Lancashire County Council

Hyndburn and Ribble Valley Domiciliary Service

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of Hyndburn and Ribble Valley Domiciliary Service on 7 and 8 January 2019.

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service had been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of the inspection, there were 32 people using the service.

At the last inspection, in June 2016 the service was rated as 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Staff responded quickly and effectively to support people's changing needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

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's needs were assessed prior to them using the service. New staff received an induction and were offered ongoing training during their employment. Staff were supported with regular supervisions and annual appraisals to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff were respectful of people's privacy and maintained their dignity. All people and the relatives spoken with told us the staff were kind and caring. We observed staff had a good relationship with people and supported them in an attentive and sensitive manner.

People's care records were personalised and included their preferences as well as the goals they wanted to

achieve. There were arrangements in place to review people's care plans to ensure care was delivered appropriately. People and their relatives were consulted as part of the person-centred planning process and their views were acted upon.

People were supported to plan and participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had an activity planner to help them structure their time. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

People, relatives and staff spoken with told us the service was well managed and operated smoothly. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective support. These included seeking and responding to feedback from people in relation to the operation 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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Hyndburn and Ribble Valley 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 checked 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 comprehensive inspection took place on 7 and 8 January 2019 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was undertaken by one adult care inspector.

Before the inspection, the provider completed a detailed Provider Information Return (PIR). 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.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team. We also received feedback from a community professional.

During the inspection, we visited nine people in their own homes and spoke with two staff and two team managers. We also spoke with three relatives over the telephone and the business support officer and registered manager at the office.

We reviewed a range of records about people's support and how the service was managed. These included three people's support files, three people's medicines records, staff training records, two staff recruitment files, staff supervision and appraisal records, quality assurance audits, meeting minutes, a sample of policies

and procedures, accident reports and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support from the staff. For instance, one person said, "The staff are good to you." Similarly, relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "The staff have been fantastic. I can't praise them highly enough. I feel my [family member] is very well supported. I can see it in their level of confidence, which has really increased."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were readily available for staff reference. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff spoke confidently about the action they would take if they witnessed or suspected abusive practice and explained they would have no hesitation in reporting concerns to the management team or to other agencies. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had received additional training on how to keep people safe, which included infection control and health and safety. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified.

We noted there were systems in place to help people manage their finances. We saw records were kept of all financial transactions made on behalf of people and receipts were retained as appropriate. The management team checked the financial records at regular intervals and the balance of monies was checked on a daily basis. We saw evidence of the checks during the inspection.

We looked at four care files and considered how the provider managed risks to people's health, safety and well-being. Dependent of people's assessment of needs, we saw that individual risks had been assessed in relation to their environment, their care and treatment, medicines and any other factors. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise any hazards and keep people safe. There were arrangements in place to review the risk assessments on an annual basis or in line with people's changing needs.

There were established systems to check and review when people's equipment such as hoists and mobility aids required servicing. This helped ensure people's safety and reduce the risk of injury. We noted there was an emergency planning document, which set out plans for the continuity of the service in the event of adverse events. Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate their home in the event of a fire.

There were appropriate arrangements in place to record and investigate any accidents and incidents. We saw staff completed forms and informed a manager of the accident or incident. All accidents had been investigated and there were clear records of each investigation. Appropriate referrals were made and information shared with local commissioners, as necessary. The registered manager checked all accident and incident forms to ensure any action taken was appropriate and effective. The registered manager also maintained a log of the number and type of accident. This provided an overall view of the accidents

occurring in the service.

We noted there was an equality and cohesion policy in place and staff received training on this topic. Staff demonstrated an awareness of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure, which reflected the current regulations.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance by the team managers. The level of staffing was dependent on people's needs and the package of support required. People and staff confirmed the staffing levels were flexible to support people with activities or attend appointments. All staff confirmed they had ample time to support and care for people.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their support plan along with guidance on the management of any risks. All staff had completed appropriate medicines training and had access to a set of policies and procedures. There were records in place to record the receipt and administration of medicines. However, we noted not all medicine administration records included the instructions printed on the prescription labels. The registered manager agreed to address this issue. We saw records to indicate all staff were observed on a regular basis to ensure they were competent to manage medicines safely. We saw daily stock counts of all medicines were undertaken to help ensure people had always received their prescribed medicines.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff were provided with a supply of personal protective equipment (PPE) and this was used in the delivery of personal care.

Good

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff were competent and knowledgeable. For example, one person said, "I like all the staff." Relatives spoken with also expressed confidence in the staff team, one relative said, "We are so confident in the staff team, that I don't think they [family member] could be looked after any better by anyone else."

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 with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in aspects of their care. Staff also understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. We noted the service had policies and procedures on the MCA and staff had received appropriate training.

We saw people's mental capacity was considered as part of the risk assessment process and where possible, people had signed their risk assessment to indicate their agreement to any measures put in place. However, people had not signed the support plans to demonstrate their consent to the care provided. The registered manager showed us a draft copy of a new support plan format which would address this issue.

Before a person received a service, an assessment was carried out by social services. This was available to the registered manager. The registered manager and/or member of the management team visited the person to gather further details and where appropriate obtained information from their relatives, community professionals and current placement. The registered manager explained the visit was informal. She agreed to write a record following any future initial visits. People were invited to visit their potential new home before they moved in to enable them to meet other tenants and the staff. We saw transition plans were drawn up so people visited in accordance with their needs and preferences.

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records, we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the service. The induction training included an initial orientation to the service, a four-day corporate induction, completion of the provider's mandatory training and the care certificate. The care certificate aims to equip health and social care workers with the skills and knowledge which they need to provide safe, compassionate care. There was also a period of working

alongside more experienced staff until such a time as the worker felt confident to work alone.

There were established systems in place to ensure all existing staff received regular training, which included, safeguarding, confidentiality, communication, moving and handling, medicines management, health and safety, food hygiene, first aid, infection control, Mental Capacity Act 2005 and dignity and respect. Specialist training was accessed by staff to support specific needs, for instance epilepsy. Staff confirmed they had regular training and that courses were refreshed on a regular basis. We saw the staff training records during the inspection and noted staff were up to date with their training. The registered manager had systems in place to ensure all staff completed their training in a timely manner.

Staff confirmed they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. All staff received an annual appraisal, known as a personal development review, of their work performance.

People were involved in planning weekly menus, shopping for food and where appropriate, food preparation. Staff discussed people's food, which helped ensure their dietary preferences and needs were met. The support plans included information about people's food preferences and any risks associated with their nutritional needs. Appropriate professional advice and support had been sought when needed and documented in the support plan.

All people had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to. The registered manager and the staff liaised closely with GPs and community professionals to ensure people received a coordinated service.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. The registered manager explained that where specific needs had been identified sensor equipment was used to reduce risks. People were also supported to use personal computers and computer tablets were used to help with communication.

Good

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. People complimented the staff on the caring and compassionate manner in which they provided support. For instance, one person said, "All the staff are kind and helpful and they make me happy." Relatives also praised the caring approach taken by staff. One relative told us, "All the staff are excellent. They are caring, friendly and amenable." We received positive feedback from a healthcare professional, who told us, "The care [person using the service] appears to receive from the supporting staff is excellent, the staff who oversee the care of this service have demonstrated care and compassion on a number of occasions."

During the inspection, we visited nine people in their homes and observed the team managers and staff interact with people in a caring and sensitive manner. We saw that people were respected by staff and treated with kindness. The atmosphere was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. It was clear people and staff had positive, supportive relationships.

Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. People were comfortable and relaxed with the staff who supported them and staff spoke with warmth and affection about the people they were supporting. Staff told us they were proud of the work they did and believed people supported by the service received personalised care and support. For instance, one staff member said, "I really enjoy my job. I like helping people, taking them out and about and making a difference to their lives."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. For instance, one staff member told us, "We give people as many choices as we can, for example, what they want to wear and what they want to eat. It's really important for their self-esteem."

Staff were aware of the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information about people's diverse needs and preferences. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity and religion.

People and where appropriate families were consulted about their person-centred support plans and confirmed they had participated in reviews. This demonstrated people's views were listened to and respected. People were supported to express their views routinely as part of daily practice and during reviews. They were also invited to complete an annual satisfaction questionnaire and attend regular meetings.

People's rights to privacy were respected. Staff did not wear uniforms, so that people could be provided with

support in the community in a discreet and dignified way. There were policies and procedures for staff about upholding people's privacy and confidentiality. Personal files and information related to people using the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People were given information on the service in the form of a service user guide. This was set out in an easy read format with pictures to illustrate the main points. The guide included information about advocacy services. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions. The registered manager explained advocacy services had been used by two people using the service, when they were considering a change in accommodation.

Good

Is the service responsive?

Our findings

People were happy with the personal care and support they received and made positive comments about the staff and their willingness to help them. For instance, one person told us, "They are really good to us and take us to some good places." People's relatives also expressed satisfaction with how their family members were responded to by staff. One relative said, "The staff understand [family member's] needs very well and when things changed they all had extra training" and another relative commented, "They have pulled out all the stops to help [family member]."

We looked at the arrangements in place to ensure people received care that had been appropriately planned and reviewed. We examined three people's support files in detail and noted all people had a person-centred plan, support plan, a one page profile and a health action plan. The plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. We saw people had been closely involved in the development and review of their person-centred plan. However, whilst information on the support plans stated some people had been consulted, their level of involvement was unclear. The registered manager agreed to address this issue and showed us a draft of a new support plan format, which included a review form.

Staff told us they used the support plans to help them understand people's needs and confirmed they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service.

Staff completed a detailed record of the care and support on a daily basis, which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. We looked at a sample of the records and noted people's needs were referred to in a respectful way.

The registered manager and a team manager told us the staff were very responsive to people's changing needs. They explained the staff had immediately reorganised the staff rota following a rapid deterioration in a person's health. This had resulted in the person being successfully supported in their own home. The team manager had nominated the team for a Pride award. The awards are run and awarded by Lancashire County Council to recognise achievement and commitment and the team was recognised as a finalist.

A member of the management team was on call 24 hours a day as well as a stand by manager if more assistance was required. This arrangement had been developed with a neighbouring service. As part of this, information relating to people supported by the service along with copies of support plans and guidelines for specific behaviour support was made available to the on-call manager so they could respond to queries or requests for assistance.

People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People were encouraged to talk about what interested them and staff helped them develop a weekly activity plan. We looked at people's activity plans and noted people participated in a broad range of activities including bowling, walking, swimming, shopping and going out for meals. They also attended local community and activity centres. Risk assessments had been carried out for all activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

There was a policy to support management and staff to meet the accessible information standard ensuring people with a disability or sensory loss were given information in a way they could understand. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017.The registered manager told us information could be provided in different formats to meet people's communication needs. We found there was information in people's assessments and support plans about their communication skills to ensure staff were aware of any specific needs. According to information in the Provider Information Return, staff had been provided with Makaton training and where appropriate communication passports had been developed. A person using the service also used 'now and next' cards and photographs to aid their communication skills.

The complaints procedure was included in information given to people using the service. People spoken with were aware of the service's complaints procedure and processes and were confident any concerns would be listened to. There were systems in place to record and investigate any complaints. The registered manager confirmed no complaints had been received by the service over the last 12 months.

At the time of the inspection, none of the people using the service was receiving end of life care. The registered manager told us she was a member of a working group looking at good practice issues relating end of life care and confirmed some staff had completed a training course on this topic.

Good

Is the service well-led?

Our findings

People and relatives made positive comments about the management of the service. For instance, one relative told us, "I can ring at any time and [the team manager] is very amenable and flexible" and another relative commented, "I have a good relationship with [the team manager], she shows great care and attention to [family member's] needs".

There was a manager in post who was registered with the commission. 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.

During the inspection, we spoke with the registered manager about the daily operation of the service. She was able to answer all our questions showing that she had a good overview of people's needs and preferences. At the time of the inspection, she told us she was proud of the staff team who had been flexible in responding to people's changing needs and the positive relationship which had continued between relatives and community professionals. She also explained that her priorities to develop the service included further embedding the principles of the Mental Capacity Act in the support planning process and the further development of the support plans.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager and the management team. For instance, one member of staff told us, "My supervision is always very thorough. I have plenty of time to discuss anything I need to." The registered manager operated an 'open door' policy and people using the service and staff were encouraged to call into the office at any time.

The registered manager and management team used a range of systems to monitor the effectiveness and quality of the service provided. These incorporated checks on the ongoing arrangements for people's support, including healthcare, finance and medicines. These checks were designed to ensure different aspects of the service were meeting the required standards. The management team also regularly checked records and there were systems in place to monitor staff training, supervision and appraisal. The registered manager visited people's houses at regular intervals and carried out checks. We saw an action plan following her visit to one house and noted timeframes were included for each action identified.

People, their relatives and staff were given the opportunity to provide feedback on the service and were invited to complete annual customer satisfaction questionnaires. We looked at the questionnaires returned from the last survey carried out in December 2017 and noted people were satisfied with their service. People had made positive comments about the service, for instance one person had written, "I like living here with my friends and staff. I am happy" and a relative had written, "I'm very pleased with the service. I feel [family member] is exceptionally well care for and supported."

People were also given the opportunity to attend regular meetings, both in their own homes with their fellow tenants and overall service meetings known as focus groups. We saw the minutes from a tenants meeting during the inspection and noted ideas and comments had been written on large pieces of paper. This helped all people to see and understand the information during the meeting.

The registered manager was part of the County Domiciliary Services Management Team, which had regular meetings. This meant the registered manager could meet with other managers to share good practice and discuss developments within the organisation.

We looked at how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including local authorities and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding teams.