

Kirklees Metropolitan Council

North Kirklees Domiciliary Care Service

Inspection report

Kitson Hill Road
Mirfield
WF14 9EL
Tel: 01924 326523
Website: www.kirklees.gov.uk

Date of inspection visit: 19 November 2015
Date of publication: 31/12/2015

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 

Overall summary

The inspection took place on 19 November 2015 and was announced. The service was last inspected on 18 March 2014 and met all the relevant requirements.

North Kirklees Domiciliary Care Services provides a domiciliary care service to 38 people living with a learning disability or autism. The service provides support 24 hours a day to people living in two housing association

properties. The main office is located within one of these buildings. The service also provides support to people living in their own homes in the area. On the day of our inspection 11 people were supported with personal care.

The service had a registered manager who had been in post since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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 were trained and had a good understanding of how to identify abuse and act on any suspicion of abuse. They were able to use appropriate policies and procedures to ensure the people who used the service were safe.

Risks were managed positively to ensure the people the service supported were not overly restricted in their everyday lives and to enable people who used the service to be more independent.

Staff were supported to perform in their roles by receiving appropriate training, supervision and appraisals. There was a culture of learning from experience to promote best practice within the service.

Staff had received training in the Mental Capacity Act 2005. There were detailed capacity assessments in people’s files but no system for recording the best interest decision. This was raised with the registered manager who agreed to action this immediately.

People who used the service were supported to maintain healthy lifestyles and attend appointments with other health professionals.

We observed staff treated people with dignity and respect. Privacy was respected and the service emphasised the importance of promoting independence for the people who used their service.

Assessments and care plans were person centred and emphasised the views and preferences of the people who used the service. Care plans were reviewed and updated at regular intervals and when people’s needs changed.

People were supported to undertake interests and activities of their choice.

The culture of the organisation was open with an emphasis on improving practice and learning from incidents to benefit the people using the service.

Audits were undertaken regularly to ensure compliance and the safety of the people using the service and the staff.

People who used the service and their relatives told us how much they enjoyed living there and how confident they felt in the management team.

Summary of findings

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.

People were supported by staff who were skilled in ensuring they were safe and protected from harm.

Risks to the people who used the service were managed without overly restricting their freedom.

Medicines were managed safely by staff who had received training in administering medicines.

Good



Is the service effective?

The service was effective.

Staff were supported to perform in their roles by receiving appropriate training, supervision and appraisals. There was a culture of learning from experience to promote best practices with the service.

Staff had received training in the Mental Capacity Act 2005. There were detailed capacity assessments in people's files but no system for recording the best interest decision when people lacked capacity.

People who used the service were supported to maintain healthy lifestyles and attend appointments with other health professionals.

Good



Is the service caring?

The service was caring

We observed staff treated people with dignity and respect. Privacy was respected and the service emphasised the importance of promoting independence for the people who used their service.

People were offered access to advocacy to support them to make decisions about the service they received.

Good



Is the service responsive?

The service was responsive.

Assessments and care plans were person centred and emphasised the views and preferences of the people who used the service. Care plans were reviewed and updated at regular intervals and when people's needs changed.

People were supported to undertake interests and activities of their choice.

The service had not received any complaints but had a system in place to manage complaints received by the service.

Good



Is the service well-led?

The service was well led.

The culture of the organisation was open with an emphasis on improving practice and learning from incidents to benefit the people using the service.

Good



Summary of findings

Audits were undertaken regularly to ensure compliance and the safety of the people using the service and the staff.

People who used the service and their relatives told us how much they enjoyed living there and how confident they felt in the management team.

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 19 November 2015 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 not 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 who told us they do not monitor this service as it is a local authority service and they therefore do not have a contract. We also contacted the local authority safeguarding team to check whether there had been any safeguarding issues. We sought and received feedback about the service from the Community Learning Disability Team and we also spoke with two learning disability professionals for their experience of the service.

We spoke with the registered manager, one of the four deputy managers, and a support worker. We also spoke with three people who used the service, and four relatives of people who used the service. We spoke with an advocate who supports people at the service.

We reviewed three care files and looked at all the management audits relating to the service.

Is the service safe?

Our findings

We spoke with one person who used the service who told us they felt safe. They said “Safe. Yes I do. Happy. I would tell [registered managers name] if I wasn’t.”. All the relatives we spoke with told us they felt their relations were safe using the service and they had no concerns.

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. They were able to describe the type and signs of abuse they might find in a community setting. The registered manager told us supporting people to stay safe was key to their role and we were shown the minutes of a recent tenants meeting which focussed on ‘mate crime’. Mate crime is a form of disability hate crime in which a vulnerable person is manipulated or abused by someone they believed to be their friend. The meeting focussed on how the people who used the service who were vulnerable to this type of abuse could protect themselves. We saw staff supervision records which showed safeguarding was discussed during supervision and it was also a topic at each team meeting. We had not received any notifications of abuse from the service and the registered manager confirmed there had not been any incidents over the preceding 12 months.

Staff were able to discuss risks individual people faced and speak confidently about how they maintained people’s safety. The registered manager told us how they sought to manage risks positively to ensure the people they supported were not overly restricted in their everyday lives. They told us they 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. We reviewed the care files of three people who used the service and these contained risk assessments for finances, verbal aggression, medication, fire, health, road safety and contamination. The information detailed the identified risk, who is affected by the risk, the triggers, the level of risk and the consequences of the risk occurring. These had all been regularly reviewed and updated. This demonstrated the service recognised and managed the risks to the people they supported.

We asked the relatives of the people who lived there whether they felt there were enough staff to support their relations. Four of the relatives told us they felt there were enough staff to care for their relation and one person felt there should be more than one person on duty at night to cover emergency situations. This information was passed to the registered manager who told us they had assessed the service and determined one night carer was appropriate for the service.

Staff we spoke with told us there were enough staff to support the people using the service. The registered manager told us each member of the staff team worked with all the people who used the service to ensure all staff knew the people they supported well. This meant that if people were not available for work the people who used the service would be supported by people they knew. One member of staff we spoke with told us they covered other staff sickness amongst themselves, which they said worked well and the registered manager told us they rarely used agency staff as the system for obtaining agency staff used by the local authority meant they could not guarantee the support of a person who was familiar with the people supported by the service. The registered manager told us, not having support provided by a known support worker was a problem for the people using the service, as they preferred a set routine including staffing arrangements. This showed the management arrangements for ensuring there were sufficient staff with the right skills to support the people were in place.

We asked all the staff we spoke with what they would do in an emergency situation. They were able to describe what they would do in these circumstances and what would happen if they found someone on the floor. We were told there had been a situation when a person who used the service was unable to get out of the bath and what they had done in this situation to ensure the safety and wellbeing of the person. The registered manager told us they discussed incidents and accidents at team meetings to ensure lessons learnt from these were shared with staff to improve practice. We saw evidence of this in the team meeting minutes we reviewed during our inspection.

We looked at the personnel files of three staff members to check that safe recruitment procedures had been followed. Information was kept in a paper record whilst other information was held electronically on the local authority electronic record. This included a Disclosure and Barring

Is the service safe?

Service (DBS) check before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. We cross referenced the information from both systems and concluded safe recruitment procedures were in place.

We found systems were in place to manage medicines safely. One of the deputy managers had responsibility to ensure the systems for managing peoples medicines were safe and for checking returned medicines administration records were audited. They told us they checked staff administered medicines competently at 6 monthly observational supervisions.

Is the service effective?

Our findings

We asked the relative of the people who used the service whether staff had the knowledge and skills to care for their relation. One relative told us “I give them 10 out of 12”. They explained to us that with the support of the staff, their relative’s behaviour which was often challenging, had drastically improved since they moved to the service. They told us they were very happy with the knowledge and skill of the staff and in their view, the staff were trained to undertake their role.

The registered manager told us all new staff completed the Care Certificate and shadowed other staff for two weeks before being placed on the rota. This could be shortened or lengthened depending on the experience of the member of staff. They told us all existing staff would also complete the Care Certificate as they had found it was a good means to refresh people’s skills. Staff told us they had received an induction and this had given them the skills and confidence to perform in the role.

We reviewed the online staff training matrix and the majority of staff training was up to date. Staff had received training in the Mental Capacity Act 2005, safeguarding, moving and handling and the local authority mandatory training. Two staff had also received training in advanced autism and autistic spectrum conditions and all staff had undertaken positive behavioural support training. In addition to mandatory training, one of the staff we spoke with told us they could take advantage of all the courses the local authority had on offer. They told us they were asked what other training they would find beneficial to improve their performance in their role such as a computer skills course. The registered manager told us they encouraged best practice by using team meetings to discuss the learning from particular issues such as how to support people who might display behaviours that challenge others.

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. No one supported by the service was subject to a Court authorised deprivation of liberty.

We saw detailed mental capacity assessments in the three care files we reviewed around the decision to move into the supported accommodation. These assessments showed evidence of supported decision making to maximise the person’s abilities to understand the decision to be made. If the person lacked capacity, the process had involved all the relevant people to determine the decision was in the person’s best interest. The service did not have a Mental Capacity Act Policy. The registered manager was asked to provide this after the inspection, but they were unable to do so, as they had been told, the local authority were currently updating the policy. They told us the service used the Mental Capacity Act Code of Practice and guidance provided by the CQC to ensure they were following the correct procedures.

One staff member we spoke with told us the people supported by the service were able to make everyday decisions such as what to wear and what they liked to do. People’s financial arrangements were managed through the Court of Protection and were currently all under review with the Court of Protection to ensure the arrangements were still valid.

The registered manager told us staff received supervision every month and an annual appraisal. We reviewed the supervision records for three staff and these showed supervision had taken place every two to three months. We also evidenced staff had received an annual appraisal. Supervision records were detailed and reviewed the actions from previous sessions, the wellbeing of the staff member, safeguarding, health and safety, learning and development, team working and equality issues. Staff we spoke with told us they found supervision beneficial to their practice and development. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care. The service was supporting their staff to achieve their potential.

We asked all the staff we spoke with how they obtained consent from the people who used the service. The registered manager told us consent could be verbal or written. For example, they obtained written consent when people’s photographs were used in publicity. One staff member we spoke with told us they always asked the

Is the service effective?

person for consent before undertaking any personal care assistance. They told us all the people they supported could communicate their consent to personal care whether this was verbal or non verbal.

Staff told us how they encouraged people to maintain a healthy life style. One person told us when they supported a person to shop, they would offer and encourage the

person to purchase the healthier option but did say the end purchase was always the choice of the person using the service. We evidenced in the three care files we reviewed that people were supported to engage with health professionals such as dentists, chiropodists, physiotherapists and dieticians.

Is the service caring?

Our findings

One person who used the service told us “Everyone is kind. The staff are nice. They help me to wash my hair. I like everybody.” The relatives we spoke with told us the staff were caring. One relative told us “[relative] doesn’t want to leave. I’ve tried to get [relative] to come here with me, but [relative] doesn’t want to leave their flat. They are happy there with the staff and their own group of friends.”

Another relative told us their relation “had favourites and has certain people they love to care for them” but on the whole they were felt all the staff were caring and empathetic to their relation.

It was clear from the friendly exchanges between the staff and the people who used the service that people felt comfortable and at home with the staff. We could see that staff treated people with dignity and respect and were encouraging to all the people using the service who came into the office during our inspection. The deputy manager told us “I know that [person] has to come into the office and move my tippex pen and calendar before they go to day care. It is a ritual for them but if they don’t do it, it can have a negative effect on their day”. They told us another person who used the service “has to come in and say hello before going to their flat”. They told us they treated people how they wanted to be treated but that everyone was an individual.

We asked staff how they maintained people’s dignity during personal care. One member of staff told us “I always knock on their door and ask if I can come in. I always make sure the doors are closed before assisting and I always speak respectfully to people”. One of the deputy managers is a dignity champion and they audited staff practice to ensure they treated people with dignity throughout their intervention with the person.

The registered manager told us the emphasis on the service was to enable the people receiving support to achieve and maximise independence in everyday life skills. The service was moving away from using traditional support plans to the use of the ‘Outcome Star’ which measures a person’s achievement in outcomes such as being safe, health and living skills. They told us about one person they were supporting whose outcome was to gain independence to shop for groceries and how the staff had printed shopping cards for the person so the person could match what they needed to buy with what was on the shelves. The member of staff observed at a distance and only stepped in and assisted if the person became distressed and needed support. This was closely monitored to ensure risks were managed appropriately but this approach had led the person to be independent with the task.

The service uses advocates on a regular basis when any decisions are to be made and when a person’s service was being reviewed. We spoke with the advocacy service who provided advocates for this service. They told us they were asked to support people using the service at reviews. They told us the service was proactive in obtaining support and completed actions required following the advocates intervention. They told us the service “always wanted to do the right thing” for the people living there and the staff were professional in their approach. We were told if a person lacks capacity and has no one to speak on their behalf the service accessed the assistance of an Independent Mental Capacity Advocate.

The service had supported one person who was considered to be end of life, their end of life wishes had been recorded in a care plan in their care file which showed the service had considered how best to support this person at the end of life.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care. We spoke with a professional from the learning disability team who told us the service had worked with them during a difficult time of transition for the person using the service but as a result of the joint assessment and care planning the person was now achieving the outcomes agreed in their care plan. They told us multidisciplinary reviews had been held to ensure care was personalised and outcomes achieved.

The registered manager told us they undertook assessments of individuals before they accepted them onto the service. They had access to the local authority electronic recording system to access information about the person wanting to use the service. Once the people started to use the service assessment and support plans were developed with the people who used the service. We found the care planning process centred on individuals and their views and preferences. The three care files we reviewed showed us people were fully involved in the compilation of their care files. Each person had an “All about me” document in their file which gave information about the person using the service in a personalised way and recorded their likes and preferences and how they like to be called. For example, in one file we saw recorded “I prefer to have a short fringe on my hair” and in another file it said “I like to have my bath on a morning” and “I brush my own teeth with prompting”. We also saw support plans which recorded how staff were to support the person to undertake these activities without doing the task for them.

The registered manager told us care plans were reviewed every 12 months or sooner if people’s needs had changed. The person who used the service was asked who they wanted to attend a review and often a wide mixture of people attended the review. The paperwork was being changed to the ‘Outcome Star’ which will assist to identify outcomes the person wants to achieve and goals to work towards to achieve this desired outcome. We noted people’s care and support plans in the three files we reviewed had been regularly reviewed and updated and where necessary other services had been brought in to assist the person using services such as memory services, optician and dentist. The registered manager told us they supported and facilitated people to take up volunteering, and with work placements.

We reviewed the complaints and compliments file for the service and noted there had not been any complaints over the past 12 months. We asked one of the people who used the service what they would do if they were not happy. They told us “speak to the manager. But they were happy”. The complaints and compliments leaflet with a section for people to complete is displayed and accessible to the people using the service. We asked the relatives of the people using the service if they had a copy of the complaints and compliments leaflet and they told us they had not seen this. One person told us if they were not happy, they would contact the local authority and speak to the social work team. Another relative told us they would speak to the registered manager if they were not happy. They all told us they were confident that they would be listened to and their complaints would be acted upon.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2011. They told us their vision for the service was “to provide a service which ensured service users were safe, where risks are managed positively, to provide a service which promoted enablement and moving service users on, and to work with people to be more independent.”

When asked about the culture of the service, the registered manager told us it was “an open and honest culture” They told us staff could come and see them at any time and staff respected them. They promoted the local authority behaviour of the month which the staff were expected to exhibit. The behaviours the service were promoting each month were communication, supportive, respectful, flexible, positive and honest and the behaviour for November was around communication and how important communication is within the service.

We asked staff if they were supported in their role. One staff member we spoke with said “I love my job. I have never looked back since I came to work here. I feel privileged to work here with a fantastic team and a fantastic management team. I feel supported and we are supportive of each other. People want for nothing here”.

The deputy manager told us staff meetings were held every week. The agenda was put on the notice board prior to the meeting and staff were encouraged to write down any items they wished to discuss. We saw the minutes of the meeting held on 11 November 2015 which covered a review of the minutes from the last meeting, health and safety, medication, safeguarding, policies and procedures, and significant events. The minutes were emailed to staff and the deputy manager monitored that staff had read these. 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. By having such regular meetings meant that the management were able to monitor the support provided to the people who used the service. The registered manager met with the four deputy managers every four weeks to discuss management issues. The deputy manager told us actions were agreed at these

meetings with each member of staff responsible for completion and these were followed up at the next meeting to ensure staff were fully informed of the outcomes.

The registered manager and the deputy manager both told us they held regular meetings with the people who used the service. We saw the minutes of the last meeting held on 4 November 2015. This had been attended by 12 people in total and four staff members. This ensured the people that used the service were supported but could also influence the development of the service.

We asked the relatives of the people who used the service whether they felt the service was well managed and they told us it was. One person said “The management is good. The system is working”. We asked them if they had the opportunity to influence the quality of the service by completing feedback questionnaires or attending a relatives meeting. They told us they had not been given this opportunity but they would welcome this. They even told us how they would prefer this to be done with one relative telling us they would like this to be done over the telephone rather than complete paperwork.

The registered manager had with the assistance of other registered managers in the area devised an audit to measure their services against the Care Quality Commission fundamental standards. Although the completed audit was not dated it was a comprehensive audit of the service provided by North Kirklees Domiciliary Care Services. It looked at how the service was meeting the standards and where further actions were required. This evidenced the registered manager was effectively assessing and monitoring the quality of the service provided to the people they supported. The service was a local authority service and was therefore not monitored by the local authority contracts monitoring team. We saw no registered provider audits or reports about the service which meant the service was auditing itself. However, all the audits we reviewed by the registered manager and the deputy managers were thorough.

We saw records of audits within the service which had been completed by the deputy managers. There were four deputy managers and they each had responsibility for an area of work. We saw recent audits had been undertaken for workplace health and safety, risk assessments, first aid

Is the service well-led?

box, and torch audits. Portable Appliance testing and maintenance audits were all up to date. Systems and processes and were robust enough to ensure full compliance with the requirements of their registration.