerns with them. They felt concerns were acted on and lessons learnt when things went wrong. There were systems to monitor and audit the service to help improve quality and people's experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 4 April 2018).

### Why we inspected

We inspected due to the length of time since the last inspection.

We undertook a focused inspection to review the key questions of safe, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mencap in Kirklees (DCA) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mencap in Kirklees (DCA)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors, a regulatory co-ordinator who made telephone calls to care staff, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience did not visit the service but made telephone calls to people who used the service or their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local safeguarding team, local authority commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included care and medication records for 5 people. We looked at a variety of records relating to staff training and recruitment, and the management of the service. We spoke with 10 members of staff including the registered manager, the deputy manager, the CEO and 7 support workers. We spoke with 2 people who used the service and 5 relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk. Referrals to the local authority safeguarding team had been made when needed. All the people and relatives we spoke with said they, or their relative, felt safe. They gave examples of consistent teams who knew them, or their relative, well as reasons for feeling safe.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risk assessments were person centred and reflected people's needs, choices, and preferences. They included sufficient detail to make sure staff knew how to mitigate risks to people without restricting their lifestyles. Risk assessments were reviewed at least monthly to make sure they were up to date. Recognised risk assessment tools for such as skin integrity or nutrition were used as needed. Staff told us they used risk assessments and said they were discussed during their supervision and at team meetings. Systems had been put in place to make sure staff were able to respond quickly to one person's nighttime health need. We saw an example of how staff had supported a person to work on a particular fear they had. The person felt well supported and was making progress to combat their fear.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. ☐

Staff told us there were sufficient staff to meet people's needs. One staff member said, "We are afforded the time and space to spend time with individuals." People and their relatives were complimentary of the support staff provided.

The provider operated safe recruitment processes. References and Disclosure and Barring Service (DBS) checks were completed before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Staff new to care undertook the care certificate and all new staff followed a programme of induction and training to support them in their role. Training in supporting people with a learning difficulty or autism was in place.

Using medicines safely

People were supported to receive their medicines safely.

We saw a few recording gaps on some older Medication administration records (MARs) and handwritten MARs did not always show clear dates. Although neither of these issues had been identified through

auditing, more recent MARs were properly dated and showed people were receiving their medicines as prescribed which indicated improvements had been made. The registered manager and CEO said they would make sure auditing of medicines was improved to make sure these issues were picked up if they reoccurred. Detailed protocols for 'as needed' medicines were in place and records showed staff followed these with further detail recorded in risk assessments and care plans.

#### Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

Quarterly Infection prevention and control (IPC) audits were completed in each supported living house. Any issues identified were addressed.

#### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

We saw an example of how learning had been taken from when a person had become suddenly and seriously unwell. An analysis of what happened prior to, during and after the event had taken place to establish how similar situations could be better managed. The learning from this event was shared with staff across the service.

#### Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

People's mental capacity and ability to be involved in decisions about their care and give consent to care was assessed. If there was a power of attorney in place where another person would support with decisions about care, this was recorded. Staff understood mental capacity and demonstrated a good understanding of supporting people to make decisions. One staff member said, "We always assume capacity unless proved otherwise. And they can have capacity in one thing but not in another." Another said, "We facilitate (people) to be as independent as possible."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

Minutes of meetings demonstrated a positive and open culture within the organisation. People who used the service and staff were able to express their opinions and make suggestions about the service. We saw examples of how staff had worked with people to promote their independence. People told us they were involved in their or their relative's care. One relative said, "We have always expected to be involved in care plans and that is how it is. It happens automatically and productively. We work together". Another person's relative said of the organisation, "They allow (person) to shine."

A support worker told us, "I think Mencap is a healthy organisation. My management team are excellent, they're a very human management team. I'm very pleased to work with Mencap." Another support worker said, "Any suggestions are listened to and if they can be acted on, they are. If they can't be they will tell us why."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People felt involved in the service. One person's relative told us, "We have so much contact that it happens anyway. As a group of (relatives) we meet every few months with the leadership team. There are plenty of opportunities for feedback and review."

Staff told us they felt comfortable making suggestions for improvements or raising concerns. One said, "There have been plenty of times when I've raised my opinions in team meetings." People who used the service, their relatives and staff were asked for their opinions of the service, and we saw positive responses had been received to the service's quality assurance surveys. The results of surveys were analysed, and graphs produced to show overall outcomes. One relative said, "There is a regular questionnaire I always fill it in. We always receive a summary of what people have said and I see my comments have been noted."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour. The provider managed complaints made to them well. They acknowledged and made apology for any part the service had played in the issues experienced by the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Responsibility for auditing quality and safety within the service was shared by senior staff and the wider management team. Auditing was based on the CQC key questions, and an action plan put in place to address any identified issues. An external auditor was also used. The management team agreed that the auditing of medication management could be made more robust to make sure minor issues were picked up.

People and their relatives were complimentary of the management team. One person told us, "I know the manager well. It is (name of registered manager). She comes to some meetings." A relative told us, "We know the team leader and their manager. There was a period of problematic leadership. Now it is excellent. They are very grounded, calm and systematic. We have a lot of time for the manager. They are accessible and willing to take part in discussions."

Where issues with staff performance had arisen, these had been managed well and had included the person supported or, where appropriate, their family. Staff were complimentary of the support they received. One told us, "My team leader is ace, I can ask him anything. Even if (they are) not working I can contact (them) if there's a problem" and another said, "I've felt very welcomed and very supported. There's always someone there if I need anything."

#### Working in partnership with others

The provider worked in partnership with others. The provider and staff worked closely with health and social care professionals to make sure people using the service received the support they needed. A 'Community Circles' initiative had also been put in place to support people. One example of this was staff working with people in a community group to support a person to achieve a personal goal and another was how staff had worked with staff at a person's new care setting.