

Lancashire County Council

Hyndburn and Ribble Valley Domiciliary Service

Inspection report

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21 June 2016

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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

We carried out an inspection of Hyndburn and Ribble Valley Domiciliary Service on 20 and 21 June 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because the location is a community based service and we needed to be sure that someone would be present in the office.

Hyndburn and Ribble Valley Domiciliary Service is registered to provide personal care to people living in their own home. The service specialised in providing flexible support to people with learning disabilities living in the Hyndburn and Ribble Valley areas. At the time of the inspection there were 30 people using the service.

The service was managed by a registered manager. 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.

We last inspected this service on 2 December 2013 and found it was meeting all legal requirements applicable at that time. During this inspection, we found the service was meeting the current regulations.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the service to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. There were appropriate arrangements in place to ensure people were supported to follow a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed staff had a good relationship with people and supported them in an attentive and unhurried manner. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. Support plans and risk assessments provided guidance for staff on how to meet people's needs. People were supported to participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had an activity planner to help them structure their time.

People were aware of how they could raise a complaint or concern if they needed to and had access to an

easy read complaints procedure.

All people, their relatives and staff told us the service was well managed and operated smoothly. The registered manager provided leadership and took into account the views of people and their relatives about the quality of care provided through support plan review meetings and surveys. The registered manager used the feedback to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to keep people safe from harm. People had confidence in the service and felt safe when receiving support. Risks were assessed and managed.

There were enough staff to meet people's needs. Staff had time to support people in a safe and consistent manner. There was an appropriate recruitment process in place to ensure new staff were suitable to work for the service.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and a training programme was in place to ensure they had the appropriate skills to meet the needs of people using the service.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received the support they required to ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were

able to make choices and have control over the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Support plans were personalised and reflective of people's individual needs.

This enabled staff to know how people wanted to be supported.

People were supported to participate in a range of activities in line with their preferences.

People knew how to make a complaint and felt any concerns would be responded to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff told us the service was well managed and ran smoothly.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Hyndburn and Ribble Valley Domiciliary 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 checked whether the provider was 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 20 and 21 June 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we visited six people in their own homes and met three staff and a team manager who were supporting the people we visited. We spoke with four people, a member of staff and the team manager at the office and two relatives over the telephone. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included three people's support plans, four people's person centred plans and one page profiles, one person's health action plan, medication administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, quality assurance audits, a sample of policies and procedures, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe and were satisfied with the care and support they received. One person said, "I really like the staff they look after me" and another person commented, "I feel safe and sound with the staff." Relatives spoken with also expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative said, "I never have to worry, I know [family member] is totally safe." Staff spoke about the importance of promoting and maintaining people's safety and described the steps they took as part of everyday practice to ensure people were safe. For instance one member of staff told us, "I follow people's risk assessments and constantly look out for any hazards or risks."

We found care was planned and delivered to protect people from avoidable harm. Each person's care plan included individual risk assessments, which had considered risks associated with the person's support. We noted management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risk assessments were broad and wide ranging, for instance we noted one person's risk assessments related to personal care, accessing the community, falling and using electrical equipment. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We saw records to demonstrate the registered manager had also assessed generic risks for instance the use of hazardous substances, infection control, lone working and slips, trips and falls. A team manager was designated as health and safety lead and delivered training to the staff team.

There were appropriate arrangements in place to reduce the risk of abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff also had access to a flowchart which set out the reporting process and included the relevant contact numbers for the safeguarding team. Staff had received training in protecting people from abuse and those spoken with knew how to report any allegations or evidence of harm. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets in line with their plan of care. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were checked daily by the staff and audited twice a month by the team manager.

There was a system in place to record and report accidents and incidents. After ensuring people were safe, staff completed a form and reported the incident or accident to the on-call manager. The registered manager viewed all completed forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We saw all occurrences were logged and categorised

on a central record in order to identify any trends or patterns.

We reviewed the arrangements in place for supporting people with their medicines. People receiving assistance told us they received their medicines when they needed them. One person said, "They're spot on with my tablets." The level of assistance that people needed was recorded in their support plan alongside guidance on the management of any risks. Staff told us they had completed a safe handling of medicines course and records seen confirmed this. The management team also carried out competence checks to ensure staff were proficient in this task. Staff had access to a set of policies and procedures which were available for reference. Medicines were stored securely and safely in people's homes. We noted contact details for the person's GP and pharmacist were included in their care plans and staff used these if they needed to discuss people's medicines.

We noted appropriate records were maintained for the receipt, administration and disposal of medicines. The records included a full list of people's medicines along with details of their purpose, possible side effects and any special requirements. We saw there were written procedures in place for the management and administration of medication prescribed "as necessary". As an additional safeguard, the registered manager told us staff had to gain authorisation to administer this type of drug from the on call manager.

People and their relatives told us the staffing levels were sufficient and they received care and support from a consistent group of staff. One relative told us, "The staff are all lovely and have worked with [family member] for many years." People were familiar with the staff rotas and were aware which staff were on duty several days in advance. The team managers organised and coordinated the staff rotas. The level of staffing was dependent on people's needs and the package of support required. People and staff confirmed the staffing levels were flexible to support people with activities or attend appointments. All staff confirmed they had ample time to support and care for people.

We reviewed the arrangements in place to recruit new staff. We looked at two staff files and noted potential employees completed an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

The registered manager along with other managers in the organisation had carried out work looking at ways to promote job opportunities in the wider community. As a result of this work the job specification statement was being reviewed.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff were provided with a supply of personal protective equipment and this was used in the delivery of personal care.

Is the service effective?

Our findings

People using the service told us staff were well trained and good at their job. One person said, "The staff are very good. They do their best" and another person commented, "All the staff are friendly and if you want any help you just have to ask them." Relatives spoken with also expressed confidence in the staff team, one relative stated, "I can't praise them too highly. They are all really good."

There was a stable staff team at the service who had a good knowledge of people's needs. Staff were able to tell us about how they supported people to ensure they received effective care and support. From the staff training records and discussions with staff we noted they had completed training relevant to their role and responsibilities.

There were established systems in place to ensure all staff received regular training which included, safeguarding, moving and handling, medicines management, health and safety, food hygiene, emergency first aid, infection control, Mental Capacity Act 2005 and positive behaviour support. Specialist training was accessed by staff who supported people with specific needs for instance diabetes awareness, autism awareness and supporting people living with dementia. Staff confirmed they had regular training and that courses were refreshed on a regular basis. We saw the training plan documented when training had been completed and when it was due to expire. The registered manager had systems in place to ensure all staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. One member of staff told us, "We have good quality training and we're all very well trained."

All staff completed induction training when they commenced work with the service. This included an initial induction, training in the organisation's visions and values, the Care Certificate and mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff to become familiar with people and their needs for approximately six weeks. They were also given an induction pack which included an introduction to the provider's policies and procedures and a document called "Whose home is it?" This set out the staffs' role and expected behaviour whilst working in people's homes. We noted there was a strong emphasis placed on respect both for the person and their belongings.

Where appropriate, new staff enrolled on the Qualifications and Credit Framework (QCF) Diploma level three following their induction training. All team managers had completed QCF Diploma level five in management and leadership in health and social care.

Staff confirmed they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff had also received an annual appraisal of their work performance known as a Performance Development Review (PDR).

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. Staff also understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. We noted the service had detailed policies and procedures on the MCA and staff had received appropriate training.

The registered manager explained that the management team had worked hard to incorporate the principles of the MCA into the care planning process to ensure wherever possible people were supported to make decisions about their care. Documentation within people's support plans identified where people had been assessed as lacking capacity to make a specific decision and the best interest process that had been followed. For instance we saw a best interest meeting had been held in respect to the management of a person's finances. People spoken with told us they were supported in making their own choices and decisions about the care and support they received. We noted there was a section in all people's care plan documentation about decision making.

At the time of the inspection the registered manager had not submitted any applications to the Court of Protection. However, they told us this issue was being considered by senior managers and referrals had been made to the local authority in order to carry out mental capacity assessments.

Staff were aware of people's preferred method of communication and used various aids such as communication passports, scrapbooks and Makaton to ensure people could express their views. Where necessary, behaviour support plans had been developed to provide staff with proactive strategies to manage any behaviour which challenged others and the service. The registered manager confirmed the staff were not using any restraint techniques at the time of the inspection.

People spoken with were satisfied with the support they received with shopping, cooking and meal preparation. One person told us, "I like going shopping and I can choose what I want to eat" and another person commented, "The staff always ask me what I want to eat and they cook as good as the people on television." It was evident from people's care plans that they were supported to maintain a healthy diet. People's nutritional and hydration needs were carefully monitored and any risks were fully documented. Referrals had been made in line with people's needs to healthcare professionals such as the Speech and Language Therapist (SALT) and the dietitian.

People discussed their health care needs as part of the care planning process and told us they would tell the staff if they felt unwell or in pain. A relative told us the staff had been very proactive when their family member experienced a deterioration in their health. They commented, "They arranged for them to see a doctor straight away and were very good at advocating for them. They have done their utmost to be supportive. They have all been wonderful."

All people had a detailed and thorough health action plan, which provided information about past and

current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to. The registered manager and staff liaised closely with GPs and community professionals to ensure people received a coordinated service.

In the event people were admitted to hospital, all people had a hospital passport which was designed to inform healthcare staff about the person's needs, likes and interests. We saw examples of hospital passports during the inspection and noted they had been discussed with the person.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are friendly and very nice to me" and another person "All the staff are really kind." Similarly relatives spoken with praised the approach taken by staff, one relative said, "All the staff are smashing and they all have an infinite amount of patience which I feel is vital" and another relative told us, "The staff are very caring. I am always made to feel welcome and I think there is a good atmosphere in the house."

Observations in the supported living premises we visited showed there were friendly, caring and warm supportive relationships in place between staff and people using the service. The atmosphere was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. People were seen to be comfortable and at ease with the staff who supported them. Staff spoken with talked with warmth and affection about the people they were supporting. One person told us, "I love my job. I really like helping people and spending time with them. We all get on so well together."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "We want people to be as independent as possible. It helps them lead a much better quality of life." This approach was reflected in people's comments. For instance one person told us the staff had helped them with exercises devised by a physiotherapist following time spent in hospital, they said "I couldn't do anything for myself, but now I back to normal again. They've really looked after me." Staff involved people in their daily care and support, for instance people were supported to carry out domestic tasks where appropriate.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. They told us they were allocated to work in a particular tenancy which helped them get to know people and how best to support them. The registered manager had regular contact with all people who used the service and their relatives.

Wherever possible, people were involved in decisions about their care and their views were taken into account. Four people showed us their person centred plans, and one page profiles during the inspection. People were familiar with the documentation and confirmed they had discussed the plans with staff and had participated in all reviews. One person told us, "They (the plans) are good, they help me to think about my life." This demonstrated people's comments were listened to and respected.

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us they had put a notice on their bedroom door as they wished to keep the room private. The person confirmed their wishes were fully respected by the staff. Staff had access to policies and procedures on maintaining people's privacy and dignity and we noted the induction training for new staff incorporated training on the principles of care which included choice, dignity and respect, privacy, independence and individuality. The registered manager explained they had signed up to the common core principles to support dignity in adult

social care. These were accredited by Skills for Care and focused on ensuring people were valued as individuals and their views, choices and decisions were respected.

People were able to express their views on an on-going basis, during daily conversations, support plan reviews and customer satisfaction questionnaires. People were given information on the service in the form of a 'User Guide'. This was set out in an easy read format with pictures to illustrate the main points. The registered manager was aware of advocacy services and contact details were included in the guide. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions. At the time of inspection, there was no one in receipt of these services.

Is the service responsive?

Our findings

People told us the staff listened to them, and gave them time to express their views and preferences about the way their care was delivered. One person told us, "The staff are really good, if you want any help you just have to ask them" and another person said, "They ask me what I want them to do and if I don't understand anything they explain everything to me." Relatives spoken with confirmed the staff were responsive to people's wishes and changing needs. One relative told us, "I have been invited to the review meeting and saw the staff really encouraged [family member] to make an active contribution."

There had been no new people join the service for several years. However, the registered manager explained arrangements were in place to carry out an assessment of a person's needs if they expressed a wish to receive a service. This would include a series of introductory visits to ensure compatibility with people currently living in a house.

We looked at three people's support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The support plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. The plans were reviewed once a year as a minimum and more frequently if people's needs changed. We noted the support plans were detailed and provided staff with comprehensive information about people's needs, routines, wishes and preferred lifestyles. Wherever appropriate, people were involved in their care plan reviews and a variety of methods were used during the reviews including, "What's working and What's not working" to enable people to express their views on their service. All people had a one page profile which set out what was important to each person and how they could best be supported. Four people showed us their person centred plans and one page profiles. These included photographs and illustrations to ensure the information was meaningful to people. Staff spoken with told us the support plans were useful and they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs.

Staff completed a detailed record of the care on a daily basis which included information about people's diet, welfare and activities. This enabled staff to monitor and identify any changes in a person's well-being. The records were also read and monitored by a member of the management team to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

A member of the management team was on call 24 hours a day as well as a stand by manager if more assistance was required. This arrangement had been developed with a neighbouring service. As part of this, information relating to people supported by the service along with copies of support plans and guidelines for specific behaviour support was made available to the on call manager so they could respond to queries or requests for assistance.

People participated in a broad range of employment, volunteer and recreational activities in line with their

interests and preferences. For instance, one person told us about their volunteering in a local charity shop and their work at a fast food restaurant. All people had an activity planner which set out their schedule of activities for the week. This gave people daily structure and enabled them to look forward to forthcoming activities. People told us they enjoyed many leisure pursuits in the local community including shopping, visiting restaurants, bowling, going to the cinema and visiting local social clubs. Some people also told us they were active members of their local church and were supported to regularly attend services and other events at the church. Risk assessments had been carried out as necessary for activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. We saw during the inspection, that people's queries and day to day issues were addressed by staff in a timely, reassuring and attentive way. Relatives spoken with told us they would be happy to raise any issues in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a pictorial complaints procedure which explained the process to people using the service. We saw the registered manager had received one formal complaint in the last 12 months. We noted there were systems in place to ensure any complaints were investigated and responded to in a timely manner.

Is the service well-led?

Our findings

People, their relatives and the staff spoken with told us they were satisfied with the service provided and the way it was managed. One person told us, "I think everything is really good" and a relative commented, "As far as I can see it's managed successfully. Everyone one knows what they are doing and when they are going to do it. I have no concerns at all and I'm really satisfied with the service." Similarly a member of staff said, "The service is run very well. The managers know their job inside and out and are very knowledgeable and approachable."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection, it was evident the registered manager had a good knowledge of people's needs and circumstances as well as issues pertaining to the staff team. The registered manager told us they was committed to continuously improving the service and was able to describe her achievements over the last 12 months. These included, the implementation of a new support planning system, the introduction of the Care Certificate for new staff, ensuring staff were skilled to meet people's complex needs and the development of an on call system with a neighbouring service. The registered manager also told us their plans for improvement over the next 12 months included introducing new behaviour risk assessments and support plans, implementing a new end of life policy and building on people's knowledge of their right to make decisions.

Staff members spoken with said communication with the registered manager and the management team was good and they felt supported to carry out their roles in supporting people. One member of staff told us, "The manager is very approachable and is always available if you want any help." Staff said they felt they could raise any concerns or discuss people's care. There were clear lines of accountability and responsibility. Staff had the opportunity to attend regular team meetings which were held at the office. The meetings enabled staff to discuss issues relating to the people they were supporting, exchange ideas and develop good practice.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided. This included feedback from people, their relatives and staff. One way this was achieved was via annual satisfaction questionnaires. We saw the registered manager had collated the responses and devised an action plan in response to any suggestions for improvement. We noticed one member of staff had written, "I feel encouraged to discuss any ideas I have to improve the people we support quality of life." Feedback had been given to people about the results of their survey in an easy read format.

The registered manager and management team also carried out regular checks and audits. These were designed to ensure different aspects of the service were meeting the required standards. They included unannounced audits in each tenancy. We saw records of the checks and noted they covered all aspects of the service, including the ongoing arrangements for people's support healthcare, medicines and finance. The management team also regularly checked records and there were systems in place to monitor staff training, supervision and appraisal.

We found that people's care records were clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

The registered manager was part of the County Domiciliary Services Management Team, which met every six weeks. This meant the registered manager could meet with other managers to share good practice and discuss developments within the organisation.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.