Lancashire County Council

Fylde Domiciliary Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Fylde Domiciliary Service is a supported living service. This service provides care and support to people living in 'supported living' setting, 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 is managed from accessible offices in Kirkham, Lancashire.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff files contained evidence the registered manager had undertaken checks to reduce the risk of recruiting unsuitable staff. People and staff we spoke with said there were sufficient staffing numbers to meet people's needs. Medicines were managed properly and safely.

People we spoke with and relatives told us staff involved them in support and care planning. The registered manager supported people to access advocacy services if people wanted someone independent to act on their behalf.

Care records we looked at were detailed and personalised to people's requirements. We observed staff followed agreed support in practice. This ensured responsive care planning matched people's ongoing needs.

The registered manager sought feedback about the quality of care and the development of the service. This was underpinned by ongoing checks on the quality of the service, to monitor everyone's safety and welfare.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fylde 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 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 was a scheduled comprehensive inspection. The inspection took place on 13 and 21 February, and 01 March 2018. The inspection was unannounced on the first day.

This inspection was carried out by an adult social care 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 had personal experience of supporting people with a learning disability, communication difficulties and autistic spectrum disorder.

Prior to the inspection we reviewed all the information we had available about this service, including notifications from the provider about significant events and the provider information return (PIR). The PIR gives the provider chance to tell us key information about the service, what the service does well and any improvements they plan to make.

During the inspection we visited and spoke with three people in their own homes. We also spoke with seven relatives of people who received support. We spoke with seven staff members, including the registered manager.

We reviewed the care records of four people who used the service, as well as medication administration records for three people. We looked at the recruitment records of three staff and records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "Yeah, I feel safe. The staff are always nice." Another person told us, "I feel safe. I'm very happy with all the staff." Both people went on to explain they had been supported to carry out training to help them keep safe when going out of the house on their own. They told us they felt very positive about this as it had enabled them to be more independent.

We also received positive feedback about how safe the service was from people's relatives. Comments we received included, "Safe? Yes, [family member] is looked after properly." And, "I do think [family member] is safe, they seem very good." Another relative told us when we asked whether they felt the service was safe, "Oh yes, absolutely."

Staff records we looked at confirmed they received training in safeguarding people from abuse or poor practice. We discussed this with staff who demonstrated a good understanding of the principles of safeguarding. Staff we spoke with told us they would not hesitate to report any concerns to the registered manager or to external agencies, if they needed to, in line with the service's policy and good practice guidelines.

We found the registered manager assessed risks related to the environment and people's personal safety as part of the care planning process. This included support to prevent falls, behaviour that challenges, personal care, mobility, nutrition and weight management. We saw records of accidents and incidents, which included details of the event, any injuries and action taken to reduce the risk of or to prevent recurrence. The registered manager regularly reviewed accident and incident records in order to identify any trends or themes, with the emphasis on learning from adverse incidents.

Staff files contained evidence the registered manager had carried out checks to reduce the risk of recruiting unsuitable staff. This included checks with the Disclosure and Barring Service, a review of the candidate's employment history and references from previous employers. People we spoke with and their relatives confirmed people were supported by a consistent core group of staff who knew them well. People and staff we spoke with said there were sufficient staffing numbers to meet care requirements. Some staff commented there had been some concerns recently with management cover at some of the tenancies due to a high turnover of house managers. The provider had taken steps to recruit new managers who were due to start shortly after our inspection.

We discussed medicines with staff and reviewed records related to their administration. Staff were clear about what to do if people refused their medicines and the importance of following their wishes. Staff carried out regular checks on medicines and reported any concerns or issues to the registered manager. Staff assessed risks around medicines and ensured staff received relevant training to support people with their medicines safely. This showed the service followed good practice guidelines from NICE with regard to medicines management.

The Care Quality Commission (CQC) have no regulatory powers or duties to inspect people's own homes.

However, this does not mean the registered provider has no responsibilities in relation to the environments people who use their service live in. We looked at how the service ensured people were supported in a safe environment. We saw staff carried out regular checks on the environment in order to remove or reduce the risk to people in their own homes. For example, staff carried out regular checks on fire detection equipment and water temperatures, and contacted landlords for any maintenance work that was required.

Staff had received training on infection prevention and control. This training gave staff the knowledge they needed to help keep people who used the service, and themselves, safe from the risk of the spread of infection, when delivering personal care. Staff we spoke with told us there was always sufficient persona protective equipment, such as disposable gloves, available when needed.

Good

Is the service effective?

Our findings

People we spoke with, and their relatives, told us they felt staff had a good level of knowledge and skills. People also told us staff encouraged them to lead healthier lives and supported them to attend appointments to manage ongoing health needs. One person told us, "I help plan the weekly menu, we do it in advance. Staff help me with food shopping which is a good thing. They've supported me to do healthy eating and make healthy choices. It's much better for me."

Relatives we spoke with told us they felt the service was effective and their loved ones received the care and support they needed. Comments included, "Staff are very nice. No problems, they know what to do." And, "[Family member] needs a lot of support, his diet is carefully thought out, he has trouble swallowing, but is well supported." And, "Healthcare needs are all in hand, [family member] has regular appointments."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

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 were being met. Records we reviewed and discussions we had with senior staff showed people's capacity to make decisions had been assessed. Where people lacked capacity to make decisions, the service followed best practice guidance, which helped to ensure decisions taken were in the person's best interests. Where authorisations to deprive someone of their liberty had been granted by the Court of Protection, we saw the provider incorporated any conditions into the person's written support plan.

We reviewed records which showed staff had received training on the MCA and staff we spoke with had a good level of knowledge in this area. Care records we looked at showed and people we spoke with told us staff supported people to make choices as far as they were able. One person told us, "I choose everything in my support plan. I lead the staff." Care records contained evidence people or their representatives had signed consent to their care and support. We observed staff respected people's decisions in the support provided to them.

In addition to achieving nationally recognised qualifications, the registered manager worked with external organisations to develop their workforce. This included the care certificate, which covered such areas as person-centred care, communication, first aid and environmental safety. Staff received supervision and appraisal to support them in their roles. Staff we spoke with told us they felt well supported by the registered manager. Some staff did, however, comment they felt less supported over recent months due to changes in house managers. The provider was working to address this by recruiting new house managers at the time of our inspection.

The registered manager had effective systems to protect people from the risk of malnutrition and poor food safety. These included regular weight checks, monitoring charts and risk assessments. We found staff had

training in the safe management of food preparation and hygiene. We saw people had been involved in choosing meals which were included on a weekly menu. This was reviewed each week to ensure people we satisfied with the food available to them.

Staff worked closely with other healthcare professionals to maintain people's continuity of care. They retained detailed records of healthcare appointments, for example, hospital and community services and GPs. We saw effective communication systems, such as updated care planning and medication changes, meant staff were informed about each person's ongoing needs.

We found some people's homes had been adapted to meet their needs. For example, an electric hoist had been fitted to one person's bedroom ceiling. This enabled staff to carry out moving and handling procedures more effectively.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind in their approach. One person said, "Do I look happy or not? You won't get any better. It's lovely here and the staff are always nice." Another person told us, "The staff are really kind and caring."

Relatives we spoke with described the staff team as kind and caring. They explained staff offered emotional support to their loved ones and to them as well. Comments included, "[Family member] has built a relationship with them, they know his likes and dislikes." And, "They know [family member] very well. They treat her as an individual."

We observed staff supported people with patience, compassion and a friendly attitude. Staff made good use of eye contact and humour when they interacted with people. We observed people were relaxed when interacting with staff and had developed positive, caring relationships.

People and relatives told us staff involved them in every aspect of their support and care planning. Care records we looked at contained information about each person's wishes and preferences. The support provided to people was aimed at maintaining and increasing their independence, as well as developing life skills.

Staff had received training which gave them knowledge about respecting people's human rights and how people should not be discriminated against, in line with the protected characteristics in the Equality Act 2010. The service's policies and procedures took people's rights into account and demonstrated the service had an ethos where equality was promoted and diversity valued.

We discussed advocacy services with the registered manager. An advocate is an independent person who can act on another's behalf, to ensure any decisions are in their best interests. The registered manager explained they signposted people to advocacy services as appropriate. This showed the service supported people to access advocacy services when they needed them.

Good

Is the service responsive?

Our findings

People told us they received support that was responsive to their needs and took account of their preferences. People explained they could choose what staff supported them and what they preferred to do by themselves. People also told us they knew how to raise concerns if they were not happy with something and staff assisted them, where required, to maintain their social health.

One person we spoke with said, "I'm working in a charity shop and I go to the [local facilities] for a group. It's good, I enjoy it and it keeps me active." Another person commented, "I would tell staff or on-call if something was wrong."

Relatives we spoke with were equally positive about how responsive the service was. Comments we received included, "[Family member] goes swimming, eats out and goes shopping. She does a lot." And, "[Family member] has a good range of activities. She goes dancing on a Tuesday. She enjoys aromatherapy, massages and facials. She gets taken out for meals, she has a good quality of life." Relatives also explained they were confident any concerns or complaints they raised would be taken seriously and dealt with satisfactorily.

Care records we looked at were detailed and individualised to people's requirements. Staff completed assessments of people's needs to guide staff to provide the best possible care. These covered personal care, social needs, nutrition, mental and physical health, medication and medical conditions.

We saw care records contained information about people's preferences. This included people's choices around personal care, meals and drinks, preferred name, hobbies and interests. Staff we spoke with demonstrated a good level of knowledge of each person's preferences. Along with all other records, we found people's information was regularly reviewed and updated with them or, where appropriate, their representatives.

Information was available to assist people and visitors to understand how to make a complaint. This covered how the management team would respond and how individuals could raise their concerns with other organisations, such as the Care Quality Commission (CQC). The registered manager told us they had not received any complaints in the last 12 months.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. Important information about how to communicate effectively with people was recorded to guide staff and to give information to other services if, for example, someone needed to be admitted to hospital. These communication tools guided staff on how to communicate and respond in a person centred way. The provider for people who used the service in different formats, such as easier to read documents with pictures, to help people understand the information. This showed the registered provider provided accessible information related to a disability or sensory loss so care delivered could be responsive to people's needs.

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

We saw from records, staff had discussed with people their preferences for end of life care. This information was clearly recorded and reviewed to ensure it remained in line with people's wishes. We discussed end of life care with the registered manager who explained the steps the service had taken to support someone who had died recently. Staff had received training to enable them to care for someone who was in the final weeks and days of their life.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and relatives we spoke with told us the service was well-led and gave mainly positive feedback about leadership. Comments we received included, "yes, it is well managed, I am usually kept informed." And, "Yes, I do think the service is well-led. They let me know if there are any problems."

However, some relatives and staff commented there had been concerns recently with management cover at some of the tenancies due to a high turnover of house managers. The provider had taken steps to recruit new managers who were due to start shortly after our inspection.

The registered manager had processes to regularly monitor the quality of service provided. These covered staff training, supervision and appraisal; care records; environmental and fire safety; housekeeping; and medication. We saw evidence the registered manager addressed any identified issues to maintain everyone's safety and welfare. For example, increased audits around medication when issues had been identified.

The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their roles and, between them, provided a well-run and consistent service.

Staff we spoke with told us they enjoyed working for the service and received a good level of support from the management team. Staff explained there was always someone on hand to offer guidance and advice, if they required it. Staff told us all they had to do was speak to their manager or pick up the phone to call the office if they had any concerns to raise or issues to discuss. Some staff we spoke with told us they felt the level of support they had received form their immediate line managers had reduced over the previous months. This was due to a high turnover of house managers. The provider was in the process of recruiting new managers who were due to start shortly after our inspection.

We found the registered manager worked with other organisations as part of their ongoing work to ensure the service provided was of a good standard. We saw information was shared with other organisations, where appropriate, so people received a consistent service which met their needs. They also attended local forums and meetings, as well as reviewing information from various other sources in order to ensure the service continued to operate within current best practice guidelines.

The registered manager shared with us the plans they had for the future. These included improving the methods used for gaining feedback form stakeholders, introducing an 'at a glance' system for monitoring audit completion and involving people who use the service in interviewing potential new staff. They also

explained they had begun to work with one person to introduce a newsletter for people who use the service and other interested parties. This was going to be led by people who used the service.

The service had on display their last CQC rating, where people who visited the office could see it. This is a legal requirement from 01 April 2015.