

The Brothers of Charity Services

Lancashire Domiciliary Care Service

Inspection report

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Date of inspection visit:

10 June 2021

16 June 2021

Date of publication:

15 July 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lancashire Domiciliary Care Service, provides care and support to people with learning disabilities and autism in 52 supported living tenancies. There were also a small number of people in their own homes receiving support that were not part of a supported living model. At the time of the inspection there were 161 people receiving support, mostly in the Chorley, Leyland, Preston and surrounding areas, and within four shared tenancies houses and one apartment block on site at Lisieux Hall.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by staff who knew how to keep them safe and report concerns of abuse. Risk assessments had been completed to highlight risks to people's safety and how these risks can be addressed. Staff knew people and the risks to their safety. People were provided with their medicines in a safe way. There were effective systems in place to reduce the risks associated with COVID-19.

People and their relatives were positive about the care and supported provided. Some people while satisfied with the overall support were less happy with the impact of the high turnover of support staff and managers. This had led to issues with communications and some staff reporting a lack of support and guidance.

The provider had recruited a new manager In November 2020 who in a short space of time had either addressed these issues, or had plans in place to tackle them. A new management structure had been developed and a number of posts created to strengthen and improve oversight to ensure the quality of support given to people and to the staff teams.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture (RSRCRC) is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led this service was able to demonstrate how they were currently meeting the underpinning principles of Right support, right care, right culture. People were involved in the planning of their care and accessed support that met their individual interests and hobbies. People's

independence was encouraged and we saw people preparing their own meals and going out independently where able. The managers at the service and staff all described their priority as being to deliver person centred care, that met people's individual needs.

Whilst Lancashire Domiciliary Care Service only provided personal care to people living in supported living accommodation, the provider was actively looking to expand the supported living accommodation model within the grounds of Lisieux Hall. We had concerns the provider was actively promoting a model of accommodation that could replicate a campus style model. RSRCRC guidance refers to this as an outdated model that could limit people's opportunities to ordinary community living. We will discuss this with the provider outside of this inspection.

Rating at last inspection

The last rating for this service was good (published 12 July 2019).

Why we inspected

We received concerns in relation to keeping people safe, staff turn-over and how the service was being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lancashire Domiciliary Care Service on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Lancashire Domiciliary Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors, one visited the offices and people in their own homes and two inspectors carried out telephone calls to staff. Two Expert by Experiences contacted relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 52 '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 service had a manager who had yet to complete the process of registering with the Care Quality Commission. Once registered this means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 June 2021 and ended on 18 June 2021. We visited the office location and visited five of the 'supported living schemes' on 10 and 16 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who told us of their experiences of the service and we visited people who had more limited verbal communication in their own homes. We spoke to 14 relatives about their experience of the care provided. We spoke face to face with seven members of support staff, three team leads, two senior co-ordinators and the manager. We spoke on the phone to 15 staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and outcomes of safeguarding investigations.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Everyone we spoke with told us they were confident people were safe receiving care from the service. One person told us, "[Relative] is definitely safe."
- The staff were trained in how to identify abuse and could confidently speak about the different types of abuse.
- The new manager had put new measures in place to ensure a more consistent approach to reporting safeguarding alerts. Staff spoke of these updates and knew their roles and responsibilities and were clearer on the providers and local authority's safeguarding protocols.

Assessing risk, safety monitoring and management

- The provider had identified and managed risks to people's safety. Detailed risk assessments highlighted any risks to people's safety and how staff should support people to reduce this risk. For example, people who had a diagnosis of epilepsy had risk assessment highlighting how seizures may be displayed, actions staff needed to take and how to escalate if the person required medical attention.
- The service promoted a positive risk-taking model in supporting people's independence. This had worked to supported one person with a health condition to take part in horse-riding and swimming. Staff had supported people with easy read literature about COVID-19 risks and how to stay safe.
- Team leaders for each 'supported living scheme' had weekly and monthly audits to return to head office for monitoring checks had taken place. The management team carried out 'spot checks' to ensure people received their care safely and as detailed in their support plans.

Staffing and recruitment

- We received mixed views on staffing. There had been a high turnover of staff at all levels, particularly in the middle management posts and within some supported schemes in particular.
- Relatives reported frustrations with not knowing the staff, or who to contact due to a high turnover of staff. One relative told us, "All the staff had changed in [relatives] home in a matter of months. They don't seem to know their needs as well." Those with stable staff teams had very positive feedback to give us. One relative told us, "It's been very good over ten years, the same regular staff and new staff shadow."
- Support staff reported they had not always felt supported by management or by the provider. One staff told us, "We've managed really by us all pulling together as a team in the house and by working extra shifts. There's been little support from management."
- The manager demonstrated and assured us that staffing numbers were now sufficient to provide consistent care to people. A significant number of staff had been recruited recently along with a strengthened and remodelled management structure. A review of each service had commenced to check

there were enough staff to meet people's needs post lockdown.

- Staff had been recruited safely. Staff told us and records showed that pre-employment checks had been completed to ensure staff were suitable to work with people in their own homes.

Using medicines safely

- People were happy with the support they received with their medicines. One person explained, "I keep my own medicines in my room in a locked cabinet and staff check every now and again I'm doing it right."
- Staff had been trained in the administration of medicines and could explain how they support people to take their medicines safely.
- Where people had medicines on an 'as and when required' basis, there was guidance available informing staff of when these should be given. This ensured consistency in the administration of these medicines.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents or concerns to ensure the safety of the service. The manager had acted immediately following a safeguarding incident to put in a system to alert staff to when people had health care appointments so none would be missed in the future.

Preventing and controlling infection

- The provider and staff protected people from the risk of infection. The staff were trained in infection prevention and control.
- The provider had risk assessed the risk of COVID-19 and an advisory group had been formed to ensure staff had the latest up to date guidance. They had implemented actions including regular testing for staff and people using the service, supporting social distancing in offices, and encouraging staff vaccinations. Staff were seen to be wearing PPE to reduce the risk of COVID-19 transmission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a new manager recruited in November 2020 who had brought about a lot of positive changes.
- The service had experienced a period of high turnover of staff and difficulties with recruitment. This had led to a number of supported living schemes having a lot of new staff, and a high number of vacant team leader posts.
- Both people using the service, their relatives and staff reported their dissatisfaction where this had happened. Staff who had not had line managers told us they didn't feel supported by the organisation and were not sure of lines of reporting and accountability.
- The provider had addressed these issues by implementing a restructure of the management team. Three new senior roles had been developed, one was to further support the team leader role. One staff member told us, "My new team leader has been amazing, so easy to talk to. It feels really positive now with lots of new ideas." Another said, "My line manager is really supportive, I can go to them with anything. We went through a difficult time recently but the new manager was really good and sorted the issues out."
- The manager had instigated a number of further improvements to ensure the quality of service and to promote positive outcomes for people. The recruitment processes was now more robust to ensure candidates had the right qualities and aptitude for supporting people with a learning disability.
- The manager had developed a new communication strategy to ensure staff were clear on the lines of accountability and reporting. The protocols on how to raise concerns and reporting safeguarding had been made clearer.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, managers and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people. People and their relatives spoke positively about the service, they saw the issues around staffing mentioned above as being a temporary issue.
- The staff involved people in decisions about their care and gave people choices about their support. They provided care which centred on the individual, their wishes and preferences. One person told us, "They [staff] always ask me what I want. They do what I ask them to." Another person said, "They [staff] check I'm happy with things and if I want to do anything different."
- People were asked about their preferences about how they were supported. This was detailed in their care records to guide the staff. One relative told us, "[Relative] makes choices, he is heard, staff do listen, which is

good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were given opportunity to feedback on their experience of the service. One person confirmed, "They do ask me if I am okay with everything and if I want changes." Relatives confirmed they had previously been given questionnaires to provide feedback.
- Prior to the COVID-19 outbreak, the provider had established an advocacy group with regular meetings to discuss the care they receive. The new manager was looking at further increasing engagement of people using the service and reviewing how people could be supported to have say at board level. There were plans to restart now that COVID-19 restrictions were easing. There had been ZOOM meetings arranged to discuss an issue at one supported living scheme to give people a voice.
- The provider promoted and encouraged candour through openness and honesty. The management team had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.

Continuous learning and improving care; Working in partnership with others

- The manager was committed to learning and improving the quality of care provided. To do this a set of learning opportunities had been developed for managers that covered reviews, audits and improving people's welfare through effective communication and involvement.
- The provider was working on a post pandemic recovery and resilience plan to determine the support staff and people using the service needed coming out of lockdown.
- The provider and management team fostered and encouraged working in partnership with other professionals and agencies.
- Staff knew the health services that supported people and liaised with them to ensure people received the care they required. For example, the service supported one person who had a fear of injections. The service worked alongside COVID-19 liaison nurses to desensitise this person through role play.