Lancashire County Council

West Lanc's Domiciliary Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

West Lanc's Domiciliary Service is a domiciliary care agency that provides a range of support to adults with learning disabilities in their own homes. People received different levels of support as required ranging from just a couple of hours support a day to 24-hour support.

The inspection of this service took place across three dates; 8, 9 and 14 November 2016, this was the first time the service had been inspected under the comprehensive methodology. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required.

The registered manager of the service was present at the registered office base throughout our inspection, and the inspectors were able to contact the registered manager if needed. 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 a lack of consistency in the way people's risk had been assessed and managed. The risks to people were not always sufficiently managed to avoid harm. We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service had policies and procedures in place. However, these were not always being followed.

A central register of accidents and incidents was held by the registered manager in order for these to be monitored. However, we did find incidents that had not been reported to the team leader or management in order to be followed up.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified and records were signed.

We checked how staff had been recruited, we saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills and were of good character before they were employed at the service.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice.

We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete the induction prior to working unsupervised. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role

and responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held.

The staff approached people in a caring, kind and friendly manner. We observed positive interactions throughout the inspection. We spoke with relatives of people who used the service to gain their views and received consistent positive feedback about the staff and about the care that people received.

Care plans were regularly reviewed however, amendments to documentation following a change in a person's needs were not always undertaken. We have made a recommendation with regard to this.

People were supported and encouraged to take part in activities, which they enjoyed. We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them.

The service had a complaints procedure. People who used the service and their representatives told us they felt confident that their complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place.

There were quality-monitoring systems in place, however some of these were not as robust as they could have been. Although systems were established and in place to allow for oversight of accidents and incidents these were not always operated effectively.

All of the staff members we spoke with reported a positive staff culture. During the inspection, the management team were receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, consent and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found that people were not always risk assessed as per the agencies own policy and procedures.

Staff were asked to undertake checks prior to their employment with the service to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised.

We found some incidents had not been reported.

There were sufficient staff to meet people's needs safely

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Is the service caring?

Good

The service was caring.

Staff knew people well and responded to their needs appropriately.

Staff were aware of privacy and dignity and how to care for people in a caring and compassionate way

End of life care planning had been considered for the people the service supported.

Is the service responsive?

Good

The service was responsive to people's needs.

People told us they were happy and that they received personalised care and support.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were in place and contained person centred information to help guide staff.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had conducted a range of quality audits and risk assessments but they were not always effective.

Staff enjoyed their work and told us the management were always available for guidance and support demonstrating there was a positive culture.

Staff worked with healthcare and social care professionals to make sure people received appropriate support to meet their needs.

West Lanc's Domiciliary Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place across three dates, 8, 9 and 14 November 2016. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required. The service was inspected by two adult social care inspectors. We visited four of the properties where people received support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service. Including, what the service does well and improvements they plan to make. We looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We requested feedback from social work professionals and the learning disability nurse, their feedback is included in this report.

At the time of our inspection of this location, 41 people used the service. We spoke with a range of people about the service; this included three people who used the service and five relatives. We also spoke with five care staff, a team manager and the registered manager.

We looked at a wide range of records. These included; six peoples care records, three staff personnel

records, policies and procedures, training records, medicines records and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said: "I'm quite comfortable that [Name removed] is safe"; "[Name removed] is safe there, it's their home". And: "My relative is safe and very well looked after".

During this inspection, we looked at seven care files overall. We looked in detail at written plans of care and associated documentation for four people who used the service.

We found a lack of consistency in the way people's risk had been assessed and managed. The risks to people were not always sufficiently managed to avoid harm. In addition, there was not always information on how to mitigate risks. There was missing information to help guide staff if the said risk was to occur, such as seek medical advice.

For example, one person was at risk if they were not to have a bowel movement. We saw no management plan around how to support this person and no directions for staff to follow with regards to if the risk was to occur.

Another example was for a person who had previously had a number of falls. We could find no risk assessment in place and no review following a recent fall.

The risk management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service had policies and procedures in place. However, these were not always being followed. At one property, we found two incidents of unexplained bruising which had not been correctly documented or reported. We raised this with the registered manager during the inspection and they completed an investigation into the incident following our inspection.

We spoke to a professional who told us that they had worked with the staff around one safeguarding issues that had been raised, the professional told us: "They [management and staff] were supportive to the family and the person who used the service to provide positive outcomes to the safeguarding and monitoring of the situation".

We recommend that the service has oversight of all incidents of safeguarding to ensure they are reported in accordance with the services policies and procedures.

A central register of accidents and incidents was held by the registered manager in order for these to be monitored. However, at one property we found several incidents that had not been reported to the team leader or management in order to be followed up. An example of this written in a person's care records was, 'the person banged their head on the corner of the door, small cut to the top of left eye'. We could find no information around this incident. There was not a body map, incident record or risk assessment completed.

Therefore, there had been no oversight of the incident.

Another example was of a body map that had been completed for one person however, this had not been signed or dated, it was therefore not possible to trace the incident details and look at any follow up action taken.

The issues identified around oversight of accidents and incidents amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that one person had a DNA-CPR (do not attempt cardio-pulmonary resuscitation) dated 2014, this was signed as an indefinite decision. DNA-CPR's are used when it is thought that performing cardiopulmonary resuscitation (CPR) on a patient who has a cardiorespiratory arrest would not restart the heart and maintain breathing, or when the patient themselves has expressed a wish not to have CPR.

The service had not requested any review of this documentation since 2014. In addition, the person had recently been diagnosed with an additional treatable medical condition that is not likely to cause a cardiac arrest. The service did not have an adequate risk assessment and instructions for staff. Directions to staff written on a notice in the person's bedroom placed the person at risk of not receiving safe care and treatment.

There was no documented instruction to call emergency services. We asked one staff member why this instruction had been recorded and they told us: "We wouldn't ring an ambulance because there is a DNA-CPR in place". The DNA-CPR had not been reviewed with the GP following new diagnosis of a treatable condition. We asked for this to be reviewed on the day of inspection as urgent by the person's GP and care records to be amended in response to medical advice. We received confirmation from the registered manager that this had been completed.

The issues identified around the lack of understanding around DNA-CPR amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified and records were signed. We found one omission within medicine records for one person; this had not been highlighted to the manager for an investigation to be carried out.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure. Staff spoke knowledgably regarding medicines management and confirmed that they were trained appropriately, staff had the necessary assistance from management.

We checked how staff had been recruited, we saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers, a check with the Disclosure and Barring Service (DBS), formerly the Criminal Records Bureau (CRB) and application forms from staff.

The service used agency staff at some of the properties; the registered manager told us that they try to use the same staff members to aid continuity and familiarity for people who used the service. We asked staff if

they felt there were sufficient numbers of care workers to provide safe care and support for people who used the service. Staff told us: "Sometimes staffing is stretched, the service is always safe". And: "We have bank staff to help, the levels are appropriate and not unsafe".

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be completed for each individual living at the home. The PEEPs we saw contained adequate personal information to demonstrate how each individual could be best assisted to evacuate the premises, should the need arise.

A range of checks were carried out on a regular basis to help ensure the safety of the properties and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. A gas safety certificate was available to show all appliances were checked on a periodic basis by an external contractor. This helped to ensure people were kept safe and free from harm.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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 make 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 gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. The service provided care for people who may have an impairment of the mind or brain, such as learning disabilities. We found that people's capacity to consent to care and treatment had not always been assessed.

For example, MCA consideration for a person who had a night time listening device in place to alert staff of the person's movements was not available, this meant that the person was being continually monitored at night time and this had not been considered in line with the MCA and associated Deprivation of Liberty Safeguards (DoLS).

Where documentation was available to show that principles of the MCA had been followed these were not always reviewed regularly and we found missing signatures and dates throughout some care records, this meant that there was no clear evidence off staff accountability for the decisions that had been made. This failure to consistently follow the code of practice amounted to a breach of Regulation 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found one example of the MCA process that had been completed correctly and this was up to date, the service had been working towards improving the way it records decision making in line with the MCA and this example of documentation showed that the service was working in conjunction with other professionals.

We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete an induction prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling and In addition, there were courses on working in a person centred way and safeguarding.

We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities.

Staff told us: "We undertake eLearning; I feel that it is a good way of learning". "We get lots of training and refreshers, we are supported and encouraged to undertake more training". And: "As managers we get additional training to support us in the role".

Relatives told us: "The staff are well trained". And: "On the whole the staff seem well trained; they know what they are doing".

A professional told us: "We get asked to deliver training on any identified needs and staff respond well to training and support".

Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

People had a choice of what they wanted to eat and staff were aware of people's needs in this area. Care files included people's likes and dislikes with regards to eating. For example, we saw in one care file that someone did not like to be watched when eating and daily notes reflected that this was being adhered to.

Policies and procedures were available in an easy read format to help ensure that these were accessible to people who use the service.

Good

Is the service caring?

Our findings

The staff approached people in a caring, kind and friendly manner. We observed positive interactions throughout the inspection. We spoke with relatives of people who used the service to gain their views and received consistent positive feedback about the staff and about the care that people received.

Relatives told us: "The staff are nice and kind": "I can't fault the staff, I visit regularly and [Name removed] is comfortable there it is her home". And: "I'm happy with the service it's a very happy house."

One professional told us: "People who use the service are supported by the staff and they follow care plans".

Interactions we observed between staff and people who used the service were based on people's strengths, focusing on what people could do for themselves, supporting, and encouraging people to remain independent.

In one property, the staff had made a Christmas list for a person they support and the staff were buying them gifts as they had no family to facilitate this.

We asked relatives if they felt they were involved in how their care was planned and we received positive responses from them. One relative told us: "I'm fully involved we go through suggestions together with [name removed] and the staff, then we decide together".

This approach to care planning resulted in shared decision-making and on going support to enable staff to work in a more inclusive way, working with people who use the service towards their own goals.

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how there was always enough staff on to support with one to one hours, so the person they supported could take part in their chosen activity. An example was seen in one person's care file where the person was being supported to get out into the community to meet new people.

Staff understood how to respect people's privacy, dignity and rights, and received training in this area. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

We found that end of life care planning within the service was evident. In addition, this had recently been discussed at a relatives meeting to encourage family members to engage in discussions and have an input in the plans with their loved ones.

One professional said: "The care the service provides at the end of life is so important and I have to say that the service has demonstrated a clear commitment to supporting people at this crucial ,and most sensitive time, I think that they excel in this".

The registered manager was knowledgeable about local advocacy services, which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

Good

Is the service responsive?

Our findings

We asked relatives if staff were responsive to people's needs. One person we spoke with told us: "Staff know [Name removed] needs very well, they were recently very quick to spot that something was wrong and responded quickly".

Care plans were regularly reviewed however, the practice of updating care records when a person's needs changed was not robust, we found that records were not always signed, dated and had not been written on formal care documentation. For example in one property, yellow post it notes had been added to the persons care record. These could have easily come unstuck and the information would have been lost.

We recommend that the provider ensure any changes in a person's need are recorded in a timely manner and in a way that is clear and concise.

We found a person centred approach to care planning. Care plans detailed people's preferences and opinions. For example, we found that one person's routine listed the TV programmes they like to watch. Another person's care plan included details of their favourite food shop.

We viewed detailed daily care records for six people, which gave an overview of the care provided; the records demonstrated that support was provided in line with the person's personal needs and wishes.

People were supported and encouraged to take part in activities, which they enjoyed. We saw an example where one person was supported to visit their relative's grave and staff were provided with a map of the cemetery to ensure that all staff that supported the person could find this with ease. Another example we saw included trips out to the local charity shops and the person had an outbuilding, which allowed them to store their purchases.

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. Some assessments we viewed included information from other agencies, which also helped to ensure that the person's needs could be met.

We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with health professionals and sought guidance when needed. These arrangements helped to ensure that people consistently received the care they needed.

We spoke to one professional who told us: "I am impressed by the way the service appropriately refers clients for support from the community team; There is a good standard of effective joint working".

People were encouraged to raise any concerns or complaints that they had. One person told us: "I can call the office at any time".

The service had a complaints procedure and people and everyone we spoke with said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance visits were being undertaken by the registered manager and action plans were devised following the visit. Documentation evidenced that these actions were followed up in supervisions. However, the visits were not on a regular basis. The documentation provided showed that three properties had been visited in 2016. The registered manager told us that they completed spot checks of the property however, these were not recorded.

There were quality-monitoring systems in place; however, some of these were not as robust as they could have been.

Team leaders completed a tenancy check audit and this included weekly, monthly and quarterly checks. The registered manager relied upon the information received from team leaders about these checks. We found that not all team leaders had completed the audits.

We could not find documented evidence that care files had been audited, issues we found during the inspection such as documentation that had been altered or added to across the service with no dates or signatures to allow for accountability, would have been identified if suitable checks had been carried out.

Although systems were established and in place to allow for oversight of accidents and incidents these were not always operated effectively. We found that the registered manager was not aware of issues around unexplained bruises not being reported for one person and falls for another.

The above-identified issues around quality assurance and systems and processes amounted to a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found a positive staff culture was reported by all the staff members we spoke with. Staff told us: "I can ask anyone for help, everyone is supportive". And: "There is a good staff team and good morale".

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs, the registered manager showed good knowledge about the people in her care. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

Staff told us the on call system was helpful and supportive. Staff said they felt supported by the registered manager and team leaders. One staff member told us: "The manager is fair minded and a very good listener". Another said: "I feel comfortable to approach any managers, I can ask them anything, they are transparent".

Staff used a communication book during shift handovers. This was used to record things that happened on a daily basis and to direct staff to read a particular person's care records. This helped staff keep up to date

with people's changing needs or provided an update on a specific event.

Staff meetings were held however, these were not as regular as the service would like due to staffing, staff did tell us that they felt well informed about the service. Where staff meetings had been held in May and July 2016 the minutes documented that information about any changes and best practice examples had been shared.

Regular tenants meetings were held and discussed issues around activities, introduced new staff and addressed issues such as safeguarding. The minutes for the meetings were provided in easy read format for people who use the service to have a record of these.

Carers meetings were held three monthly and looked at ways that the service can be improved. One relative told us: "I attend the carers meetings and feel that we are listened to and our views taken on board". An example of this was that carers asked to be emailed with any communications and this has now been introduced by the service.

The registered manager held meetings each week with the management team to discuss issues pertinent to the management of the service and care and support to individuals. The registered manager is also part of a wider county management team which meets four to six weekly to discuss organisational updates, and issues relating to Social Care practice.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant that we could check appropriate action had been taken.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have suitable arrangements in place to ensure that the treatment of all service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11(1) (2) (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable risk management arrangements and strategies in place to make sure that care and treatment was provided in a safe way for all service users. Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service provider had not implemented a robust system for assessing and monitoring the quality of service provided. Regulation 17 (1) (2) (a) (b) (c) (f).