

Kirklees Metropolitan Council

Community Enablement Team

Inspection report

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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 took place on 9 June 2016 and was announced.

The Community Enablement Team is a service for people with learning disabilities including Autistic Spectrum conditions. It offers an enabling approach to help people to improve their quality of life by increasing their independence and confidence. Since the previous inspection in 2013 the service had moved away from traditional support services to an enablement service and there was no one at the service being supported with the regulated activity of personal care on the day of our inspection.

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.

Staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks were managed at the service and there were systems and processes in place to ensure environmental risks were minimised. The service used a positive risk approach which balanced the necessary levels of protection with preserving reasonable levels of choice and control for the person.

The service practised safe recruitment to ensure staff were recruited with the right experience and behaviours for their role. Staff completed an induction and training to ensure they had the skills to meet the needs of the people supported. Staff were supported to continually develop by obtaining nationally recognised qualifications and through ongoing supervision and appraisal.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff had a good understanding of the principles of the Act and how to support people if they lacked capacity.

Staff were passionate about enablement and maximising people's independence to live fulfilled lives. People using the service spoke highly of the staff at the service and their attitude and approach in encouraging independence.

Support plans were detailed and person centred and people were supported by staff who knew them well and whom they trusted. This enabled staff to enhance people's well-being and life skills.

People were involved in their support planning and reviews and staff engaged with people using the service, which was key to achieving the desired outcomes.

Complaints were handled appropriately and the service had a complaints policy in place. The service kept a record of compliments received and used these to motivate and encourage staff.

The service was well-led by a management team who was passionate about the service they provided. We found there was a positive culture within the service. There were clear values and a shared vision to develop the service.

Staff spoke highly of the registered manager and the management team and the support they provided.

Quality audits had been undertaken and there were good systems in place to monitor the effectiveness of the service provided.

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

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks were managed at the service and there were systems and processes in place. The service balanced the necessary levels of protection with preserving reasonable levels of choice and control for the person.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with people at the service.

Is the service effective?

Good ●

The service was effective

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff had a good understanding of the principles of the Act and how to support people if they lacked capacity.

Staff had received training to ensure they had the knowledge and skills to perform in their roles and were supported to develop through supervision and appraisal.

Staff encouraged people to eat healthily by supporting them with meal planning and shopping as part of an enablement support package.

Is the service caring?

Good ●

The service was caring

Staff knew how to ensure privacy, dignity and confidentiality were protected at all times.

Staff used enablement to maximise people's independence to live fulfilled lives.

People using the service spoke highly of the staff at the service and their attitude and approach in encouraging independence.

Is the service responsive?

Good ●

The service was responsive.

Support plans were detailed and person centred. People were supported by staff who knew them well and whom they trusted.

Staff enhanced people's well-being and quality of life.

People were involved in their support planning and reviews and staff engaged with people using the service which was key to achieving the desired outcomes.

Is the service well-led?

Good ●

The service was well led

There was a positive culture within the service. There were clear values that all staff shared and the management team provided strong leadership to provide a high quality service.

Staff spoke highly of the registered manager and the management team and the support they provided.

Quality audits had been undertaken and there were good systems in place to monitor the effectiveness of the service provided.

Community Enablement Team

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 9 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications. The registered provider had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch to see if they had any feedback about the services provided.

We spoke with two people who had used the service. There were no people using the service on the day of our inspection who were supported with the regulated activity of personal care. We reviewed three care and support files in detail, spoke with the registered manager, a deputy manager and a care worker. We reviewed three staff files and all the audits in relation to the monitoring of quality at the service.

Is the service safe?

Our findings

We asked two people who had used the service if they had felt safe when supported by the Community Enablement Team. They both told us they had felt safe and supported by the staff. One person said "Definitely safe".

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. One member of staff we spoke with told us if they suspected any type of abuse was happening they would discuss this with the registered manager. Staff also knew the principles of whistleblowing (the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals). They assured us they knew the whistleblowing process and would not hesitate to report any concerns.

Staff were allocated to people dependent of the number of hours needed to achieve the goals and outcomes agreed with the person supported. This was determined at the initial enablement assessment between the person, deputy manager and proposed support worker and reviewed following the achievement of the desired outcome or when new goals were identified. The registered manager told us there was one dedicated support worker per person using the service. They told us the service had complete flexibility in the amount of hours they were able to offer which they highlighted was a unique and positive benefit of their service to enable people to achieve their goals. Although the service was currently working weekdays the staff contract allowed for weekend working if this meant the person achieved their goals.

The service utilised a positive enabling approach to risk. This approach balanced the necessary levels of protection with preserving reasonable levels of choice and control for the person. It required the care staff to balance positive risk taking with its responsibility to implement the authorities safeguarding responsibilities and health and safety legislation. We saw comprehensive risk assessments in the support files we reviewed identifying the risks specific to the person supported with measures in place to manage the risk. The registered manager told us they had developed a positive culture over the years of identifying risk but in the reduction of these risks, making sure they did not reduce people's life experience with overly restrictive practices.

We asked staff what they would do in the event of an emergency such as if they arrived at the person's home and they could not get a response from the person. They told us they had a no contact risk assessment for such situations and the risk was assessed against the likelihood of the risk occurring. We saw these specific risk assessments in people's files and they guided staff on what to do in these circumstances to ensure the safety of the person supported.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the service. This included a Disclosure and Barring Services (DBS) checks, reviews of people's employment history two references received for each person. The registered manager told us they had a corporate safer recruitment process where all the checks were done by the local authority recruitment

service. The service operated a two stage interview process to ensure only people with the right behaviours and skills were recruited to the service. The second stage involved people who used the service who were paid for their time to sit on a service user interview panel. They set the questions which were important to themselves and the deputy manager also sat on this panel. Their findings fed into the overall assessment of the applicant, and we were told the service user panel views matched with the findings of the management panel interview. This showed us the service was ensuring people using the service were involved in the running of the service by informing the recruitment process.

Staff at the service had received on line medication training. They told us they did not directly dispense medicines as the people they supported were independent in this aspect of their care although if it was identified as a need in a support plan they might prompt a person with medicines. They were not supporting any person with prompting medicines at the time of the inspection.

Is the service effective?

Our findings

One person who used the service told us staff had been very good in helping them achieve their goals and as a result of their skills, they were now independent. They told us the service had been "excellent."

Staff told us they were well trained and supported to carry out their role. They told us they had access to the local authority on line training and development service with access to their own training and development area. One member of staff said the training on offer was 'brilliant' and told us they had just done 'a whole lot of training around enablement to develop the service'. One member of staff told us they had undertaken training in the management of people which involved learning how to coach and mentor staff, and how to recruit and train staff. Staff had also received training in positive behavioural support to enable them to support people in the community with behavioural needs. The registered manager told us they had built good relationships with other professionals who supported the team to develop, such as recent training from one of the psychologists, occupational therapy, and other professionals as required. This ensured staff had the skills to perform well in their roles. We reviewed the training matrix at the service and saw all mandatory training was up to date. All new staff completed the Care Certificate and a comprehensive induction process to ensure they had the skills, confidence and competence to undertake their roles which involved lone working with the people in the community.

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 using the service all had capacity to consent and this was an essential requirement to enable them to set goals and achieve outcomes. Staff had received training around the Act and were able to confidently describe the principles of the Mental Capacity Act and how if required they would support decision making including when the person was making an unwise decision. Their response indicated they knew their responsibilities around the issues of mental capacity with the group of people they were supporting. The registered manager advised us of situations in the past where they had worked within the framework of the Mental Capacity Act in relation to a person's tenancy and around a medical procedure. This demonstrated all the staff we spoke with were fully aware of their responsibilities and how to act within the legislative framework.

Regular supervision of staff is essential to ensure that people at the service are provided with the highest standard of care. All the staff we spoke with told us they had supervision with either the registered manager or with the deputy manager and this took place every 4-6 weeks. One member of staff we spoke with told us these sessions were useful to reflect on their own practice. They said "It gave the opportunity to talk about how things were and whether you needed to make changes in your practice". They said it 'was not all about problem solving but about the achievement side, as well'. We reviewed the supervision records of three staff which evidenced staff were supported to develop in their roles and that any gaps in knowledge and skills were identified through this process to ensure safe care delivery. The registered manager told us the service undertook 'community supervision' four times each year where the management team observed the

practice of staff with people they supported. They had implemented this the previous year and had found it had worked well in identifying both good and poor practice. They told us they gave feedback to staff as soon as possible following these sessions and if any learning outcomes were identified they would ensure staff were supported with the required training.

Staff we spoke with told us they had received an annual appraisal of their performance. They told us this was based around the authority's expected behaviours for staff to achieve.

The service was at the time of the inspection supporting one person to maintain a healthy lifestyle in terms of nutrition. One member of staff told us how they supported the person with meal planning, cooking, and shopping. They also described how they discussed the consequences of their lifestyle and promoted a change by encouraging both healthy eating and an increase in physical activities

Is the service caring?

Our findings

People told us staff were caring and always respected their privacy and dignity. Although staff were not supporting people with personal care tasks, people told us staff were respectful and respected their dignity. One person who used the service said "The respect has been excellent. The staff are caring. They don't force you to do something you don't want to. They are good listeners." Another person told us "Now I can go out and about on my own independently. I couldn't when I first started." We reviewed feedback following the ending of the service and one person when asked whether staff had treated them with dignity and respect said "They treat me nice, the way I would like to be treated and the way I treat others."

The deputy manager told us staff were caring in their approach and they had observed this during their community supervision observations plus gained an insight in the support worker, staff member relationship during supervision sessions. They also attended reviews with the support worker and the person supported and observed interactions at this point in addition to contacting the person supported to gain feedback directly. They told us people had been very complimentary about the staff. This was reinforced during our conversations with two people supported who named and praised individual staff members for their kind and supportive approach in helping them to attain their goals.

The registered manager told us the focus at the service had changed to enabling people to be independent in their daily lives and the service no longer provided a traditional home care service which focused on 'doing for' people rather than supporting people to do things for themselves. They told us the service looked at managing risks positively to ensure people could experience positive outcomes. This included supporting people through transition between children's to adult services but also encouraging people to move on from previous services to more independent living. We found staff spoke in an enthusiastic and passionate way about their role in enabling people to achieve their desired outcomes. There was a shared goal in promoting people's independence and guiding them towards their agreed outcomes in an enabling and empowering way. The service worked at people's own pace and only reduced the hours of support to people when goals had been achieved.

The registered manager told us they used advocacy services when required in the past but no one at the service was currently requiring the support of an advocate. They could tell us when they would utilise the services of an advocate and how to access this service.

Is the service responsive?

Our findings

We found the care planning process centred on people's views and preferences and what outcomes they wished to achieve. The service utilised the 'Outcomes star' an evidenced based tool for supporting and measuring change when working with people. This gave people a visual cue as to where they were at the start of the enablement process and where they were at points along the process. The registered manager told us their assessment process involved an initial assessment of a person's skills, which looked at where they were and where they wanted to be ensuring goals were achievable. The service looked at utilising people's own support structures to ensure the outcomes achieved were sustainable in the long term.

The deputy manager told us they had a contract with each person supported. This contract detailed the agreed outcomes to be achieved, the persons nominated support worker, the days they would support and the hours. The support plan detailed the goals to be achieved and the review period. As part of our inspection process we looked at three support files which demonstrated people were fully involved in the compilation of their plans. The support plans were structured and detailed including information about the person in a personal profile, contained their 'Outcome star', a record of SMART (specific, measurable, achievable, realistic and time bound) actions, and outcomes achieved, risk assessments, and review information. We could evidence from the files that the service was utilising other professionals and services such as occupational therapy, mental health services, accessible housing services and learning disability services to ensure the best outcomes for people using the service. We saw written information such as an exit summary was made in easy read formats to enable all people to contribute.

The registered manager told us each enablement session was focussed to ensure a goal was achieved at every opportunity. The support worker updated the person's daily record at each intervention and although they were often the only person to be involved with the person, they fed back information to the deputy manager following the session to ensure information was captured centrally to inform the service of the person's progress. This ensured there was a management overview of both the person's progress and the support worker's intervention.

One of the staff we spoke with told us the service was person centred. "It's all about them and the outcomes the person wants to achieve. It can take two or three visits to get the information you need to help the person identify goals. You need to gain families' trust as well." The registered manager stressed, the person needed to be engaged with the process to be able to achieve goals. It also demonstrated the skills of the staff to be able to encourage engagement.

The deputy manager emphasised the flexibility of the service to ensure it was responsive and meeting the needs of the people supported. If a person's needs changed and they needed more or less support they were able to respond to these changed immediately if this ensured people were supported.

The service monitored all compliments and complaints. The people we spoke with knew how to make a complaint and who to go to if they had any concerns. The service had a complaints procedure and we reviewed the one complaint the service had received in November 2015. This showed there was an effective

complaints procedure in place for dealing with formal complaints. We reviewed the compliments about their service which demonstrated people had the opinion that Community Enablement Service was providing a high quality service.

Is the service well-led?

Our findings

The service had a registered manager in post who had been registered with the Care Quality Commission since 2012. They told us the service had changed during this time to one that was enabling people who used the service to learn skills to live independent and fulfilled lives in the community of their choice. They told us the service had supported people to move out of residential care to independent living and supported people through transition into adulthood through enablement. They told us the enablement ethos was running through the local authority services and they were pivotal in supporting other services to develop this ethos. This was done by sharing learning, and guiding other services to learn what they could achieve by using real case study examples. They were in the process of marketing their service and offering presentations to other professionals and services to ensure people knew what this service could offer. This approach to other services' learning and development demonstrated the management of this service recognised the importance of shared learning to improve the overall service to people with a learning disability in the Kirklees area.

People spoke highly of the management team and how supportive they were. They described the registered manager and the senior management team as approachable and they felt able to telephone them if required when not in the office for advice and guidance. They said the registered manager had an open door policy and they were able to speak to them on any topic. Staff told us they loved their jobs and it was a happy place to work. One member of staff said "Staff members support each other. Most people feel comfortable going to anyone for advice and guidance. We genuinely care about what we do." The registered manager told us they felt supported by their service manager but also by the registered managers from the provider's other homes in the area. The service had a good range of support networks and worked in partnership with other agencies such as the community learning disability team, psychologists and psychiatrists, nursing staff, social work staff, housing and therapy services. This partnership working enhanced their service and enabled them to continually develop and improve but also help other services improve their provision and challenge historic practice. The registered manager kept up to date with good practice in the field and had sought out another local authority that had a similar service to share good practice in this emerging field.

The registered manager described the culture at the service as "one of openness. We are a close team, open and supportive and learning as we go. It's not hierarchical. I want to get the best out of the team to get the best service for vulnerable people. We are a flagship learning disability service and have the flexibility to really think about what is best for the person and put in a service that is not constrained and that will meet their objectives." Staff confirmed this view and one member of staff told us "The team is motivated and adaptable to change". Another team member told us "The team is open, friendly and easy going."

Staff told us they could make suggestions for change to improve the service. For example, they had an 'enablement box' in which they put ideas on better ways of working to share with colleagues. We saw evidence that the service regularly completed staff and professionals' questionnaires for feedback about the service. They regularly sought feedback from people using the service and their relatives and realised how important engaging with relatives was to ensure people's support networks were fully involved in people's

skills development. Each person undertook an exit summary at the end of their enablement programme and we reviewed one recent comment which stated "I feel that [staff name] was a real support for me and showed me how to be more independent."

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service and the community enablement team was meeting this requirement. The service had regular team meetings every four weeks and a managers' meeting every week. As the service was new and emerging the registered manager told us the team had regular away days to encourage the development of the team with some away days being knowledge based and others sharing good practice. These were led by the team and reflected on what had gone well and what could have been done better. The registered manager told us this ensured consistency of approach amongst staff. The registered manager told us communication at the service was good, all staff have smart phones to enable them to pick up emails when out in the community.

We reviewed the policies and procedures at the service and found these all to be up to date. Staff had also signed they had read the policies and the registered manager monitored this to ensure staff were always kept up to date with any changes. The service had developed guidelines for all the forms used at the service so that staff know the purpose of the form, what to fill in and why. We saw evidence of regular audits carried out at the service to ensure they monitored the service they provided to enable the service to develop, and improve. The registered manager had audited the service against the Care Quality Commission Key Lines of Enquiry. These are the five questions we ask of all care services to determine whether safe, effective, caring, responsive and well led services are provided. Auditing against these areas ensured the service focussed on the things that matter to people.