Lancashire County Council

Chorley Domiciliary Service

Inspection report

Holly Trees Resource Centre
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21 September 2018

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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

Chorley Domiciliary Care service provides personal care to people living in their own houses in the community. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating.

The service is registered to support older people, people living with dementia, learning disabilities or autistic spectrum disorder, mental health needs, physical disability and younger adults.

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 on going 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.

There continues to be a registered manager in post who is supported by seven team managers. People and staff spoke positively about the management team of the service.

Risks to people were assessed and action taken to reduce them. Staff were able to explain different types of abuse and were aware of action they should take if they had any concerns. A safeguarding referral had been made appropriately.

There were safe systems in place to support people with their medicines.

Appropriate recruitment checks were undertaken before staff started their employment, to ensure they were suitable to work with vulnerable people.

There was a large staff team in place and a system was in place to ensure a person is supported by a consistent staff team.

Staff received induction, training and supervision to give them the skills and knowledge they needed to care for people effectively. From the start of employment all staff work towards achieving the Care Certificate and then are encouraged to pursue further development opportunities.

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 received support with their nutritional needs where required and people were satisfied with the support they received to shop and prepare meals.

Staff sought advice from healthcare professionals when they had any concerns about people's health.

Staff treated people with dignity and respect and supported people to maintain their independence. We observed caring interactions between staff and people who used the service. It was evident staff knew people well and that meaningful relationships had developed. There was a positive, person-centred culture within the service.

Care plans were in place to give staff the information they needed to support people in line with their preferences and needs.

The provider had a policy for responding to any concerns and complaints. People told us they would feel comfortable reporting any concerns and were confident these would be addressed.

There was a quality assurance system in place to monitor the quality of care. This was overseen by the registered manager and audited by senior managers of the Local Authority.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Chorley 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 inspection took place on 10 September and the 21 September 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one adult social care inspector.
Before the inspection, we looked at information we held about the service. We reviewed notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We collated all this information into a planning tool to help inform the inspection.

We also contacted the Local Authority for any information they held on the service.

We spoke with seven people who used the service, two relatives of people that used the service eight support workers, three team managers, and the registered manager. We reviewed four peoples care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service such as training records and audits.

Good

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe with the staff that supported them. One told us, "They've never let me down." We observed friendly and confident interaction between people and the staff that supported them.

We saw detailed risk assessments for people's safety these took into account the action to take to minimise potential risks for both the staff and the people they support. For instance, one file we viewed outlined how staff should approach the person in order not to cause anxiety and to reduce the risk of the person becoming distressed. Another file documented the equipment and action taken by staff to reduce the person's risk of pressure sores developing. The registered manager also competed risk assessments in relation to the home environment, with key information that staff needed to be aware of.

All accidents and incidents were recorded and discussed at management meetings so that where possible the registered manager learned from any issues or incidents that occurred in order to make improvements. Where relevant, this included sharing information across other services and managers.

One of the main documents in use at the service is called 'My Home, Not Yours'. This is a powerful document and clearly outlines to staff that the people they support are extremely vulnerable and that the responsibility and power they have must be used for the benefit of the person they are supporting. Subtle behaviours they display could be perceived as an abuse of that power, examples given are 'watching what the staff want on television and ordering takeaway food that the person pays for.

Staff received safeguarding training and were able to describe how they would identify and report any concerns. We viewed records that showed the provider had appropriately reported a concern to the local safeguarding team so it could be considered for investigation.

Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check.

The service provides support for 37 people in 13 properties. There was a large staff group that was arranged in teams to support people in their own homes. Where possible the same staff worked with people in order to provide stability and continuity. The registered manager explained that a lot of the staff had been with the service for a long time but due to retirements they were currently recruiting new staff. However this was not impacting on the people being supported as there were a large group of casual staff that could be asked to cover shifts ensuring at all times there are sufficient staff to safely meet people's needs. Staff rotas and working patterns were planned around care packages.

The number of staff at each property is dependent on the assessed need of the people being supported, however staff are in attendance at all times through the day and night. In addition there is always an 'on call' manager available to provide support and advice should any unforeseen issues arise.

Staff received training about infection prevention and control, together with food hygiene.

Medicines were appropriately managed and administered. Staff received medication training and their competence was assessed before assisting people with their medicines. We observed the records and storage of medication the peoples home and saw this was safe. Medication records were routinely audited by the registered manager so that she could check that medicines had been given in line with people's prescription.

Good

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. Relatives told us, "The staff are very good. We've been amazed at how well they work and how much patience they have." and "They are very good. I have nothing but praise for them. The people get the best care possible."

Staff told us they felt well supported in their roles. When staff began to work for the provider they received an induction during which they were made aware of the provider's policies and procedures. There is a staff handbook which is given to each member of staff. The handbook provides an overview of all the policies and procedures in a format that is concise and easy to read. We spoke to two new staff who were at the start of their induction programme one said, "It has been really good, being here with a manger going through the policies makes such a difference, it brings it to life much better than just being given a copy to read. I am looking forward to working here."

Records confirmed that staff received regular supervision. Records also showed that all staff had completed mandatory training which included health and safety, infection control, equality and safeguarding adults. Staff had also received training relevant to people's specific needs for example, positive behaviour awareness, and communication methods.

Staff skills and competencies were assessed across the first six months of employment to ensure they were meeting the required standards. We saw that all new staff were signed up to the care certificate qualification. The care certificate covers the basic standards that are required to work within care. The ongoing training of staff was monitored and refresher dates set.

The registered manager carried out care assessments of people's needs before they started to use the service. This was to ensure the service could meet people's needs. People's preferences as well as their rights and their capacity to make particular decisions were assessed, discussed and recorded. The registered manager involved people and their family members in the assessment process. People's care plans were reviewed monthly and updated appropriately when there was a change in people's needs.

Staff supported people to maintain good health by monitoring people's health and wellbeing. Staff supported people to access healthcare appointments if needed. The staff liaised well with health and social care professionals involved in people's care if their health or support needs changed. Records of health care appointments were kept in people's files explaining the reason for the appointment and details of any treatment required. We saw two complementary letters from health professional expressing their gratitude to the staff for accompanying the person and helping them understand the procedure with a calm and reassuring manner.

People were protected from the risks of poor nutrition and dehydration. People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. People's dietary requirements, preferences and how they wished to be supported with this were identified during the

assessment process. This information was documented in people's care plans. The meals prepared by staff were based on people's specific preferences. A relative told us, "They [staff] know what [the person] likes to eat and that's what [the person] has."

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that when they had concerns regarding a person's ability to make a decision they would always hold a best interest meeting with their family members and health and social care professionals in line with the MCA.

The staff we spoke with understood the main principles of the MCA and knew how it applied to people in their care. Staff were aware of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. They told us they always assumed people had mental capacity to make their own decisions. Staff asked people for their consent before providing care or support and they respected people's choice to refuse support. People told us they were able to say how their care was provided and that staff always asked for permission before providing care or support

Good

Is the service caring?

Our findings

The interactions we observed between staff and the people they support were warm and friendly. It was apparent that they had a positive relationship and knew each other well. Staff talked to the person about a forthcoming activities and what they liked doing. Staff also demonstrated consideration of the person's comfort. For instance, making sure they were comfortable and warm in their wheelchair before being assisted into the car.

Staff provided us with examples to illustrate how they maintained people's dignity when providing them with personal care. This was confirmed by people we spoke with. One person told us, "They support me with a shower and are good at this."

Staff encouraged people to do things for themselves where they were able to and tailored their support according to people's needs. People we spoke with confirmed the care they received helped them continue living independently in their own home.

Staff had good knowledge and understanding of people's care needs and preferences. Staff were positive about their job roles and were motivated and passionate about making a difference to people's lives. The registered manager told us, "For me it's about really getting to know people and supporting them to do what they want. I really want them to be happy and settled." Staff told us, "I really enjoy my job. I look forward to going to work because I know I'm making a difference" and "I like what I do, the people I support and the people I work with."

People received care from a consistent staff team. Each person had the same team supporting them. The registered manager told us she matched people and staff taking into account their personalities and interests. This helped staff to get to know people well and form meaningful relationships with them. People knew the staff and told us that they could talk to them if they had any problems.

People were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People felt in control of the care they received and told us that they made the decisions about their care and support. Staff supported people to maintain their independence. They encouraged people to do as much as they could for themselves which helped people to develop life skills. For example, people were supported to do their own shopping and make their own meals. People who were willing and capable of managing their own medicines safely were actively encouraged and supported to do so.

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files, such as any equipment people needed due to a physical impairment. Staff respected people's faiths. The registered manager told us how staff had supported a person who had suffered a bereavement to follow their cultural needs in the religious services leading up to the funeral. The registered manager went on to explain this meant a lot to the person but that also the staff had learnt a lot.

Good

Is the service responsive?

Our findings

People continued to receive a service which was responsive to their needs. Each person had a detailed care plans that identified how their assessed needs were to be met. Care plans included information on their background, hobbies and interests and likes and dislikes. Each care plan also had a one page profile that was entitled 'it's all about me' this gave a 'at glance' picture of the important information in case staff that were unfamiliar with the person had to attend in the event of an emergency.

The activities people were involved in were tailored to their ability, choice and lifestyle to encourage participation and reduce social isolation. Staffing was provided based on the assessment of risks of the activity to be undertaken. The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service was working according to the framework.

Care plans included detailed assessments, and took into account people's physical, mental, emotional and social needs. A shorter, simpler care plan was also produced which presented information using pictures so that they were more accessible to the people concerned. Care plans were regularly reviewed and updated if any changes had been identified. Relevant health and social care professionals were involved where required. Health professionals' advice was listened to and acted upon by staff.

Care plans were sufficiently detailed to guide staff on the nature and level of care and support they needed, and in a way people preferred. This preserved the balance between levels of care needed and people's independence skills.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Staff confirmed any changes to people's care was discussed with the team manager who adapted the care plan and cascaded the information to all relevant staff. Staff told us that people's needs and behaviours can change from day to day. One staff member said, "Because we work with the same people, we know the triggers to be aware of. Because of this we can usually prevent most incidents becoming a major issue." Another member of staff said, "We have detailed behavioural plans which provide us with information on what to look for and what steps to take to minimise and distress to the person we are supporting."

The service was not providing end of life care to anyone at the time of our inspection. We were advised how the provider would work alongside other professionals involved in the person's care, should this situation arise. The registered manager was able to show us that people's personal wishes and cultural needs, where known were recorded and she stated that they would always be respected.

People and their relatives were given a copy of the provider's 'client handbook' when they started to receive a service. This included information about the standards people could expect, as well as key policies and procedures, such as confidentiality and information about the provider's complaints policy and procedure;

this explained how people could expect any concerns or complaints to be investigated and responded to. The complaints procedure was in 'easy read' format with pictorial symbols in order that everyone could understand the process. No formal complaints had been received in the year prior to our inspection but people we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. People felt confident any complaints would be addressed.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "It is a great service to work for. Communication is good and we all work well together." All the staff we spoke with made similar positive comments.

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. One person that visited the office on the day of the inspection that we spoke with was able to tell us the names of the senior staff within the service. It was evident by the friendly banter that they felt comfortable in the presence of a number of senior staff.

Relatives we spoke with also told us they could contact management freely, and were confident in the leadership of the service.

Staff we spoke with felt they were able to have their voices heard and could discuss any problems or issues that arose. One staff member told us, "We have meetings in our teams and we voice our views and opinions". Staff meetings are conducted by the team manager in each of the properties, however the registered manager said "she attends at least one of the team meetings each year and sets her own agenda which covers any organisational changes and developments."

People and staff all confirmed they had confidence in the management of the service. The management staff within the office had a good insight into the needs of people using the service and clearly knew the people using the service well. People told us the registered manager and senior staff were very approachable. Staff said they were able to visit the office and speak with other staff there as and when they needed to and that it was a welcoming environment.

Quality assurance systems were in place to ensure continuity, learning and improvement. We saw that audits were completed regularly across the service. For example, health and safety, supervision records and medication. This showed any errors that were picked up were acted upon. There were also audits on people's care files, staff files, people's finances, and staff recording systems.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals as required for people's needs. The registered manager informed us of the links the service had developed with local health and social care professionals.