

Doncaster Metropolitan Borough Council

Mary Wollett Centre - Learning Disability and Night Visiting Team

Inspection report

Danum Road,
Doncaster,
South Yorkshire,
DN4 5HF
Tel: 01302862159

Date of inspection visit: 9th and 10th December 2014
Date of publication: 06/01/2015

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?

Outstanding 

Overall summary

This was an announced inspection carried out on 9th and 10th December 2014. This was the first time this service has been inspected by the Care Quality Commission

The service is registered to provide two services to people living in the community.

A night visiting service: This service operates 365 days per year between the hours are 9pm-6am. Three teams (four staff per team) operate in three distinct geographical locations of Doncaster (Central, North & East). The aim of the service is to provide an alternative to residential care for those people with an assessed need for support

Summary of findings

during the night. The service currently supports 49 people. The service provides support with assisting people with their toilet and hygiene needs, encouraging fluid intake, repositioning in bed, and assisting to bed.

A learning disability service: This service operates 365 day per year. It is a relatively small service with 10 support staff. The service supports 34 people. Each person lives in rented accommodation with up to 3 other people. As such the support plans reflect both individual support and joint support. Individual support includes assistance with maintaining personal hygiene, assistance with laundry, assistance with shopping and meal preparation. Joint/ individual support may include assistance with using public transport and using community facilities such as shopping, going to the cinema and other social events.

There is a registered manager which oversees both services. 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.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person (small group homes) said, "I like living here, we all get on very well, and staff are here when we need help with things." Another person (night visiting service) told us, "The staff are very good. They pop in during the night to make sure I am safe, sometimes they will wake me but other times I

don't even know they have been. A relative we spoke with said, "My mum has visits during the night and it gives me peace of mind that she is safe. Staff know to contact me at any time if there is a problem."

People who live in the small group homes told us about the range of activities that they were able to access. This included attending social centres and drama groups. One person told us about taking drum lessons while another person liked to be involved in drama groups and playing snooker. People maintained friendships and visited family independently using public transport.

People were able to plan their own meals and staff supported people to go shopping and preparing meals. People we spoke with told us they liked to eat healthy food and also liked to eat out at the local pub. One group told us how they were looking forward to meeting friends and having a Christmas lunch at a nearby pub.

People who lived in the small group homes were able to manage their medication independently. Staff supported them to order prescriptions and sometimes attended health appointments.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint' This was written in a suitable format for people who used the service.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

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

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There was enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Good



Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People's nutritional needs were met. Staff provided support to people when shopping and preparing the meals of their choice.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



Is the service caring?

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

Good



Summary of findings

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint. However we were told no complaints had been received in the last 12 months.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service work in partnership with other organisations to ensure people received the care and support they need

Outstanding



Mary Wollett Centre - Learning Disability and Night Visiting 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 9th and 10th December 2014 and was announced. The provider was given 48 hours' notice because the service provides a night visiting service and supported care services for younger adults who are often out during the day; we needed to be sure that someone would be in when we visited. We also needed to ensure the registered manager was available at the office for us to speak to them.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of people who have a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned 13 people who used both services to gain their views and experiences of the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection. 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.

At the office we spoke with the registered manager, three support team managers and a group home co-ordinator. We also visited two small group homes and spoke with five people who used the service. We telephoned and spoke with two support workers and a relative of a person who used the night visiting service.

We looked at documentation relating to people who used the service, staff and the management of the service. This took place in the office. We looked at three people's written records, including their plans of their care. This took place in people's own homes and we asked permission from the people before we looked at these records.

Is the service safe?

Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person (supported living) said, “I like living here, we all get on very well, and staff are here when we need help with things.” Another person (night visiting service) told us, “The staff are very good. They pop in during the night to make sure I am safe, sometime they will wake me but other times I don’t even know they have been. A relative we spoke with said, “My mum has visits during the night and it gives me peace of mind that she is safe.”

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to their line manager or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one member of staff told us about how they had supported a person to travel independently using public transport. We looked at a number of risk assessment that were available to us at the office.

The night visiting service ensured that an environmental risk assessment was undertaken prior to the service commencing. For example, risks associated with pets in people’s homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the computer records held at the office.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that the service had not recruited any new staff over the last five years. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received.

Staff we spoke with told us they had worked for Doncaster council for over ten years. They told us the recruitment process was rigorous and fair.

The registered manager told us that both services worked in small geographical teams. The night visiting service worked from three bases in Doncaster. The staff worked in pairs to ensure their safety when attending calls to people throughout the night. People generally had one or two calls each night. Staff we spoke with told us there was a strong work ethic of putting people first. Staff told us there were always enough staff to cover the calls.

Staff supporting people in the small group homes had the required skills and competencies to ensure people lived a full and independent life. Staff told us that they worked flexibly to support people at times that suited the people who used the service. For example, staff were available to support people with leisure activities at weekends and also at times when people needed support with personal care.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was refreshed every three years. The registered manager told us that people who received the night visiting service did not require assistance with medicines.

There were appropriate arrangements in place in the small group homes to ensure that people’s medicines were safely managed. People we visited told us they were able to manage their medication independently and only need support to make sure their medicines were ordered and collected from their GP. One person said, “I take my own medication, I know what the tablets are for and I do not need any support with them.”

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. People who lived in the small group homes told us that they were supported by staff who understood their needs. People told us that staff helped them to plan their meals and they were supported to go shopping. One person we spoke with told us they liked to cook their favourite meal of spaghetti bolognese. They said, "Staff support me, but I like to do it on their own." Another person said, "I like to eat healthy food and staff support me to do that, sometimes I like to go out for a meal, we all go out together."

Some people told us that staff also supported them to make and attend doctors' appointments. Others told us that they were able to manage their own health care needs themselves. One of the support team managers told us about the support given to one person who required a surgical procedure to enhance their health and welfare. They said, "We supported the person through all of the consultations and made sure they were involved in the decisions at every stage. This continued throughout and now the person is fit and well."

We looked at three support plans with the people who used the service and each had a section which described how they wanted to be cared for if they became ill and needed to go into hospital.

The registered manager told us they worked closely with other health and social care agencies like the dietician, district nurses and dentists to keep people in good or best health.

People who used the night sitting service told us that staff did not need to assist with meals although some people told us that staff always offered to make them a drink before leaving them. One person we spoke with said, "They provide some personal care. They are very polite and it's very dignified when they help me. They take the time to do things properly even though it's all just within 15 minutes and they still do things well. There's no rushing."

People were supported to have their needs assessed. This ensured their wishes and preferences were respected. Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were highly motivated and demonstrated good knowledge of the people they were supporting. One person we spoke with said, "The staff

seem to be very well trained and they know what they are doing and obviously seem to follow the same procedures each time. They are very competent and they know what they are looking for, or what to do if my needs changed, it's working fine so far."

Records we looked at confirmed staff were trained to a high standard. Managers and support staff had obtained nationally recognised certificates to levels three, four and five. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. Staff working with people who used the night sitting service were given specific training to use equipment in people's own homes, such as hoists and slings.

Staff we spoke with told us that they had worked for Doncaster council for a number of years. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and other support staff. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, "We all work to the same set of values which means there is a strong feeling of belonging to a team. Our managers are really supportive." We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. Observations of work practice also takes place in people's own homes.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received training in the Mental Capacity Act. However, she said the people that they supported had capacity to say how they wanted their care delivered in their own homes. Therefore they did not need to use the guidance and principles of the act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Is the service effective?

The staff we spoke with during our inspection had a good working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

Is the service caring?

Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used both registered services and they told us the care and support provided was consistently good.

People who used the night visiting service told us that staff knew how to deliver care which met their needs. One person said, “The care I receive enables me to stay living at home. If this service was not available I would probably have to go into a home and I don’t want that.” Another person said, “Staff are trained to ensure they can turn me in bed without causing too much discomfort. They (the staff) are kind and compassionate.” Another person who used the night visiting service told us that staff were always respectful and maintained their dignity at all times.

People living in the small group homes told us staff supported them to be as independent as possible. They told us about their support plans that had goals to achieve. For example, travelling independently on public transport, preparing and cooking meals and going on holidays.

People told us they were involved in developing their support plans and three people we visited showed us their records which were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example,

taking part in drama groups and attending day centres. One person told us they were learning to play the drums. Another person liked to attend workshops in woodwork. Others said, “I like to knit and watch television.” At one of the small group homes we visited people were busy putting up their Christmas tree while another group were preparing to go out for Christmas lunch.

Staff were able to describe in detail how they supported people using both of the services. Staff gave examples of how they approached people during the night when often people were asleep. They told us some of the visits were to check continence wear and this was carried out so that they were respectful and maintained the person’s dignity.

Staff who supported people in the small group living homes told us they always knocked on the person’s front door and waited to be invited in. If people were in their own bedrooms they respected their privacy only entering if the person requested support.

Support team managers, carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person’s experience. They judged how staff maintained people’s dignity and respected people’s wishes. Staff received feedback from managers which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Is the service responsive?

Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at three support plans for people living in small group homes. It was clear that the plans were person centred and reviewed as the support needs changed. Support plans included things medical staff should know if the person became ill and needed hospital attention.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed.

People who used the night sitting service told us their care packages were often set up for them following a stay in hospital. One person said, "It was all set up through the hospital and I did not have much say when it was set up, but they have checked with me since, and they asked me if the time was one that suits me. I'm ok with the arrangement." Another person said, "When it was set up it was all checked out with me to check I'm okay with the times and the staff, and from time to time a senior calls with them to check up. We also have it all reviewed each year."

People were provided with information about the service. This is called a 'Service User Guide'. For people who lived in the small group homes the information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was used in the small group homes service. They told us they had received no formal complaints in the last 12 months. However some minor issues were dealt with by the appropriate staff straight away. The registered manager told us that she met regularly with team managers to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.



Is the service well-led?

Our findings

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall their reviews and told us these were face to face meetings. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the office staff and managers.

We found a positive culture which centered on the needs of people who used the services. People who used the night visiting service told us the service was invaluable in ensuring people were safe. This in turn gave relatives reassurance, because staff were calling when people were at their most vulnerable. People we spoke with who lived in the small group homes said, "Staff are there to offer the support I need to maximise my independence."

Doncaster Metropolitan Borough Council had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the council and of the service were clear and they demonstrated an excellent understanding of these values.

The registered manager told us about an initiative to develop their staff. This involved recruiting a talent pool which involved training existing staff to act up into case managers and support team managers. We spoke with one of the successful candidates who told us the work was challenging but the staff member told us that she felt valued and this motivated her to develop further.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service.

Communication events are held quarterly with all staff to look at what developments have occurred since the last event, time is assigned to staff to work together to identify what could be improved. For example the introduction of new support plans, mobile working looking at how the service could work smarter and be more effective

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls at the time they requested and for the length of the time they were assessed to need.

Support team managers conducted at least two observations each year to check if staff were delivering the care and support to people who used the service. We looked at a number of records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

People from the two services were formally asked their views by completing quality assurance surveys. We looked at the most recent results which showed high satisfaction levels. People who used the night visiting service said they were consulted about the times of their visits, and were treated with courtesy and respect. People who used the learning disability support service said they were treated properly by staff, and staff made them feel they mattered. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded they felt safe.

We asked how the service worked in partnership with other organisations and the registered manager gave examples of working with other providers of care to ensure the persons whole care package helped them to remain living in their own homes. For example some people also had support from other care agencies during the day, and the registered manager said it was important that people experience good outcomes regarding their care. We spoke to one of the support managers who told how an accident involving a person using the night visiting service had resulted in a multi-agency meeting to discuss how to ensure the person received the best possible care while maintaining their safety.