

Kirklees Metropolitan Council

# North Kirklees Domiciliary Care Service

## 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

North Kirklees Domiciliary Care Services is registered to provide personal care to people living with a learning disability and/or autism. This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using North Kirklees Domiciliary Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service also supported a few people living in accommodation within the local community. On the day of our inspection ten people were supported with personal care.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. The service met all relevant fundamental standards.

There was 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff understood how to keep people safe and were aware of the process to follow if they had any concerns. Risks had been assessed and recorded to ensure people were protected from harm and positive risk assessment was used to enable people to develop new skills.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received on-going support from the management team through a programme of regular supervisions and appraisals and they had been trained to ensure they had the knowledge and skills to care for people.

People were treated with dignity and respect by staff who demonstrated a kind, caring and compassionate approach. Staff understood people's needs and involved others who were important to them in the planning of their care and support. Staff sought out activities people enjoyed and encouraged people to

experience new opportunities in line with their expressed wishes.

The service had an open and inclusive culture and people, and staff were positive about the way it was managed. The registered manager was visible in the service and communication was open, honest and transparent. Staff had clear direction and were sure about their roles and responsibilities.

Systems and processes for ensuring the quality of the service were securely and effectively in place. Issues identified were addressed in a timely manner. People's feedback was sought in order to improve the service.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# North Kirklees Domiciliary Care Service

## **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 2 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is often out of the office supporting staff and we needed to be sure that they were in. The inspection team consisted of one adult social care inspector.

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 looked at notifications we had received from the service before the inspection and contacted the local authority contract monitoring team and safeguarding team to check whether there had been any safeguarding issues.

We spoke with the registered manager, two of the four deputy managers, and a support worker. We spoke with four people who used the service who were present on the day of our inspection. We reviewed three care files and looked at all the management audits relating to the service

## Is the service safe?

### Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

People told us they felt safe whilst supported by staff. One person said, "Yes, safe and happy." Another said, "They come each day and see how we are."

The service had trained their staff to understand and use appropriate policies and procedures to ensure the people who used the service were safe. Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe.

We saw the service used positive risk management to enable people who used the service to be more independent. This involved regular review of the risk assessments once people had achieved specific goals. Building checks were completed by the landlord with the exception of hot water and legionella checks which were undertaken by staff at the service.

The service utilised assistive technology such as falls pendants, door monitors, bed sensors and GPS systems to ensure people were safe by alerting staff to their movements.

The registered manager confirmed each member of the staff team worked with all the people who used the service. This ensured all staff knew the people they supported well and people were supported by staff they knew. This was particularly important when supporting people with autism who felt more comfortable with people they were familiar with. The service did utilise casual staff as a last resort when their own staff were unavailable.

The service safely recruited new staff to the service and were supported by the local authority human resources team. Some recruitment tasks were to be returned to the recruiting manager and they were putting systems in place to ensure they retained the necessary records to evidence safe recruitment practices.

We found systems were in place to manage medicines safely. Most people using the service required minimal assistance with medicines management. People had various forms of assistive equipment to assist with medicines management such as carousel dispensers. One of the deputy managers had responsibility to ensure the systems for managing people's medicines were safe and for checking returned medicines administration records were audited.

People were protected from the risk of harm from poor infection control and we saw the environment was clean and hygienic.

There was a system in place to investigate incidents to learn lessons when accidents had happened. We noted the majority of issues had been around medicines and the service had put in formal arrangements to support staff to ensure recurring incidents were minimised.

## Is the service effective?

### Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

People were supported by an established and trained staff team who had a good understanding of their needs. Staff were supported to undertake nationally recognised qualification in care and two of the deputy managers were undertaking level 3 diplomas at the time of the inspection. Staff completed training required by the local authority and refreshed at set intervals.

The registered manager sought opportunities for more specific training around mental health and learning disabilities and showed us some recent training to support their team to develop. All new staff completed the Care Certificate supported by the deputy managers. In addition, staff completed the local authority induction and shadowed experienced staff until they had the competence to work on their own. This ensured people were supported by staff who had the knowledge and skills to care for them.

We found staff received on-going support from the management team through a programme of regular supervision and appraisals.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. We found people had their capacity assessed in order to determine their ability to provide lawful consent and decision specific capacity assessments and best interest decisions were kept in people's care files. Where people were able to consent to care and treatment this was recorded in their care plans. We observed people were able to choose what they liked to eat and their food preferences were recorded in their care plans.

People were supported to eat healthy meals. One person told us they helped staff to prepare meals and hot drinks and they enjoyed this activity. One person required a special diet and staff supported them with this to ensure they maintained adequate nutrition.

Referrals were made to other health care professionals such as GPs, respiratory nurses and district nurses. Where relevant, the service worked with housing providers to support people to move on from supported living into alternative community settings. This showed people received additional health care and housing support when appropriate.

The supported living accommodation had been designed to meet the needs of people with both a physical and learning disability and was to a high standard.

## Is the service caring?

### Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

We asked people using the service whether staff supported them with kindness and compassion. One person said, "Staff are nice. I've got no favourites." Another said, "Staff are alright. Very caring." A further person told us they particularly liked one member of staff as they were, "The same age as me." And another person described staff as "Happy and nice. Smiley faces."

People using the service were supported to express their views and be actively involved in making decisions about their care. One person told us, "Staff help me to choose my clothes. It's always my choice."

Since our last inspection the registered manager told us they had received further training around enablement and they had recognised the principles of encouraging people to learn new skills was relevant to all the people using their service. The long term goal might not be independent living but the learning of new skills made a huge difference to everyone's lives. Achievements were measured through the use of the outcome star. We confirmed this through our review of people's care files.

The service utilised different communication methods and tools depending on the needs of the person. For example, picture cards and talking boards for those people who were unable to communicate verbally. The registered manager told us they encouraged staff to record when communication has been successful so this could be shared with all staff. We saw reference in a person's file details of their communication such as one person's use of Makaton to communicate. Where a person's needs were more complex the service used advocates to ensure their voice was heard through the independence of a person acting on their behalf.

Staff had received equality and diversity training and there was a policy in place. We saw measures in place to protect people from discrimination based on their protected characteristics. The registered manager told us they supported staff to practice their religion by altering shifts to accommodate them and if a person using the service required a specific gender of carer, we were told this would be accommodated.

The registered manager told us they had held a dignity day the day prior to the inspection. People at the service were asked "If staff could make their day special what would they like to do." From the answers received the service was going to devise an action plan to look at facilitating people's requests and if possible support the person to achieve their desired outcome. The service had a dignity champion responsible for raising the profile of dignified care and a reminder to staff on the "dignity do's" had been handed out in the team meeting. This demonstrated these values were encouraged through discussion and reflection.



## Is the service responsive?

### Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

People's assessed needs were recorded in their care plans. A person led assessment by the local authority formed the foundation of the care plan when people commenced using the service. The registered manager and deputy managers used this information to develop the care plan with information gained from the person and their relatives to enable staff to provide person-centred care. Care plans also demonstrated people's human rights were respected such as their right to a private and family life and rights to liberty.

We found care plans contained information to enable staff to provide effective care and support to people and these were reviewed regularly. People's goals were detailed in the care plans and the support they required to achieve their desired outcomes. People were supported to take part in a range of activities and one person had great delight in telling us their weekly arrangements, such as swimming one day, shopping another day, day care and day trips. Where appropriate the service worked with organisations to support people with work opportunities

We observed people were supported to make decisions about their daily life and we observed staff consult one person on the colour of socks they wanted to wear. We could see friendly banter between people and the staff supporting them; one member of staff complimenting one person on their new top, much to the delight of the person supported.

The service had a compliments and complaints policy and we saw the records of these which confirmed concerns were acted upon. The registered manager told us, "We apologise for mistakes. We are only human, we all make mistakes, but we are an open and transparent service." One relative had commented on how well the service was supporting their relation and what a difference they had seen in the person's appearance.

No one at the service required support at the end of their life. However, this had been the case in the past and the service had worked with other professional services to ensure the person received support to remain comfortable and dignified at this particular time.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

The registered manager was very visible in the service and had an oversight of how the home was run. Staff told us the registered manager was supportive and encouraging. One member of staff told us, "The manager is really good. She will listen to any thing you have got to say. She is approachable. I am confident I can ask her anything."

There were systems in place to support all staff. Staff meetings, supervision and appraisal took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes and discuss personal development.

The registered manager shared their vision. They said this was, "To get people to their optimum, listening to what they want. We are here for service users, to provide the best possible support and care. We have a mixture of people. Some we can enable into the community and some we can enable to live here."

People's views about the service were sought. Relatives were invited to attend review meetings. Tenant meetings were held but the registered manager told us were not usually attended by those people requiring personal care support. Their views were more often gained at reviews and through the satisfaction survey. The service used an easy read customer satisfaction survey which enabled people to write comments or simply tick a yes or no to the questions.

The registered provider was clearly able to demonstrate how the organisation was continually striving to improve their service by embedding the enablement ethos into their service supported by partnership working. The registered manager was supported by a service manager and regular management meetings were held to support developments at the service. The registered manager told us they kept up to date with good practice through local authority events and training. Regular quality assurance checks and audits took place with overview from the registered provider.

The service worked in partnership with other local authority services such as social work, housing, employment service and with health partners to ensure people were at the centre of service provision and any planned developments.