

Dalesview Partnership Limited

Dalesview Partnership Domiciliary Care

Inspection report

Back Lane
Clayton Le Woods
Chorley
Lancashire
PR6 7EU

Date of inspection visit:
22 October 2019
23 October 2019

Date of publication:
04 December 2019

Website: www.dalesviewpartnership.co.uk

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

About the service

Dalesview partnership domiciliary care is registered to provide personal care to people with learning disabilities or autistic spectrum disorder in their own homes in Lancashire. At the time of the inspection the service supported nine people at three addresses in the Chorley area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People's representatives told us staff were available when they needed them and they felt their relatives were safe. One relative said, "I worried about her having to leave home from being a teenager, if I had known what I know now, I wouldn't have worried about her being safe with other people. It's not just what I was hoping for, it's much, much better." The environment was clean and well maintained. People were safely supported to receive their medicines, as prescribed.

People's needs were assessed, and care and support had been planned in partnership with them. People were provided with a nutritious and varied diet. Staff had received regular training and supervision to support them to meet people's needs. 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. People told us staff were kind, caring, attentive and treated them with dignity and respect.

People received person-centred care which was responsive to their needs and communication was tailored around individuals. The registered manager addressed people's concerns and relatives told us they felt listened to. The registered manager worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager who visited regularly. The registered manager completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible

for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe section below.

Good ●

Is the service effective?

The service was effective

Details are in our effective section below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was well led.

Details are in the well led findings below.

Good ●

Dalesview Partnership Domiciliary Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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 contacted relatives for their feedback.

Service and service type

This service provides care and support to people living in their own homes, so that they can live 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.

The service had a manager registered with the Care Quality Commission. (CQC) This means that they and the provider are legally responsible for how the service is run and for the quality and the safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service was small and people are often out and we wanted to be sure there would be people available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We telephoned five relatives of people who used the service and spoke with seven staff members. We also observed care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervisions. We reviewed a variety of records relating to the management of the service, including supervision records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely, and people received their medicines when they should. A family member told us, "They manage his medication and we have never had any concerns."
- Staff had been trained to administer medication safely and staff had reference to good practice guidelines, policies and procedures. The registered manager had assessed their competence to administer medicines safely.
- Staff had guidance on how to use 'as and when' (PRN) medicines and medicine audits were robust.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld.
- Effective safeguarding systems were in place and staff had a good understanding of what to do to protect people from harm or abuse.
- Relatives told us people received safe care and had no concerns about their safety. One person said, "Yes I've no worries about her, I go on holiday and I'm not worried even when she's not well. I know they are looking after her."

Assessing risk, safety monitoring and management

- The provider had effective procedures to manage risk. Each person had risk assessments and risk management plans were in place.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff had taken appropriate action after people had experienced accidents and incidents, including falls.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow. These detailed clear procedures to be followed for people needing to be evacuated from the building, in the event of a fire.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the needs of people in a person centred and timely way. Recruitment was safe and well managed. The registered manager carried out relevant checks to ensure new staff were suitable for the role for which they had been employed.
- Relatives told us staff were always available when they needed them and they were happy with the support given. One relative said, "She absolutely loves it there. I've never seen her so happy." And, "I'm pleased with the support my relative gets, I trust the company, that's really important."

Preventing and controlling infection

- People were protected from the risk of infection.
- The provider had effective infection control procedures which were based on best practice guidance. Staff

used protective personal equipment, such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care. A relative told us, "The place is clean and beautifully kept, it's spotless."

- Staff received infection control training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- Lessons were learned when things did not go to plan.
- The provider had systems in place to record and review accidents and incidents. These were investigated and were being analysed for patterns and trends. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed assessments to ensure people's needs could be met. Outcomes were identified, discussed and agreed.
- The provider was aware of current legislation and standards. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- The provider was good at undertaking assessments and they were following legislation and good practice.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively.
- People told us they thought that the staff had the skills required to support their loved ones. Staff confirmed they had received training that was relevant to their role and enhanced their skills.
- Staff had supervisions and annual appraisals and told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated.
- Staff closely monitored people's weight along with their food and fluid intake. Where concerns had been identified, appropriate action had been taken. One relative told us, "When you go over to the home you can see there are lovely casseroles made from scratch available. They've really done well getting her weight down and maintaining this whilst keeping her happy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by healthcare services in a timely manner.
- The registered manager had effective relationships with healthcare professionals to ensure people received a high standard of healthcare. These included GPs, social workers and speech and language therapists.
- People's healthcare needs were carefully monitored. People were supported to attend healthcare appointments and achieve positive outcomes. One relative told us, "They really are on the ball regarding her health. They contact the GP, if there is any concern."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was working within the principles of the act.

- Consent was sought.
- Records showed care planning was discussed and agreed with people and their representatives. Staff sought consent from people before providing their care.
- The service made sure decisions were made in people's best interests. Where people did not have capacity, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by extremely caring and respectful staff.
- We observed staff were kind, attentive and respectful and showed compassion to people. One relative told us, "I'm very much involved with the staff and the other people that live in the home. What's really lovely is they really do build caring relationships with the people they support and their families. When I go to the home it feels like my home, you're always welcome, I always feel welcome when I'm there."
- Staff told us they enjoyed their jobs. One professional told us, "They want them to succeed, to have a good life they go the extra mile to make things work."
- Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds.
- The registered manager had carefully considered people's human rights and support to maintain their individuality.
- Care documentation included information about people's religion and gender, this meant staff had some awareness of people's diversity. Staff told us they had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making about their care and support. Care records contained evidence the person who received care had been involved with and were at the centre of developing their care plans
- People had been encouraged to express their views about the care provided. Quality assurance questionnaires for people, their families and staff had been sent and the findings analysed.
- Information was available about local advocacy contacts. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated people with dignity and respect and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their rights were respected.
- Staff demonstrated a genuine concern for people and were keen to ensure people were not discriminated against in any way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed and care planned for in detail.
- Care files contained documents reflecting each person's assessment of needs. The information provided staff with guidance about people's specific needs and how these were to be met. They included information about their preferences, risks and choices. Staff were able to describe people's individualised needs and how these were met.
- Care plans were reviewed regularly, and people were involved in their reviews. We saw evidence of highly individualised reviews taking place. One relative told us "We have regular reviews, and they listen to what you have to say. When we first chose the place we went through pages and pages of detail about what she liked what she didn't like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us the service could provide information in variety of different easy read formats for people.
- The management team assessed people's communication needs as part of the assessment process. They documented the specific support they needed with their communication needs and how that should be provided. A communication week had been planned to further enhance staff skills.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were encouraged to take part in events and develop relationships.
- We observed a drama session during the inspection, in which staff engaged effectively with people. One relative told us, " She is so active, swimming, trampolining, attending sensory play areas, discos and bowling. I have to ring up to check she's in. They go to the drama club, they go out walking. She is always busy. They know that if she is not busy she wouldn't be happy." People participated in a range of social activities in line with their needs and preferences. One relative told us, "She went to an outdoor place she absolutely loved it. They did some amazing videos, she was going on zip wires. They were careful with her, but they soon realised she's a thrill seeker, and they did what we would have done, and let her take some risks. Which was really good that they didn't restrict her."
- Activities were audited monthly, for patterns and trends. For example, the service identified one person had been going out less than the previous month due to health problems.

- Staff encouraged people to maintain relationships that were important to them. Relatives told us staff and management team made them feel welcome.

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed and accessible to people.
- No one we spoke with had any concerns about the service and people were confident that any complaints would be acted upon. One relative told us, "I know the process in raising a complaint and would be very confident in approaching management. To be fair, front line staff are very approachable, and if I wasn't happy I would start with frontline staff."

End of life care and support

- People's end of life wishes, where appropriate, were considered and recorded including their cultural and spiritual needs. Staff had received appropriate training to support people at end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. All current and relevant legislation along with best practice guidelines had been followed.
- The provider's quality assurance systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "Yes the management are very approachable, there are also very knowledgeable and the staff are very skilled. And I'm really reassured by that." Another relative told us, "Management are not stuck in the office, they are very visible. My [relative] knows all of them by name, she's gone on outings with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider's policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. Relatives told us the registered manager was visible and had a good understanding of people's needs and backgrounds
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported.
- People were positive about the quality of the service they received. The provider had systems to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Staff were clear about their role and together with management provided a well-run and consistent service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The service had sought the views of people and family members through care plan reviews, surveys and meetings.
- Staff were consulted and listened to. One staff told us, "It's brilliant they are really good at supporting staff."

Continuous learning and improving care; Working in partnership with others

- The provider had systems to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.
- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included health and social care professionals. One professional told us, "When I work with other providers this isn't always as seamless. They are good at managing the transitions and making things happen in a timely manner."