

Lancashire County Council

Fylde Domiciliary Service

Inspection report

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Date of inspection visit: 15 January 2015
Date of publication: 29/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 15 and 21 January 2015. The provider was given 48 hours' notice because the location provides a supported living service to people in their own homes and we needed to be sure that someone would be in. The service was last inspected in February 2014 where we found minor concerns with regard to how the provider assessed and monitored the quality of the service. During this inspection we found

improvements had been made which meant the provider was now meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Fylde Domiciliary Service is one of a number of services provided by Lancashire County Council.

Fylde Domiciliary Service provides personal care services to adults with learning disabilities in their own homes. This arrangement is called 'supported living' because

Summary of findings

people are supported to live, often in groups, in properties which are provided by a social or other landlord. The service provides 24 hour support to 25 people in the Warton, Lytham and St Annes areas.

The service has 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 found people were supported by a stable staff team who had been trained to keep people safe and to prevent avoidable harm. Staff told us they would not hesitate to raise concerns about poor practice. There were safe and effective systems in place to manage people's medicines.

Staff had a good knowledge of people's needs and had received training in specialised subjects to ensure they could meet people's individual needs. People were encouraged and supported to lead a healthy and active lifestyle as much as they were able.

People's privacy, dignity and independence was respected and promoted by staff who were kind, caring and considerate in their approach. People and their relatives were complimentary about the service provided.

We found that Fylde Domiciliary Service provided a personalised service to the people they supported. People were able to be as independent as they wished and could pursue their own leisure or work interests. Staff provided support which was tailored to their individual needs.

The service made sure people received a high quality of support in a number of ways. These included staff supervision and appraisal, regular team meetings and sharing best practice across the provider group. People and their relatives were asked for their views and opinions about the support provided and staff were also able to contribute ideas and suggestions to 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 had been trained to recognise and report abuse and systems were in place to prevent avoidable harm.

The service ensured staffing levels were sufficient to meet peoples' needs and staff were recruited following safe recruitment practices.

There were effective systems in place to manage medicines safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the required skills and knowledge to undertake their role effectively.

Where people lacked capacity to make certain decisions, the provider ensured decisions were made in people's best interests, in line with the Mental Capacity Act 2005 Code of Practice.

People were supported to eat and drink sufficient amounts according to their needs and were encouraged to eat and drink a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People were supported by a small core team at each of the houses. Staff were considerate, kind and caring towards people and their relatives.

People's privacy and dignity was respected and promoted and people were able to live as independently as they wished.

Effective processes and procedures were in place to ensure the confidentiality of sensitive personal information.

Good



Is the service responsive?

The service was responsive.

People and those close to them were involved in making decisions about the support delivered by the service.

People received individualised support that was centred around their needs and preferences.

People and their relatives told us they knew how to make a complaint and felt they would be taken seriously if they did.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and their relatives were asked for their opinions about the support that was delivered by the service.

The staff team were well supported by management and were able to make suggestions and raise concerns.

A variety of tools were employed by the service, to ensure they assessed and monitored the quality of the service delivered to people.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to assess the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 21 January 2015. The provider was given 48 hours' notice because the location provides a supported living service for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector and an expert-by-experience who conducted telephone interviews with people who used the service and their relatives. 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 had experience of working with people who had learning disabilities.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also spoke with the commissioning department at the local authority to gain a balanced overview of the service provided.

We undertook this inspection by visiting three people in their own home and visiting the provider's registered office. We spoke with an additional two people who used the service and eight people's relatives over the telephone. The people we spoke with were only able to give us limited responses due to their learning disabilities. We also spoke with three care staff as well as two house managers and the registered manager. We looked at three people's support plans and associated care files. We also looked at a range of performance management and audit information including that relating to staffing, training and medicines.

Is the service safe?

Our findings

All of the people we spoke with and their relatives told us they did not have any concerns about safety. People we spoke with told us they felt safe with and trusted the staff who supported them. People also told us they would feel able if to tell someone if they were unhappy about something. Comments included: "The staff are nice"; "Yes, I can do that [Raise concerns with staff]". None of the other people we spoke with expressed any concerns about the safety of people who used the service. Relatives told us: "The staff are wonderful. [Relative] is very, very happy there"; "I've no issues with the service"; and "I can't fault them".

We talked with staff about how they ensured the people they supported were safe. Staff explained that each person had a range of risk assessment and individual support plans that gave staff guidance on how to help keep people safe. Staff also explained that they had built up good relationships with the people they supported and were able to tell when something was wrong. They told us the signs may include unexplained mood swings, or other behaviour that was out of character. Staff told us they would not hesitate to report any concerns to management.

The registered manager told us and staff confirmed that training on safeguarding vulnerable adults was provided annually. Training records confirmed this. The training helped to ensure that staff had up to date knowledge of their responsibilities as well as local procedures. The service had implemented a suitable policy with regard to safeguarding which was kept under regular review.

A system was in place to report concerns and any allegations of abuse which meant the local authority was informed of any untoward incidents so they could carry out an investigation. The local authority confirmed they were satisfied that the service reported any incidents appropriately. The service also ensured notifications were sent to the Care Quality Commission as appropriate. This helped to ensure people were safeguarded.

The service recognised that people were entitled to be as independent as they liked and that people were also entitled to take risks. This included respecting people's freedom and freedom of movement. People were encouraged by support workers to be as independent as they were able to be, including helping people to learn life

skills. Individual risk assessments were carried out for each person who used the service. Where risks were identified, guidance was in place for staff to support people in the way they wanted to be supported whilst minimising the identified risks. People were involved in discussions about the risks posed by going out into the community or by participating in certain activities, which helped to ensure people could make informed choices with regard to risk taking. We found examples of people taking risks, for example, two people who were supported by the service attended a party over the Christmas period where there was alcohol present. The service ensured that these people understood the risks involved with alcohol prior to the party taking place. Another example was one person who wanted to attend a conference on their own. The service facilitated a discussion between this person and their parents, so that the risks could be discussed and assessed, and the person could make an informed decision.

We looked at how staffing affected people's lives. All the people we spoke with and their relatives spoke positively about the staff team and staffing levels provided by the service. We did not receive any negative comments about staffing. People told us that staff were always available when they needed them. Relatives comments included; "I've no issues with the staff" and; "I can't fault them". Relatives gave us examples of when the service had ensured staff supported people in circumstances that were out of the ordinary, such as staying with people when they had been admitted to hospital. Staff told us they were happy with staffing levels and that they got plenty of time to support people and were never short staffed. Staff rotas were prepared and issued six weeks in advance so people who the service supported knew who was supporting them well in advance.

The service operated an on-call system for people who used the service and staff, so there was always a manager available to offer advice and guidance, or to deal with any issues that may arise. The on-call person was also responsible for covering any staff sickness. This either involved asking staff to work extra shifts, which they confirmed they would, or calling on a member of the service's 'bank' staff.

We were able to confirm that the provider operated safe recruitment practices. Staff told us and records confirmed that they had completed a standardised application form, attended an interview and that the provider had

Is the service safe?

undertaken checks to make sure prospective staff were fit for the role prior to an offer of employment being given. Checks included seeking two written references from previous employers, occupational health screening and a check with the Disclosure and Barring Service (DBS).

We looked at how the service ensured people's medicines were managed safely. We saw discussions had taken place with each person around medicines and people had made the choice to administer their own medicines or for staff to administer their medicines. The service was responsible for administering medicines for all but one person. We saw that, where people had chosen to self-administer, this had been thoroughly risk assessed and guidance was in place for staff to support the person. Where people chose for the service to administer their medicines, staff were provided with guidance on how best to support people. This included detailed guidance on the use of 'as and when required' medicines. Staff were also required to contact the on-call manager for authorisation before administering these types of medicines.

Staff were required to undertake a training course on medicines management before they were allowed to administer medication. We confirmed this with staff and by looking at training records. This training was refreshed every three years to try to ensure staff skills and knowledge were up to date. The service operated an annual competency check for medicines administration for all staff. Any issues that were identified were addressed in supervision sessions before staff competency was reassessed.

There were safe systems in place for the ordering, storage, administration and disposal of medicines. This included controlled drugs. Controlled drugs are medicines which are subject to special legislative controls because there is a potential for them to be abused or diverted, causing possible harm. We confirmed the service was not storing or administering any controlled drugs at the time of the inspection.

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to carry out their role effectively. People we spoke with were positive about the staff who supported them. People indicated to us that they got on well with staff and that staff provided ‘good support’ that they liked. Relatives we spoke with told us they had confidence in the skill and knowledge of the staff that supported their loved ones. Comments from relatives included: “I’m very happy with the service. They work well with [Relative]” and “The staff are very good with [Relative] and he likes all the staff”.

We spoke with the registered manager and staff, and looked at training records to find out what training staff received. We found that staff received a comprehensive, four-day induction before they started working to support people. New staff also had to complete a six-month probationary period, during which they were required to demonstrate that they could fulfil their role and responsibilities.

Staff told us and training records confirmed that as well as mandatory training in areas such as moving and handling, health and safety, food hygiene and safeguarding, staff also undertook training on topics that were specific to the needs of people they supported. For example, staff had completed training in behaviours which may challenge the service, epilepsy and diabetes.

Staff received regular supervision and appraisals. Supervision sessions were carried out every six weeks between staff and house managers. Staff told us that they felt supervision sessions were worthwhile. Topics for discussion included what has been and what is happening in the house, any concerns or problems, training and development, support plans and reviews of support. Staff told us that they did not have to wait for a scheduled supervision to have a discussion with management and knew they could approach them at any time with concerns or suggestions.

We asked staff how they made sure that the care they were providing was what the person wished. Staff told us that they used the notes contained in the care plans to guide them about needs and preferences as well as their knowledge of the person. They were clear that they could not force a person to accept care they did not consent to. For most day to day care tasks they relied on implicit

consent, which is given when a person cooperates or otherwise willingly accepts care. Relatives we spoke with told us that staff tried to involve people in decisions as far as possible. One relative to us: “They involve [Relative] as much as they can and provide her with choices to help her decide”, another said: “They involve [Relative], they listen to him and provide choice”.

The Mental Capacity Act (MCA) 2005 includes arrangements for people who are not able to consent to certain decisions. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in a supported living setting where people are tenants in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. We discussed this with the registered manager and found they had a good understanding of the MCA and DoLS. Training on capacity is delivered to new staff during their induction training. Training for all staff on the MCA and their responsibilities is due to be delivered this year.

Where people lacked capacity to make certain decisions for themselves, the provider ensured a ‘best interests’ process was followed, which involved the person, people close to them and appropriate professionals. All discussions and decisions were recorded to provide a clear audit trail of the options considered and rationale for the decisions that had been reached.

We looked at how people were supported to eat and drink well. We saw that each person who received support from the service had a ‘health action plan’, which included information and guidance on people’s healthcare needs including nutrition. Staff encouraged people to eat a healthy and balanced diet, but were clear it was people’s choice as to what they ate and drank. People who received support from the service were encouraged to be involved in grocery shopping and preparing meals, as much as they were able or wanted to. One of the people at the house we visited regularly went shopping with support from staff.

Where people required special diets to manage their health needs, such as diabetes or where people had difficulty swallowing food and drink, advice was sought from healthcare professionals. For example, we saw for one person that had difficulty swallowing, a speech and language therapist and dysphagia specialist had been involved in completing a safe swallowing assessment. They provided guidance for how this person required support to

Is the service effective?

eat and drink safely. The registered manager also showed us a copy of a new publication on food safety which provided good guidance for staff and was due to be issued to all the houses.

People's 'health action plans' also contained information about their other healthcare needs as well as nutrition. We saw that a variety of healthcare professionals were involved in people's care. For example, each person was registered with a local GP, some people were registered with a local dentist and others with a dentist who worked with people with learning disabilities. Where people suffered from epilepsy, the community matron was involved in people's care. People also received visits from Learning disability nurses, district nurses, physiotherapists and chiropractors,

amongst others, as required. This helped to ensure people had access to the services and support they needed in order to meet their healthcare needs. Relatives we spoke with told us they had confidence that their loved ones received healthcare that met their needs. They told us the service sought guidance and support when necessary.

Some of the people who received support from the provider had difficulty in communicating verbally. On each of the care files we looked at there was a "patient passport" which provided key information which would be of use to another agency, such as a hospital or clinic, and would help to make sure that the person received the right treatment.

Is the service caring?

Our findings

People we spoke with indicated that they found support workers to be caring and kind, and that they had a small number of regular staff that supported them. Relatives we spoke with told us staff were caring and had spent time getting to know their loved ones. Relatives also told us that people enjoyed a positive relationship with staff and that support was provided by a small, consistent and familiar staff team. One relative told us: "They are very caring and understanding" whilst another said; "They've got to know him very well and they know if he's not happy". Another relative commented: "I'm absolutely delighted with the service. They keep me up to date with what's going on and through seeing [Relative] every week I've got to know the carers. I am completely satisfied".

People and relatives we spoke with told us that staff endeavoured to involve people as much as possible in making decisions around the support provided. We also received positive comments about how people were supported with day to day decisions, for example, one person told us; "They [Staff] help me choose my clothes and trainers". Each person and relative we spoke with told us they felt involved in the decision making process.

People who were supported by the service enjoyed a high level of privacy and dignity because they lived in their own homes. Within each house each person had their own bedroom as well as access to communal areas such as the kitchen, lounge, gardens and bathrooms. We were told by staff that people's relatives were able to visit at any time and relatives we spoke with confirmed this. From speaking with staff and looking at training records we were able to see that staff had undergone training in person centred approaches. Additionally, privacy and dignity was covered during the provider's four-day induction training for new

staff. In each house, there was a 'Who's home is it?' document, which included guidance for staff on privacy and dignity. This helped to ensure that people's privacy and dignity was respected and promoted.

Because people who were supported by the service lived in their own homes, they also enjoyed a high level of independence. We saw examples of people's weekly plans which included, doing voluntary work in a local charity shop, visiting day centres, shopping, visiting a local disco, tending to an allotment having lunch out and going to the pub, as well as undertaking household chores, cooking, and relaxing at home. Staff explained that they were able to support people with activities when they wished and that extra staff were on shift when people were due to attend certain activities so the level of support in each house was not compromised.

All the staff we spoke with at each level of the organisation had a good knowledge of the people they were caring for. When they spoke with us it was clear that in many instances they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences.

During the inspection we saw that house managers acted as lay advocates for people if they did not have anyone else who could do this for them. For example, managers would liaise with landlords or other agencies as required when people needed something, such as maintenance on the house.

We saw that sensitive records were kept in the office at the house we visited, which was kept locked when staff were not in the office. Records at the main office were kept securely, so only those people who were authorised could access them. Electronic records were kept secure on the service's network by means of login and password protection. This meant only staff with the right credentials could access them. This helped to keep people's sensitive personal information private and secure.

Is the service responsive?

Our findings

We asked people and their relatives about their experiences of the support provided by the service. People told us that they felt ‘in control’ of their lives and that they were able to make choices about how the service supported them. Relatives we spoke with told us that support was planned and delivered around the person concerned in terms of their needs, likes and interests. For example, relatives told us that their loved ones were happy here they got on well with staff and were involved in decisions relating to their lives. On relative said; “They include [Relative] in everything.” Relatives spoke highly about how staff endeavoured to include people in decisions relating to their lives, as far as was possible.

We looked at care documentation for three people who were supported by the service. We saw that people’s needs were assessed and relevant support plans were drawn up based on the assessments. Areas covered included, health needs, communication, mobility, preferences, activities and interests, family and relationship circle. We saw that plans were written from the point of view of the person concerned, rather than being task or service oriented. Because of the way they were written the care plans reflected the views of the people who used the service and were written from their perspective. We could see that where appropriate people’s families had been involved in these discussions as well as the people themselves. When we talked with people who used the service and their relatives, it was clear that they were happy with the care that was provided on the basis of these plans.

We saw that support plans were reviewed and updated on an annual basis, although the registered manager told us they were moving to six-monthly reviews. We were also able to see from plans and staff confirmed that if someone’s needs changed, assessments of needs and

associated support plans would be updated as required. We talked to support workers about the plans and it was clear to us that they used them regularly, knew the content of them and contributed to them as required. The care files we looked at were clear and legible. Staff explained that they felt the support plans contained all the information necessary for them to support people and that over time they had also got to know people well so they were able to anticipate people’s needs.

The plans helped support workers to work with people who might not be able to communicate verbally and so included information about how to tell if people were happy or sad or in pain, judging by non-verbal signs, such as expression. We saw staff interact with people in a kind, caring, patient and knowledgeable manner.

People and their relatives were invited to give feedback on the service at review meetings which were held annually, and on a more informal, on-going basis. The service was currently undertaking a review of the use of a satisfaction survey to gather feedback from people and their relatives about the support provided. The registered manager explained that they had used surveys in the past but had received very little response. One of the house managers was setting up a coffee morning so people could meet and share their views about the service, but this had not yet been implemented.

Relatives explained that they felt comfortable raising concerns or making suggestions about the service and were confident that they would be listened to and their feedback acted upon. There were pictures of staff and managers at each of the houses, with information about who people could contact to make a complaint. The service had not received any formal complaints in the last 12 months prior to the inspection. An appropriate policy and procedure had been implemented to manage complaints.

Is the service well-led?

Our findings

We spoke with people about whether the service asked them for their opinions on the support delivered to them and whether they were kept up to date with things that were happening, for example in the house. People indicated to us that staff asked them how the support was working for them and whether they were happy and that they felt involved in things that were going on.

We spoke with relatives about their experiences of the culture of the service and how effectively the service communicated with them. They told us that the service facilitated their involvement and communicated with them effectively. One relative told us; “They contact me as necessary or appropriate” another said; “They include me in everything” and another commented; “They’ll phone me up if anything happens”. Relatives also gave examples about how they had been contacted with regard to choosing bedroom furniture and with regard to an incident that had happened. The relative who told us about the incident explained that because of the way it had been dealt with, they retained their confidence in the service. Relatives also told us that staff had a clear understanding of their role and responsibilities, which was reflected in their positive comments.

Relatives we spoke with also gave their opinions about how the service was managed. Each relative told us they were happy with the service, how things were managed within the houses and that staff worked well as a team.

Staff we spoke with told us that they enjoyed their work and that they had a good team. They told us they felt they had an outstanding level of support from the house managers.

Staff told us that team meetings took place every eight weeks. They explained that the meeting was like a group supervision session, where they discussed any changes or information that needed to be relayed from management, planning ahead and they were asked for their views and

opinions on matters affecting the service. Staff also completed a staff survey on an annual basis, which gave them another avenue to feedback about how they felt about the service and offer their ideas and suggestions.

The registered manager was also responsible for another of the provider’s supported living services in the locality. He explained that they held ‘best practice’ days, where staff from both services were able to get together to share ideas and discuss best practice. The house managers we spoke with felt this was a good way for them to keep up to date with best practice and to see what had worked for other managers in similar positions.

The service had good links with the community including, amongst others, local park facilities where people attended yoga and exercise classes, a local zoo where people were able to work with animals, local charity shops where people could undertake voluntary work and a local swimming baths. We saw from records of activities that people took advantage of these links with the community on a regular basis.

A variety of mechanisms were in place to monitor and assess the quality of the service provided. An on-going dialogue was maintained between people who were supported by the service, relatives, staff and management to ensure that any concerns could be identified and addressed quickly. In addition, checks on care documentation, audits of medicines, finance, health and safety checks and audits of staff supervision were carried out regularly. Where issues were identified, they were explored and changes to improve the service were made as a result. For example, we saw that a recent medicines audit had highlighted concerns about the accuracy of doses of liquid medicines. The provider had taken steps to analyse the problem and as a result had implemented a new system to trial to see if accuracy improved.

Registered providers are required to notify the CQC about any significant events which might take place in their service at any time. We reviewed each of the notifications we had received in the last year and were satisfied that they had been made correctly.