

## Mencap in Kirklees

# Mencap in Kirklees - 1 Victoria Road

### Inspection report

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Date of inspection visit:  
16 June 2016  
24 June 2016

Date of publication:  
04 August 2016

### 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 took place on 16 June 2016 and was unannounced. We returned for a second day on 24 June 2016 and this was announced. The last inspection was in May 2014 and highlighted the need for the provider to improve food safety, care plans and staff training and supervision. All the requirements from the last inspection had been addressed.

Mencap, 1 Victoria Road is registered to provide accommodation for up to six people with learning disabilities. There were six people living at the home at the time of our inspection.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There was a homely, welcoming atmosphere and people enjoyed good quality interactions from kind and caring staff. Care was personalised and people were supported to engage in plenty of individual, meaningful activity.

Staff had a good understanding of how to keep people safe, and support their understanding of safety. Procedures for safeguarding people were followed promptly and the provider worked closely with other agencies where concerns arose.

Staffing levels were supportive of people's needs. Staff worked closely as a team and felt supported by managers and the organisation.

Staff had regular opportunities to update their professional skills and knowledge. Staff demonstrated an understanding of the impact of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Care records were detailed and person-centred for all aspects of people's individualised care and support. People were involved in their care planning and consulted about their wishes and preferences.

People were supported to complain if they were unhappy about any aspect of their care. Compliments were made to the service by visiting professionals.

There were well organised systems for auditing the quality of the provision. Staff knew their roles and responsibilities and there was an open and transparent culture in the home.

## 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 were supported to understand their individual risks and how to manage these.

Staff were confident in their knowledge of how to ensure people were safeguarded against possible abuse and safeguarding procedures were followed promptly.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff were well supported in their role and had regular access to training.

### Is the service caring?

Good ●

The service was caring.

There was a friendly, homely environment.

Staff were patient and respectful in their approach.

Staff promoted people's independence through supportive interaction.

### Is the service responsive?

Good ●

The service was responsive.

People's individual preferences were the focus of their care and support.

Care records were person centred and clear.

People understood how to make a complaint and the complaints procedure was readily accessible.

**Is the service well-led?**

The service was well led.

Staff understood the visions and values of the service.

There was effective teamwork in a supportive culture.

Systems were securely in place to monitor and review the quality of the provision.

**Good** ●

# Mencap in Kirklees - 1 Victoria Road

## **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 inspection took place on 16 and 24 June 2016 and was unannounced on the first day.

There was one adult social care inspector who carried out the inspection. Prior to our inspection we reviewed information from notifications and contacted the local authority for any relevant information about the home.

We spoke with five people who used the service. We spoke with the registered manager and three staff. We observed how people were cared for, inspected the premises and reviewed care records for two people. We also reviewed documentation to show how the service was run. We spoke with one person's relative by telephone following the inspection.

## Is the service safe?

### Our findings

People told us or showed us they felt safe. One person said: "Safe, yes". Another person said: "There's things that keep me safe, I have my phone when I go out, they [staff] know where I go". One person told us they were putting sun-cream on and spoke about how this kept them safe from sunburn.

Staff promoted people's independence according to their capabilities and they supported each person to understand and manage their individual risks. People's care records confirmed what staff told us about their individual risks, which showed staff knew how to manage people's care safely. Staff were aware of potential hazards for individuals and how to promote their personal safety. Staff discussed safety matters with people within their daily routine. For example, staff reminded one person to use their walking aid. Staff reminded another person how to use their mobile care phone as they were going out alone, and agreed with them they would contact the home when they got to their planned destination. The registered manager told us this was a secure phone with an SOS button to contact the home. The person was a member of the 'Safe Places' scheme, which is there to help vulnerable people when they go out. As a member of this scheme the person was informed about the 'Safe Place' sites they could go to if they needed help or felt upset or afraid when out and about.

The registered manager told us, and we saw, a record was made each day of what people were wearing, so that in the event they should go missing this information would help to locate them.

Safeguarding and whistleblowing procedures were in place and clearly understood by staff. Staff knew the signs that might suggest a person may be being abused and said they would report any concerns to their line managers and to the local safeguarding authority where necessary. We saw the contact numbers for staff to use were readily accessible within the home. The registered manager told us they were very aware of the vulnerability of people in their care and were vigilant to ensure their safety, particularly when they went out independently. For example, the registered manager was alert to a situation in which one person had befriended a stranger when out independently and they took swift action to ensure the person was safeguarded against possible abuse, working closely with relevant agencies.

Where people's behaviours may challenge the service or others, staff knew the techniques to use to de-escalate potentially harmful situations and to report any incidents, with referrals to safeguarding as required. We saw on one occasion, a member of staff was observant of a person's increased agitation and intervened with a suggestion that they go for a walk together. This was well received by the person who responded by putting on their shoes and getting ready to go out with the staff member.

There were systems in place to record accidents and incidents and the provider knew to consider whether trends or patterns occurred, for individuals and the organisation. We saw behaviour incidents were recorded individually and gave a clear picture of how staff responded to these in a supportive way to ensure people's safety.

Risk assessments to the home were in place and staff knew what to do in the event of an emergency.

Documentation for the safety of premises and equipment was in place to show regular checks had been carried out.

We completed a tour of the premises as part of our inspection including people's bedrooms, bath and shower rooms and communal living spaces and the laundry area and saw premises were suitable and safe. Floor coverings were appropriate to the environment in which they were used and posed no trip hazards. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and these were up to date.

We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete and people had received the medication they had been prescribed. There were no controlled drugs (CDs) in use at the time of the inspection. The registered manager and staff were aware that CDs are medicines that have strict legal controls to govern how they are prescribed, stored and administered.

We found people's medicines were available in locked storage in the registered manager's office at the home to administer individually when people needed them. The temperature of medication storage was regularly recorded to ensure these were stored safely. We asked staff about the safe handling of medicines to ensure people received the correct medication and they were knowledgeable about the procedures. The registered manager told us all staff were trained and deemed to be competent to give medicines.

There was detailed information available for staff when people were prescribed medicines for PRN (as required) administration. Clear individual protocols were in place to guide staff as to when PRN medicines should be given.

We observed one person, with their permission, who was supported to have their medicine. They were given plenty of time to take this at their own pace and in the privacy of the office. The member of staff gave good explanations about the medicine and what it was for.

Recruitment procedures were robust and staff were vetted, with all suitability checks carried out before being able to work with vulnerable adults. We looked at two staff files which showed evidence of two references and Disclosure and Barring Service (DBS) checks being obtained prior to people working in the home.

Staffing levels were appropriate for the needs of people and we saw people received high levels of support. Where people required one to one care and support we saw this was managed well. Staff we spoke with told us there were enough staff deployed to meet people's needs and we saw the registered manager joined in with people's care. The registered manager told us there was a rolling rota covering the hours of 7am to 11pm and this was flexible depending upon the needs of the people in the home. We looked at the staff rota and saw there were consistent members of staff deployed to meet people's needs. Staff we spoke with said they sometimes covered additional hours to ensure continuity of care for people. The registered manager told us there were regular bank staff available to cover staff absence and these staff knew the needs of the people in the home. We spoke with one member of bank staff, who confirmed they knew each person well.

The home was visibly clean and we saw staff engaged in cleaning tasks, involving people they supported. People joined in with household chores, such as cleaning the glass in the doors and vacuuming the floors.

## Is the service effective?

### Our findings

People told us they thought staff knew how to do their jobs. One person said: "They [staff] know me, they help me". One relative we spoke with said they thought the staff had the right skills to manage the needs of their family member.

Staff said they felt supported to undertake their work and complete relevant training. We saw individual training files for three staff and these contained certificates of up to date training. We looked at the training matrix on the computer and saw regular training was undertaken.

We saw the records which showed staff had engaged with supervision meetings regularly. Staff we spoke with confirmed these took place and felt these were beneficial and supportive for them to discuss their work. The registered manager said they monitored staff suitability through observation and working alongside them as part of the team.

Staff communicated well with one another to meet people's needs. We saw when staff came on or off duty they gave a detailed exchange of information to their colleagues. We looked at the observation notes file which gave key information about each person, their whereabouts and well-being. Tasks that were shared were noted down so that there was continuity of care.

Throughout our inspection we saw people were encouraged to express their views and make decisions about their care and support. We saw staff sought consent to help people manage their care. When people were not able to verbally communicate effectively we saw staff accurately interpreted body language to ensure people's best interests were being met. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us five people were either subject to an authorised DoLS or an application had been submitted for a renewal of an expired authorisation. The sixth person had capacity and was found not to require DoLS. The registered manager demonstrated a clear understanding of the legislation and how it needed to be applied in practice. Staff understood what was considered restrictive practice and said they worked within the legislation and each person's best interest decisions. They knew the signs people may



show when becoming agitated and knew appropriate de-escalation techniques to use. Staff we spoke with said they did not restrain people in the home.

People told us or showed us they enjoyed the food in the home. We saw people were involved in their own food preparation and staff made every effort to promote their choice and participation. For example, they told us each Wednesday evening, all people met together to plan for meals. There were picture cards and recipe books to assist people to choose and we saw people's initials were written against their choices. Staff said where there were special requirements, such as Halal meat or allergies, meals were adapted to include everyone. Breakfast times were staggered to cater for each person to get up within their preferred routine.

We saw where people stayed at home in the day, they sometimes chose to eat and drink together at the table. One person said they wanted a sandwich and staff explained the choices of fillings, and brought the items the person needed to make their own sandwich. Staff encouraged people to be independent in managing their food and drinks and we saw they freely accessed what they wanted. In one person's room, there were facilities for them to prepare their own food and we heard staff remind them about making time for this in their schedule for the day. The person showed us their individual menu, which they had written and displayed in their room. One person chose to have crisps as a mid-morning snack and we saw there was a stocked fruit bowl accessible within people's reach. Staff told us they encouraged healthy eating habits and choices through conversation and when out shopping with people. People discussed their choices of evening meal in the home and took turns to write the menu for others to see. This showed staff responded to meet people's needs effectively.

The registered manager had responded to a matter that was raised at the last inspection with regard to foods being labelled in the refrigerator. We saw food was stored and labelled appropriately and the home had a five star award rating for food hygiene.

We looked at health files for two people and saw these had 'all about me' details, written in the first person and with easy read pictorial information.

The premises were suitable to meet the needs of the people, with space for people to use mobility aids if required. Some areas were in need of redecorating due to damp on the walls and the registered manager told us they were working closely with the local authority contracts team, who had identified this as an action point. We were told there were plans for the decorator to attend to the areas of concern and we received email confirmation the work was completed quickly following the inspection. People's bedrooms were personalised with colour schemes to their taste and we saw communal rooms were homely and inclusive. We saw frames photographs of each person displayed in the lounge area, although the registered manager explained one person had chosen not to have theirs displayed.

## Is the service caring?

### Our findings

People and staff told us the home was caring. One person said: "It's good, this place is" and they told us about the friendships they enjoyed with others in the home. Another person indicated their satisfaction with a 'thumbs up' gesture. One relative we spoke with said: "They're very happy to be there, they get on well with all the staff and everything is fine".

Staff we spoke with were very motivated and enthusiastic about their work. One member of staff said: "I couldn't think of a better place to work". We saw staff supporting people in a positive way. It was clear from the way staff spoke with and engaged with people they knew them very well. Staff told us most of the people in the home had lived there for a very long time. Staff emphasised this was people's home first, and their workplace second. When we arrived we found people were supported to answer the door themselves and be introduced to visitors to their home.

We found there was a relaxed atmosphere and people were involved in the running of the home. Daily tasks were done in a collaborative way and staff invited people to join in. For example, we heard a member of staff say: "When I've finished my drink do you want to help me put the washing away?" This encouraged a positive response from the person, who agreed to help.

Staff had a consistent approach which ensured people were all included equally in what took place within the home. Staff spoke with people in a respectful way, using friendly gestures to accompany words and reinforce spoken communication. Where people had limited verbal ability, staff observed their body language, gestures and facial expressions to help them understand what people wanted.

We saw staff gave good explanations to support people to do as much for themselves as possible. For example, staff were on hand when one person prepared their bag for the day and engaged the person in discussion about the things they might need to take with them, such as sun cream.

Each bedroom was a single room which enabled people to have privacy. We saw rooms were personalised with people's own possessions, photographs and personal mementos. This helped to make each room personal and homely. Staff knocked on people's doors before being invited to enter and they were respectful of people's personal space. Dignity was discussed at regular staff meetings. Staff respected confidentiality of information and made sure any personal documentation was retained out of view in the office.

People's friends and family were encouraged to visit and we saw photograph evidence of when visitors had been. Two people in the home had independent representatives. The home had an open door policy and encouraged people to have contact with those who were important to them.

The registered manager told us that end of life wishes had been sensitively discussed with people, although there was no anticipated end of life care currently.

## Is the service responsive?

### Our findings

One relative we spoke with said the care provided was responsive to their family member's individual needs. People we spoke with told us they did different activities. One person said they went to work at the garden centre and they looked forward to doing some digging. Another person said they were going to meet a friend and go swimming. One person said: "I do all sorts, I go shopping and everything".

We saw people were supported to lead individual lifestyles and their different interests were encouraged. For example, one person was still in bed, another person was going to do some voluntary work and some people chose to stay in during one of the days of the inspection. Where people chose to stay at home we saw they spent time in a relaxed and informal way; one person played a board game with staff, one person chose to write in their diary and another chose to spend time in the lounge watching television. There was music playing in the background as people sat together with staff.

People enjoyed activities and outings done as a group as well as individually. We saw photograph evidence in the activities file of a range of events, such as bingo, dancing, art work, keep fit, board games, music groups and concerts, as well as holidays to people's chosen destinations. One person showed us photographs of themselves, both individually, with staff and at events with other people living at the home.

All staff we spoke with had a good understanding of the individuals needs of people. We saw there were details of people's preferred activities in their individual files. Care plans recorded what each person could do independently and identified areas where support was needed. When people moved into the home detailed assessments ensured their independence was maintained. Staff we spoke with said they felt the handover of information between shifts was detailed and enabled them to be up to date with people's needs.

We looked at two care plans and health plans that had been individually developed for each person. Care plans were individually tailored to reflect people's needs; these were person-centred and were written in the first person to document people's wishes in relation to how their care was provided. The care plans evidenced how people liked to spend their time and how they liked to be supported. People knew about their care plans and we saw there were regular documented reviews.

Where people needed set routines staff supported them with necessary structure to daily living, such as activities and access to voluntary work.

People we spoke with said they knew how to make a complaint if they were unhappy about the service. The relative we spoke with said: "No complaints from me". Staff we spoke with said they would ensure people's views were heard and should people have cause to complain, staff said they would support them to follow the procedure. Complaints and compliments were recorded and we saw these had been responded to. For example, one person had complained the curtains did not look nice from outside and the response was that these had been changed. The compliments log included positive comments such as: 'nice lounge', 'friendly, homely environment', 'helpful and friendly', 'well organised home, well run, homely' and 'accessible information about the rights of the residents'. These were received from visiting professionals and all

compliments were acknowledged.

## Is the service well-led?

### Our findings

The service had a registered manager who was registered with the Care Quality Commission. The registered manager was visible in the service and knew each person very well. It was apparent through our observations of the registered manager's interactions with people, that they were very familiar with one another. People freely accessed the office and sat down comfortably with the registered manager.

The values and vision of the service were known by staff who told us they felt confident in their roles and responsibilities. The service had a clear focus upon meeting people's needs and planning and delivering personalised care. Staff understood who was in charge in the absence of the registered manager and told us there was a manager contactable at all times via an on-call system. The relative we spoke with said they were aware of who the registered manager was.

Staff said the registered manager was approachable and they felt supported to do their work with people. They said communication was effective, informally and through regular meetings such as staff meetings. We saw from meeting minutes, actions to improve were identified, action plans were drawn up and signed when completed.

We saw there were measures in place for assessing and monitoring the quality of the service provision. For example we saw audits of medicine administration, storage and disposal. We saw the registered manager and deputy manager reflected on their own procedures and identified improvements where possible. For example, the deputy was in the process of developing a 'how to' step by step guide to medicines in the home, so new staff could clearly follow the process at each stage. Regular audits of the quality of people's care were carried out and documented.

Maintenance of premises and equipment was regular and there were routine health and safety checks carried out and documented clearly. Policies and procedures were clearly detailed and regularly reviewed. Staff we spoke with confirmed they were aware of the policies and procedures in the organisation and where to locate these for information or reminders.

Records of people's care and support were clearly documented and maintained. The registered manager was able to locate all information easily and all staff we spoke with knew where to find and record details about people's care.

The service maintained links with the local community through supporting people to attend local events. For example, people showed us photographs and staff told us about a bunting competition in which people living in the home had decorated bunting to hang up in the community. People and staff spoke about attending a forthcoming music concert locally and they looked forward to going.

We saw copies of recent feedback questionnaires received from relatives and visiting professionals, all of which returned positive results.

