

Lancashire County Council

Preston and South Ribble Domiciliary Service

Inspection report

Adjacent Crossways
West Paddock
Leyland
Lancashire
PR25 1HR

Tel: 01772423611
Website: www.lancashire.gov.uk

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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 announced inspection took place on 25 October 2016. The provider was given 48 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we wanted to make sure that the registered manager was available.

Preston and South Ribble Domiciliary Service is a branch of Lancashire County Council's supported living services. The service provides personal care and support to adults with learning and physical disabilities in their own homes. The purpose of the service is to enable people to live as independently as possible in the community.

During our previous inspection visit in September 2013 we found the service met all five of the essential standards we looked at. Since then there had been no incidents or concerns raised that have needed investigation.

There was a registered manager in post on the day of our inspection visit. 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 that people who used this service were safe. The staff knew how to protect people from harm. Staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern.

We saw that recruitment procedures were robust this ensured only suitable people worked in the service. We saw that staffing levels according to the rotas were good throughout all areas of the service. Staff training was up to date and we saw that staff were supported by the management team through regular staff supervision and appraisals.

We found that the service worked very well with a variety of external agencies such as social services and health care professionals to provide appropriate care and support to meet people's physical and emotional needs.

People received support from a regular team of staff who they knew well and who understood the care and support they required. We saw that people were treated with kindness, dignity and respect and they made positive comments about the staff who worked in their homes.

Support was given in a manner to people to promote their independence for example supporting them to join in with further education and activities in the community.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged if required.

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.

People told us they felt safe.

Staff knew how to protect people from harm. There were good systems in place to ensure people knew the staff that supported them.

People recruited had all the appropriate checks completed before they commenced working.

Is the service effective?

Good ●

This service was effective.

There were good systems in place to ensure that people received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff took into account the needs and preferences of the people they supported.

Care plans were based on a comprehensive assessment of people's needs.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

The staff were well supported by the registered manager and other managers in the team.

The service had good systems in place for staff to identify and report incidents or concerns and for these to be investigated and action taken.

The registered provider had systems in place to monitor the quality of the service provided.

Preston and South Ribble 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, 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 25 October 2016. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. We visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time

The inspector visited the main office on the 25 October 2016 to look at records of how people were cared for and supported. We looked at five care plans, two staff recruitment files, spoke to the registered manager, the team managers, three care workers, three people who received services and contacted three relatives. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

We visited people who were supported by this service in their own homes. We asked people what they thought about the service and checked to see that care records kept in their homes accurately reflected people's needs.



Our findings

People we spoke with told us they felt safe with the service provided. One person said, "I feel very safe with the support I get. I have the same carers (care staff) that help me and we all get on well." A relative we spoke with told us, "My relative is very safe and the staff make sure they are kept safe."

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

Medicines were being managed safely. Staff had completed training in the safe handling of medicines. We looked in detail at three medication records and also found medicines were stored appropriately. We looked at the medicine administration records and saw that these had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We saw that risk assessments had been completed covering all aspects in protecting people in their own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice.

Where relevant we saw records showing that staff had been trained to use equipment in people's homes. This helped to ensure they had the knowledge to use equipment safely. Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at the provider's recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

We saw that according to the rotas there was always sufficient staff identified to meet the individual needs

of the people the service supported.

We looked at the records relating to accidents and incidents that had occurred. We saw that these were investigated by the registered manager and team managers and where any actions had been required we saw that these had been taken. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.



Our findings

People we spoke with made positive comments in relation to the service being effective. A relative told us, "The staff are well trained, they certainly know what they're doing." Another person said "I have regular staff and that is really important to me." People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice and this supported them to live in and be a part of the local community.

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.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The service was aware that some family members had lasting powers of attorney. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both. Where necessary the service promoted the use of advocacy services.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We're always having training, we get updates all the time." We saw new employees completed a thorough induction training programme before working in people's homes. We saw that specialised training relating to people's individual needs was also provided. Not only did staff receive basic training but that they received training that was specific to the individual needs of the people they cared for and in line with their roles and responsibilities.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. We found that where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

The care staff we spoke with told us that they had regular meetings and could contact the registered

manager or team managers to discuss their practice. Staff said that they knew how they could contact the managers of the agency if they needed advice about a person they were supporting. They told us, "We know we can call the office or on call person if we have any concerns." We looked at the on call records which showed how advice had been given to support staff in their roles. Records showed that staff were regularly supervised or appraised.



Our findings

People who used the service we spoke with made very positive comments in relation to the service being caring. People told us that they liked the staff that supported them in their homes. One person told us, "They (care staff) are all brilliant and kind." A relative we spoke with told us, "I'm more than happy with the service and all the carers are fabulous."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw from the records that where people could they had been included in planning and agreeing to the support they received. Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

We saw that care and the plans of care were reviewed regularly. Review meetings had included relevant people and where applicable health care professionals.

The staff team had a range of skills and expertise. This meant that people who used the service could be sure that the most appropriate care and support for those who had complex needs were met. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. We observed staff took appropriate actions to maintain people's privacy and dignity.

The service provided to individuals was focussed on supporting them to maintain their independence as long as possible and supporting them to achieve positive outcomes in their lives depending on their needs and their abilities.



Our findings

People who used the service and the relatives we spoke with told us that the service was responsive to their needs and to their wishes. We saw if someone chose to change their arrangements the service would accommodate their change of plans. A relative told us, "The staff are really accommodating even if I make plans to take my relative out at short notice."

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager and team manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint.

Care plans were based on a comprehensive assessment of people's needs. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. In the care records we looked at in people's homes information provided for staff about how to support individuals was very detailed and up to date. We also saw that in the records we looked at where changes had occurred to the support needed for some people this had been recorded to accurately reflect the level support they required.

We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties. We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities. People were fully supported to engage in a variety of activities of their choice including college courses and to go about their daily activities.



Our findings

The service had a registered manager and team managers who were available to people who used the service, their relatives and staff. People we spoke with said they could speak with the managers whenever they required. Comments we received from staff about the management of the service were all very positive.

The registered manager visited people's homes regularly and we saw that people knew her well. These regular visits provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "They sort out everything we ask about." We saw during our inspection that the managers were accessible to people by telephone and engaged in a friendly, positive and open way with people.

Staff we spoke with said they got on well with the managers and they felt supported to carry out their roles. Staff also said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

The service worked in partnership with social services and other professionals and had a very strong connection with the local GPs and community health professionals to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and identifying the levels of support required.

There was regular monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received. There were a number of audits in place that checked on the safety and quality of the service. There were systems in place to also monitor the safety of the service and facilities provided. Regular staff and team meetings were held, these helped people to recognise where improvements could be made or identify what the service did well.

We saw that staff supervision was completed regularly and gave the staff opportunities to discuss their training needs and discuss the running of the service. The staff we spoke to said that they would be confident to speak to any senior person in the organisation if they had any concerns about the conduct of any other staff members. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.