Leading Lives Limited

West Domiciliary

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

This inspection was carried out on 15 May 2017 and was announced. We gave the service notice of our inspection, so that people using the service could be contacted to determine if they wished to see us. This was the first time the service had been inspected.

West Supported is a domiciliary service providing personal care to people with learning disabilities. The service supports people to develop essential daily and community living skills. At the time of our inspection there were seven people using the service.

The service had a registered manager in post at the time of our inspection. 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.

The staff were aware of risk assessments and the safeguarding processes. Personalised risk assessments were in place to reduce the risk of harm to people and were reviewed regularly. Incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the likelihood of re-occurrences. People received their medicines as they had been prescribed and there were robust procedures for the safe management of medicines.

There were sufficiently skilled and knowledgeable staff on duty throughout the day to provide for people's assessed needs. Staff worked in a flexible manner to support people on different times and different days to support people to meet their needs. Robust recruitment and selection processes were in place and the manager had taken steps to ensure that staff were suitable to work with people who used the service.

All staff received training to ensure that they had the necessary skills to care for and support the people who lived at the service and were supported by supervision and appraisals.

People's needs had been assessed before they began to use the service and they, their relatives and other healthcare professionals had been involved as required, in determining their support needs. People's consent was gained before any care was provided.

People using the service were supported to make choices about what they did and decide what food and drink they wished to consume. Staff had supported people by providing information about healthy living choices.

Other health professionals were consulted as necessary by the service staff to support people to meet their individual health needs.

Staff were understanding, empathic and protected people's dignity. People were treated with respect and supported with regard to their individual needs.

On-going assessments of people's needs were planned and were also arranged with immediate effect if so required. Information was available to people and relatives about how they could make a complaint should they need to do so. There were reviews of the care provided with the person and family members as appropriate.

Staff meetings were arranged, so that staff could discuss and be involved with the smooth running of the service. People and their relatives were asked for feedback about the service to enable improvements to be made. The service had a statement of purpose and an effective quality assurance system was in place to monitor and plan the future delivery of 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 were aware of the safeguarding process and how to make appropriate referrals to the local authority as required.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were sufficient staff to provide for people's needs.

Robust recruitment procedures were in place

People were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

People were supported to make a choice of foods and drinks they wished and staff were knowledgeable about healthy eating support.

The service staff worked with other health professionals as required to support the people using the service.

Is the service caring?

Good

The service was caring.

Staff were understanding and empathic.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to develop skills to increase their independence.

Is the service responsive?

Good

The service was responsive.

People were assessed before coming to the service to identify their needs and if the service could meet those needs.

People had individual care and support plans in place.

The service had a complaints system in operation.

Is the service well-led?

Good

The service was well-led.

The service had an experienced registered manager.

There was an effective quality assurance system in place.

The statement of purpose set out the visions and values that staff worked to.

There were on-call arrangements to cover for staff at short-notice in the event that they were not able to provide the planned support.

West Domiciliary

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 was announced and took place on 15 May 2017. The inspection was carried out by two inspectors.

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 reviewed other information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used at the service, the registered manager, a qualified nurse and two members of the care staff. We also spoke with three relatives of people using the service to ask for their feedback about the service.

We observed the interactions between members of staff and the people who used the service. We looked at the care records and risk assessments for three people using the service and how people's medicines were managed.

We looked at three staff recruitment records. We also looked at training, supervision and appraisal records. We reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed. We also looked at the on-call arrangements and how the staff rota was managed to support people.

Good

Is the service safe?

Our findings

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. The staff we spoke with told us that they had been trained in safeguarding and were able to explain where the policy was kept and the procedures used regarding keeping people safe. One member of staff said, "The training covered the different types of abuse." Another member of staff told us, "I would report any concerns to the manager, but I know I can report anything directly to the safeguard team."

Incidents had been analysed to identify any possible trends and enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring. Prior to supporting a person with an activity a member of staff would visit the venue to determine any risks and then work with the person or their families as appropriate and other team members to lessen the risk of harm.

During this inspection we found that risk assessments were in place that were designed to minimise the risk to people in their day to day lives to promote their independence as much as possible. For example the risk of traveling independently, we saw there was guidance for staff on what support people required to reduce the risk involved without impinging on people's independence. This meant that people could continue to make decisions and choices for themselves. A relative told us, "My [relative] has been educated on 'stranger danger' and has been given a list of people they can contact if [they] need help quickly."

Risk assessments had been completed to protect people from potential harm including; mobility, actions to be taken when the person went swimming, eating and drinking. The assessments provided information for staff about how to support people to remain as independent as possible whilst mitigating the risk of harm to themselves, others and staff. There were clear indicators for staff about how to diffuse difficult situations and how to manage behaviours if the situation escalated. A relative told us, "There are backups and support in place if [staff aren't] available or if something goes wrong." The care plans had contingency plans for people if difficulties occurred and named people to contact if extra support was needed. One person told us, "I helped to write my assessment."

The team leader and manager told us that they only take on new clients if they have sufficient staff to work with the person. They had refused to take on referrals if there were no staff available. This ensured that people did not miss out on planned activities or have visits cancelled because there were not enough staff support them.

There were sufficient staff employed to meet people's needs. The staff we spoke with told us that there were enough staff on duty to keep people safe. One member of staff said, "We work as a team and cover for each other if required but that rarely happens." The team leader explained to us how the staffing rota was comprised. As far as possible the same staff worked with the same person. This meant that staff were highly flexible in the hours they worked sometimes for a few hours per days and other days for longer hours depending upon the assessed person-centred support they were providing. One member of staff told us, "There are enough staff, we are not rushed and we have sufficient time to read the care plans."

We looked at the recruitment policy and procedure. The service had robust recruitment and selection processes and gaps in an applicant's employment history had been explored during the interview process. The manager informed us about the short-listing process used to identify applicants the service wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). There were written references, and evidence of the person's identity. There was also a copy of the job description and contract of employment.

All of the staff we spoke with were aware of the any allergies that people had and the actions they were to take should there be a problem. With regard to the management of medicines staff underwent training to prompt the person to take their prescribed medicines when they were working with the person. This included knowing what was the purpose of the medicine and any potential side-effects.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person told us, "The staff are nice and know what they are doing." A relative told us, "I cannot fault them, the main supporter has been an absolute brick."

Staff told us that they had completed training in a variety of subjects including risk assessments, first aid, food hygiene and care planning. Staff told us that they had regular formal supervision sessions and also spot checks. A spot check is unannounced when a senior member of staff will visit the staff member supporting the person. This is to support the staff member, identify any issues and offer support as a result through supervision. Staff informed us that the supervision sessions were effective and you did not have to wait for a supervision session, as they could approach a senior member of staff anytime for support.

Staff meetings were held once a month, prior to the meeting an agenda was available for staff to add to and following the meeting minutes were available for staff to read. We saw that yearly appraisals had been carried out and the next ones planned. This demonstrated that staff were appropriately supported in their role.

Staff understood legislation and systems were in place relating to consent and decision making. 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.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People's care records showed that consent had been sought by the service to take photographs and to support the people they worked with, people has signed their care plan to evidence that they had seen the care plans and were content with its content. Where people were unable to sign themselves it was noted how consent was obtained, whether it was implied, by the person smiling or nodding in agreement when things were explained to them, or whether a best interest meeting had been held to make that decision on their behalf if people did not have the capacity to make that decision for themselves.

People were supported to have sufficient to eat and drink when the staff were working with them. Staff were also mindful to be aware if people's health deteriorated and actions to take to support them and involve other staff and professionals. Staff had supported some people using the service who wished to increase their knowledge about healthy eating and to lose some weight. Service staff has supported people to join a club for support and been available to escort them to the club and ensure they understood the information

being provided to them.

Care plans recorded people's health support needs and recorded any special support people needed to stay safe and healthy. One gave a clear description of how one person's epilepsy affected their life, how to recognise if an episode was approaching, what usually happened when they had a seizure and under what circumstances they would need medical attention.

People who use this service were normally supported by their family members or friends to access healthcare services, however one person told us that if they wanted support with medical appointments. "[The staff] will go with me to a doctor if I ask for them to come; they help me understand what's going on."

Good

Is the service caring?

Our findings

The team leader told us that they tried to match the working style of the staff with the person's personality to help ensure that they are compatible and would get along together. During our inspection staff were heard to speak to people who used the service respectfully while talking to them on the phone and while passing information about people between staff.

People and their relatives told us that the staff were kind, caring and very supportive. One person told us, "They [staff] seem like friends, we have a laugh and get along fine."

Care plans included information for staff about how to communicate with people including what the person wished to be called. Staff described to us how it had taken time to build up a rapport with one person to clearly identify their aspirations and how they could support them. A review of the support identified the success's achieved and planned further opportunities with the person regarding their work and future increased independence. This was attributed to the person feeling settled and confident with the regular staff they knew and trusted.

During the inspection we saw staff interacting with the people using the service. People were given time to respond and staff spoke in a clear voice supported by non-verbal communication of hand gestures and facial expressions to aid communication.

We observed that the staff knew the people well and there were positive interactions between the people using the service and the staff who supported them. There was laughing and smiling, which showed us people were relaxed and comfortable. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives. People using the service informed us they felt listened to and information was provided to them clearly and they understood.

Care reviews were held with family members and involved the person, so that as far as possible decisions were taken together regarding how to best support and care for the person. A relative spoke with us about travel training and how important it was for their relative to have confidence that the staff would be on time. The person using the service stated to us that they had never been let down by the staff as they were always on time to meet them or help them onto the public transport. They felt it was quite an achievement, that they were now able to be on the transport on their own and knew which stop to leave the transport and were appreciative of the staff support.

People were given choices in the way their support was given. They were also encouraged to be as independent as possible. One person enjoyed going out for walks and staff had encouraged this at the person's own pace, so that they were now confident to walk independently along routes with which they had become familiar.

Good

Is the service responsive?

Our findings

Care plans were individual to each person and were written in a person centred style. People's hopes and aspirations were listed and ways to meet them were explored. Plans on how that could be done were made and outcomes were evaluated at regular intervals. One person was supported to improve their general health and fitness by losing weight and engaging in exercise. One care plan reminded staff, "Don't take over, I don't like bossy people."

Care plans had been reviewed with the people involved and their family members if they wanted them to attend the meeting. During the initial assessment information from a variety of sources was sought, such as social workers, health professionals, family members and friends as well as the individual involved. This led to as full a picture as possible being pulled together of the person being supported, meaning that their needs would be properly identified.

Different formats were used in writing the care plans to enable the person to access their information easily. They were written in an easy to read way using plain English, some had pictures to support what was written. One person's care plan was typed in a larger font because they had poor eyesight.

One person told us that the service had given them confidence, "I have been given coping skills to live alone, travel on my own and to use the telephone." A person told us that they had days out, went shopping and had lunch out. They particularly liked going on train rides, "They enhance my independence, I feel confident."

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one, it would be handled quickly and a dealt with properly. One person said, "I have no complaints; they are good people and treat me well."

Complaint and compliment records were kept. Those we looked at showed that there had been two complaints in the past year, which had been investigated and the outcome and action taken had been recorded. Apologies had been given where needed, which showed that people could be confident that their complaints would be dealt with and action would be taken to improve the service offered to people.

Complaints were also stored electronically and were reviewed by the provider to ensure they were dealt with in a timely manner, effectively and they were checked for emerging patterns.

When asked if they had needed to complain to the service, one relative said, "Have I any complaints? Oh no [and laughed]." They went on to say that the service was, "a comfort zone for me."

The number of compliments that had been received outnumbered the complaints and included one family member praising the work the service had done in making their relative more independent and confident overall. They said that this gave them a lot of comfort and helped them worry less about the quality of life they would have in the future.

Good

Is the service well-led?

Our findings

The service had a statement of purpose which had been reviewed regularly to capture the thoughts of the people using the service, the staff and set out the principles of how the service would operate to meet the needs of the people that used the service. The manager held meetings with staff and attended regular reviews of the support provided to learn the thoughts and feelings of people and relatives using the service, to identify and plan further developments. One person told us, "I had a review of how they help me last month."

Incidents were recorded and analysed to see what lessons could be learnt. People's care plans and risk assessments were reviewed regularly and updated. The staff were aware of the contents of the care plans so that they understood the people's needs and how to support them to meet the desired goal. The service worked closely with other organisations to support the person to maintain their health and undertake work placements as appropriate. One relative told us that, "[The service] and [my relatives workplace] work together closely." The person told us how important their work was to them, because of the sense of achievement and the contact with work colleagues.

All of the staff told us that the manager and team leader were approachable and highly supportive, acting as a role model, whenever on duty in the way they approached and supported the people that used the service. Staff also liked the rota being compiled well in advance and the manager quickly and effectively dealing with staff requests, particularly annual leave. Staff told us that they were knowledgeable about the people using the service so that they could work with anyone as required. However, they considered the strength of the service was that they worked with a small number of people which built up trusting relationships and rapport. The manager and team leader told us that they tried having assessed the person wishing to use the service to match their interests with those of a member of staff. This worked effectively as the person and staff had common interests. The staff we spoke with told us that the team meeting was effective to discuss any issues and plan future developments.

People, relatives and staff members had been asked for their opinions of the service and any improvements that they would like were considered and brought into effect as soon as possible. A relative of a person who used the service said, "We get an absolutely brilliant service."

There was an effective quality assurance system in place. Quality audits were completed by the team leader and the manager on a monthly basis were reported to and reviewed by their manager. In turn this information was used to plan the future of the service.

People's confidentiality was maintained. We saw that there were robust arrangements for the management and storage of data and documents. People's written records were stored securely.

The manager told us the aim of the service was to deliver high quality care. This required the care plans of the individuals using the service to be person-centred and for the staff to understand those principles. Staff training in person-centred care and care plan writing was provided at the staff induction and refresher

training provided. All the people using the service had a care plan which was person-centred and reviewed each month. People using the service were invited to attend the review of their care for the purpose of monitoring progress and setting new goals. Changes in people's physical health were documented and how they were to be supported. This was important for the maintenance of the people's well-being. A relative informed us that they had the permission of their relative to attend the review with them and considered the reviews to be important for communication, particularly as they had less contact with their relative now, as they had increased their independence.