

Mencap in Kirklees

Mencap in Kirklees - 1 Victoria Road

Inspection report

1 Victoria Road
Lockwood
Huddersfield
West Yorkshire
HD1 3TF

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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

About the service: Mencap in Kirklees, 1 Victoria Road is registered to provide accommodation for up to six people with learning disabilities.

People's experience of using this service: People felt safe while being supported by the staff team. Risk assessment's provided guidance to staff and gave opportunity for people to remain as independent as possible. Staff could accurately describe risks people presented and how to reduce the risks.

Staff knew how to safeguard vulnerable people from abuse. They were able to describe signs of abuse and knew what action they would take to report such concerns. Staff told us they were fully confident the registered manager would act on any concerns they had.

People were safely supported to receive their medicines as prescribed. Staff received regular training and competency checks to ensure they were competent to administer medicines. Staff felt competent to administer medicines.

Staff were recruited safely and had the appropriate pre-employment checks were in place.

Staff were given an induction and training suitable to their job role. Staff told us, and we saw they were given time to get to know people as part of their induction. Staff got to know the people they were supporting on a personal level.

People were supported to have choice around their meals and food and drink preferences. The information was clearly captured in their care plan and staff could describe people's favourite food and drinks. Any concerns with people's nutritional intake were reported to appropriate health professionals.

The service worked in line with the Mental Capacity Act 2005 and staff had a clear understanding of how to support people with fluctuating capacity and giving support with decision making.

People told us the staff were caring and we observed staff treating people with dignity and respect.

Staff genuinely cared for people and knew people well.

The service promoted communication for people and explored how communication could be more effective.

Staff had an approach of encouragement to promote independence.

People and relatives were involved in care planning and personal preference and choice was captured throughout the care plans. Care plans were very person-centred and regularly reviewed to ensure they

remained reflective of people's current needs. Staff could accurately describe the content of people's care plans and were able to read them and digest the information prior to supporting the person.

People could easily raise any concerns. Staff felt the registered manager was approachable and hands on in their role so would not hesitate to contact them if required.

Rating at last inspection: At the last inspection the service was rated as Good (4 August 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We did not identify any concerns at this inspection. Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Mencap in Kirklees - 1 Victoria Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Mencap in Kirklees, 1 Victoria Road is registered to provide accommodation for up to six people with learning disabilities. Mencap in Kirklees was fully occupied at the time of the inspection.

Notice of inspection: This inspection was unannounced. This meant the service did not know we would be visiting on this day.

What we did: Prior to the inspection, we reviewed all the information we held about the service including notifications received by CQC. A notification is information about important events which the service is required to tell us by law. We also contacted the local healthwatch to see if they had received any information about the service, which they had not.

During our inspection we spoke with three people living at the service, three members of care staff and the registered manager.

We reviewed a range of records. This included care records, information relating to staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Where concerns were noted about people, staff discussed these with the registered manager to seek advice and help.
- People had their risks assessed in relation to moving and handling, risk of falls, behaviour, nutrition and property safety. Staff could accurately describe to us the risk each person presented. Risks to people were reviewed to ensure the risk remained minimised.
- The premises were assessed to ensure people and staff were safe. The assessment looked at safe entry, if window and doors were locked appropriately and smoke alarm/fire safety. Water temperatures were recorded weekly.
- Extra safety measures were put into place where people accessed the local community independently. The service had considered which measures posed the least restriction and balanced freedom against risk so people could be safe but still lead a full life. For example, one person had an emergency button on their mobile phone so they could summon help quickly in an emergency.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. People and relatives told us they did not have to raise any concerns with the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable people and could describe actions they would take to report any safeguarding concerns they had. Staff told us they had full confidence the registered manager would act on any concerns raised.
- The registered manager understood their responsibilities to report any concerns in relation to safeguarding vulnerable adults from abuse. We saw any concerns had been reported to the local authority and the Care Quality Commission (CQC).

Using medicines safely

- People were safely supported with the administration of medicines. Support required was captured in the care plan and staff could clearly describe what support people needed.
- Staff received training to enable them to administer medicines safely. Staff also had their competency to do so checked by the registered manager. Staff told us they could direct any questions about medicines to the registered manager and were well supported to effectively administer medicines.
- Medicines were clearly recorded within people's medication administration records. A log of the medication people were prescribed was kept and updated regularly. This meant the service had oversight of the medicines people took and ensured they were administered in line with the prescriber's instructions.

- We observed medicines being administered by a member of staff who wore the appropriate personal protective equipment (PPE) and followed the medicines protocol.

Staffing and recruitment

- Staff were recruited safely, and processes were in place to ensure staff were suitable to support vulnerable people. References were obtained for each staff member and a disclosure and barring service (DBS) check was also in place for each member of staff. A DBS check helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with vulnerable people.
- There were enough staff to meet the needs of people and deliver a consistent service.

Preventing and controlling infection

- We saw staff had access to PPE such as gloves and aprons.
- Staff were aware of effective hand washing techniques and any restrictions in place for supporting people with infections or personal care.
- Staff received training in infection prevention control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received a full assessment of their needs prior to using the service. Personal choices and preferences were recorded in the assessment and captured in people's care plans.
- We saw when the service identified a person was unwell, the appropriate medical intervention was sought, and families were kept up to date with changes to people's wellbeing.
- We saw the service worked with health and social care professionals such as speech and language therapists or specialist nurses and fed back to each professional regularly.
- People had hospital passports in place to go with them for any unplanned hospital visits. The passports detailed people's needs and preferences, for example, help with communication or mobility. The passports assisted hospital staff to be alerted to people's needs and were updated when anything changed.

Staff support: induction, training, skills and experience

- Staff received a thorough induction to the service. They told us, and we saw they spent time understanding the ethos of the service, attended training, were introduced to people the service supported, shadowed more experienced staff members and read care plans.
- Each staff member we spoke to said they had been able to spend time getting to know the people they were supporting. The registered manager and other staff had spent time introducing the staff to people and showed the staff the way people wished to be supported.
- Comments from staff included, "I was given the opportunity to shadow and the registered manager made sure I was ready to work independently before I was expected to work on my own." and "I felt really well supported as a new member of staff and found the whole team really supportive."
- Staff received regular training appropriate to their job role. Staff were also supported to undertake additional qualifications to enhance their knowledge. The registered manager had provided additional training to staff in autism, cerebral palsy and diabetes management.

Supporting people to eat and drink enough to maintain a balanced diet

- The service captured people's support needs for eating and drinking in care plans. Choices and preferences were recorded, and staff could describe people's preferred foods and drinks.
- People chose their favourite meals to make up a weekly menu and the household ate together in the evenings. A staff member told us, "It's a lovely atmosphere here and we all eat around the big table in the kitchen like a family."
- People told us staff always ensured they were offered food and drink if that was part of their care plan. For example, one person had a care plan in place to ensure they could eat safely. We observed staff followed

this plan during our inspection.

- One person followed a specific diet for health reasons and staff bought foods that were suitable for the person and adapted meals so the person was not excluded from the group experience at mealtimes.
- People chose meals from a range of healthy eating recipe books to promote their wellbeing.

Adapting service, design, decoration to meet people's needs

- The home had appropriate adaptations including grab rails and a bath hoist to meet the needs of the people living there. There was a level access garden so people could enjoy some outdoor space.

Ensuring consent to care and treatment in line with law 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through an MCA application called the Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty, but an application needs to be made to the Court of Protection (CoP).
- DoLS applications had been granted where required. No conditions were noted.
- People told us, and we saw that staff gained consent to deliver care and support.
- Any concerns around capacity to consent were referred to the local authority for further input.
- Staff had received training in mental capacity and understood the requirements of the act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring. They described to us how to support people in a caring, compassionate and person-centred way. All staff we spoke with could accurately describe how to care for each person they supported. A person using the service told us, "[Staff] are kind and help me to do things."
- People received care and support which reflected protected characteristics. People were encouraged to choose their preferred gender of carer. Where people identified as lesbian, gay, bisexual or transgender (LGBT), the registered manager told us they would be led by the person on how they wanted their care and support to be delivered. The registered manager told us they were able to link into other services such as the LGBT foundation to gain advice and support people.
- It was clear from speaking with staff and reading the daily notes that people were supported holistically and, in a person, centred way. Notes confirmed that people had chosen to eat a particular meal or were supported as per their care plan. They also commented where people had held conversations or reminisced about the past. One staff member told us, I was able to read the care plans before delivering care so I felt like I had a good idea about people's needs and preferences and spend time with people." They felt it made a difference getting to know people on a personal level before starting to deliver personal care to them.
- All new staff received training in equality, diversity and inclusion as part of their induction and shadowed a more experienced member of staff until they were assessed as competent to work independently.
- One person attended the local church and staff supported them with church activities when this was required.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw staff treated them with dignity and respect and promoted independence. Staff told us they encourage people to have a "can do" attitude and give them time to do tasks for themselves rather than doing it for them. Staff could describe to us in detail how they supported people with personal care and ensured the curtains were closed and people remained covered up to support their dignity.
- We observed staff supporting people to carry out daily tasks with patience and kindness.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- The service supported people to make choices and communicate more effectively. People who could not verbally express to staff what they wanted to eat chose their meals by picking pictures from a recipe book or pointing at what they would like in the kitchen cupboards and fridge.
- People were involved in their care plan reviews and during the inspection we saw staff asked people to make choices throughout the day about what they wanted to do and places they wanted to go.

- From the initial first assessment, people's involvement in their care and support was captured in care plans. People told us, staff encouraged them to make decisions and didn't take away their choice. Care plans described what people could do for themselves and how staff should prompt them to retain the independence. Staff told us they were always led by the person and the care plan. They always gained consent from the people they supported and explained what they were doing, particularly when giving support with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- People accessed a wide range of activities in the community. One person told us that each week they went to a day centre, swimming, to a music group and attended a local disco. The service had their own minibus which enabled people to pursue their interests and go on trips out.
- People living at Mencap in Kirklees generally enjoyed each other's company and often went on a group holiday together. People also went on individual holidays when they wished. People attended a local annual music festival if they wished.
- People received person-centred care which fully revolved around their needs. People and their relatives were involved in assessing, planning and reviewing the care to make it truly person-centred.
- Staff told us, and we saw, care plans included information on accessing properties, how personal care should be conducted, including how to promote independence as well as preferences such as how many sugars people like in their tea or coffee.
- Staff were able to accurately describe how to support people. They told us, and we saw they were informed when care plans had been updated and were able to promptly access the update on the electronic care planning system. We saw a daily email was sent out in confidence to all staff each evening to update on any changes to the planned care of people. This assisted staff to keep up to date with any changes.
- Care files contained information on people's life history, this was used to enable conversations to begin.
- The service worked in line with the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for services to ensure people with a disability or sensory loss can access and understand the information, they are given. We saw information could be presented in larger format and they could supply information in pictorial format.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The complaints policy had been provided to people in a pictorial format to help them understand what to do if they were not happy. The registered manager had an open-door policy and as they occasionally provided hands on care, they knew people and their families extremely well which allowed any concerns to be quickly dealt with.
- Staff were aware of how to manage complaints. They told us they were confident that management team took complaints seriously and these would be reviewed and investigated.

End of life care and support

- Each person's care file included plan around death and dying. People had developed their own funeral plans which detailed their chosen music, flowers and other arrangements and these had been recorded in pictorial format to help people understand them.

- The service was not currently supported anyone coming to the end of their lives. However, the management team assured us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager 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.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Staffing levels were supported by the registered manager who were working to support people and care staff on occasion. A staff member told us, "The registered manager is brilliant and steps in to help out if needed. We sometimes use agency staff but try to keep regular ones that come to know people. The team work together and move shifts around so there is always a staff member on site that knows people well."
- People's confidential information was kept securely within the office.
- The registered manager was aware of their responsibility to report events to the CQC by statutory notifications.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was a strong leader whose clear vision and ethos was visible throughout the service. The registered manager was supported by a senior support worker and stable team and they all shared an enthusiasm and passion for providing people with high quality, person centred care.
- Care staff were positive about their workplace and complimentary about the support they received from the management team. A staff member said, "I feel very well supported and can discuss anything with the management team, they always try to sort things out."

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

- Staff were seen to be actively engaged and involved with the organisation. Staff groups met frequently and the management team met with staff regularly to support them in their role.

Continuous learning and improving care

- The registered manager completed regular spot checks to ensure staff were competent in their role. This

included checking how staff completed personal care and was it in line with people's wishes, use equipment safely and had the correct car insurance to enable them to use their vehicle for work. Spot checks were completed regularly in addition to supervision and appraisal.

- Feedback from people using the service was regularly sought. People were supported to complete questionnaires and resident's meetings took place to discuss household matters and upcoming holidays.
- Audits to monitor and improve the service were in place. This meant the registered manager and nominated individual could see how systems were working and where improvements could be made.

Working in partnership with others

- The service worked alongside other professionals to ensure the care and support they provided was proactive. We saw evidence of working with a speech and language therapist and learning disability nurse to ensure people received the correct level of support with their mobility and any equipment being used. The service also worked with social workers to assess and review peoples care where goals were set and agreed.
- The service was on the local authority framework to enable to them to be a provider of care under the local authority.