

Lancashire County Council

Wyre 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 

Overall summary

This inspection visit took place at Wyre Domiciliary Service on 17 November 2015 and was announced. We told the registered manager one day before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Wyre Domiciliary Service is one of a number of services provided by Lancashire County Council.

The domiciliary agency office is based in a large multi occupied building in Thornton Cleveleys. The agency cares for adults with learning disabilities in supported

tenancy schemes in a number of houses. Areas they provided support included, Fleetwood and Thornton Cleveleys. The service provides care and support 24 hours a day.

There was a registered manager in place. 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.

Summary of findings

We found staff were trained well, had a good knowledge of how to protect people and raise any concerns about poor practice should they need to.

People were kept safe and secure in the supported tenancy schemes. There were appropriate numbers of staff deployed in the tenancy schemes to meet people's needs and provide a flexible service. Staff had been safely recruited to ensure people would be supported by suitable employees. One staff member said about the procedure for recruitment, "Very good I was not allowed to start until everything had been checked."

People were supported by caring staff who were supportive and compassionate. One person who lived in the tenancy scheme said, "They are so kind." Staff had a good understanding of protecting people's dignity and privacy. We observed staff were friendly, respectful and caring towards individuals.

Staff knew people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be cared for. Relatives and people who lived in the supported tenancy schemes said they were involved in making decisions about their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were supported to eat and drink and were encouraged to attend to their own dietary requirements as much as possible. Support and guidance was always available at mealtimes.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were provided with support and guidance to meet their aims and goals. For example one person who lived in one of the supported tenancy schemes attended the 'willow project'. This was a project where people learned all about gardening skills. This demonstrated the service worked with people to follow chosen interests.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived in the supported tenancy schemes and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

Systems were in place to make sure the management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

People were supported to maintain and develop relationships with people who mattered to them.

Staff were respectful of people's rights and privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Wyre 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.

This inspection visit took place on 17 November and was announced. The registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in supported tenancy schemes. We needed to be sure someone would be in the offices.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we visited three supported tenancy schemes where people who received support from the service lived. We spoke with an additional two people who used the service and eight people's relatives over the telephone. We also spoke with three care staff as well as two house managers and the registered manager.

During our inspection we went to the registered office of Wyre Domiciliary Service and spoke with the registered manager and three staff members. We also visited three supported tenancy schemes where the service provided 24 hour care for people who lived there. At the tenancy schemes we spoke with seven people who lived there and nine staff members. We also spoke with three relatives and two people who lived in the supported tenancy schemes by telephone.

We looked at the care records of two people, training and recruitment records of staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and what life was like living in the supported tenancy schemes. One person said, “Yes safe and sound.” We received positive answers from relatives of people we spoke with. For example one relative said, “The staff are great, the houses are lovely and I know [relative] is safe and well cared for.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. One staff member said, “Yes I have done safeguarding adults and children training.” The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

We looked at how the supported tenancy schemes were being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service, relatives and staff members, staffing levels were suitable. There was an appropriate skill mix to meet the needs of people who lived in the supported tenancy schemes. One staff member said, “We don’t have problems with staffing in the houses, if we do with sickness or holidays everybody helps out.”

Care plans looked at both in the office and the supported tenancy schemes had risk assessments completed. This was to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments we saw provided clear instructions for staff members when delivering support or care to people. One staff member said, “It is important to keep people safe both residents and staff by making sure any potential hazards are identified.” We found risk assessments in the supported tenancy schemes had been reviewed regularly or when circumstances changed.

Accidents and incidents were recorded and discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents.

We looked at recruitment procedures and documentation for staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. One staff member said, “Very good I was not allowed to start until everything had been checked.” Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. The recruitment process demonstrated the management team ensured all checks were provided prior to any staff working at Wyre Domiciliary Service.

We spoke with staff about initial training following their recruitment to find out what training staff had completed. We found staff received a comprehensive, four-day induction before they started working at the service. Staff we spoke with confirmed this. New staff also had to complete a six-month probationary period. This was to demonstrate they were competent to support people in the supported tenancy schemes. One staff member said, “The recruitment training was very good, hard but thorough it gave me a good initial understanding of the people and the service.”

We checked to see if medicines were managed safely when we visited the supported tenancy schemes. Care plans contained information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

We looked at how medicines were administered. The medicines administration record (MAR) sheets were legible and did not contain any gaps. The registered manager ensured only staff that had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this.

The registered manager had in place an annual competency check for medicines administration for all staff. For example any issues that were identified would be looked into and addressed with the staff member. They would then be reassessed to ensure they were competent to administer medication.

Is the service effective?

Our findings

People told us they were supported by staff who had the knowledge and skills required to meet their needs effectively. For example one relative we spoke with said, “I do speak with the staff and the training they do is very good. It shows the way they care for [relative].” People told us they felt members of staff understood support they required and said they received a good level of care and support.

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. The service had their own programme of mandatory training that included, moving and handling, safeguarding vulnerable adults and food and hygiene. Staff we spoke with told us training courses to attend and opportunities to access training were very good. One staff member said, “The manager will always support you to attend any courses that would benefit the people.”

Staff were encouraged to further their development and undertake national qualifications that were relevant to their role. For example staff told us they had completed ‘National Vocational qualification’ (NVQ).

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.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA. We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete MCA training was in place. This meant clear procedures were in place so that staff could assess people’s mental capacity. This enabled staff to assess people’s ability to make decisions for themselves.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. One staff member said, “They are useful and gives me a chance to discuss for example training or residents.”

Care records we looked at in the supported tenancy schemes contained people’s dietary needs. They showed they had been assessed and any support required with their meals was documented. For example one person needed support at mealtimes with their meals in terms of eating and prompting to eat their meals. The care plan was documented on the action taken and staff were aware of the support the person required.

The kitchen areas in the tenancy schemes we visited were clean and tidy with cleaning schedules available for staff to follow to ensure areas were clean and hygienic. When we visited the tenancy schemes we observed people were offered drinks throughout the day. People we spoke with confirmed this. One person who lived at one of the supported tenancy schemes said about the quality of food, “Great love them”.

Staff encouraged people to have some healthy option meals and eat fresh vegetables and fruit. It was clear people had choices of food and were involved in shopping for some of the food. Staff told us of the varied diet they served. There was information about each person’s likes and dislikes in the care records and staff were familiar with each person’s dietary needs.

People’s care records included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person’s health. People also received visits from learning disability nurses and physiotherapists. Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members and records we looked at.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and they were treated with kindness. When we visited the tenancy schemes, we observed people were relaxed, treated with respect and interacted with the staff. One person who lived in one of the tenancy schemes said, “They are so kind.” People were not left without support and staff were attentive, responding to any requests for assistance promptly. A relative said, “When I visit it shows how well the staff get along with people. [Relative] loves it here I know that.”

People and relatives we spoke with told us staff tried to involve people as much as possible in making decisions around their own support and care needs. Relatives we spoke with confirmed this. For example a relative said, “[Relative] can make his mind up what he wants and the staff are so kind in prompting and helping him be as independent as possible.”

People’s choices, interests, aspirations and social needs had been recorded. The care and support had been provided in accordance with people’s wishes, at times in conjunction with families. This demonstrated people were encouraged to express their views about how their care and support was delivered.

Care plans we looked at were centred on people’s personal needs, support identified and their wishes of how their care should be delivered. Daily events that were important to

people were detailed, so staff could provide care to meet their needs. Care plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence people’s care plans were reviewed with them and updated on a regular basis. Staff told us they promoted people’s independence as much as possible. For example one person enjoyed their football so the staff had facilitated the person to attend local football matches weekly and spend time out of their home.

We observed examples of staff showing respect, patience and kindness when we visited the supported tenancy schemes. For example we observed staff knocking on doors before entering and always letting the person know who they were. A staff member said, “We have had training around caring for people with a learning disability It is important to be patience and have a respect for everyone. This is their home.”

Staff we spoke with at the tenancy schemes had a good knowledge of people they were caring for. When they spoke with us it was clear they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. One staff member said, “We don’t get much movement of staff, this is a very good service to work for and people care for each other.”

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

Is the service responsive?

Our findings

We spoke with people in the supported tenancy schemes and their relatives about their experiences of support provided by the service. People told us that they felt they were encouraged to make decisions themselves and be responsible to make choices with staff support when requested. Relatives we spoke with told us the care was provided individually and to the person in terms of their social likes, dislikes and general support needs. For example, one relative told us they encouraged and facilitated their relative to follow a particular chosen interest. They said, “[Relative’s] life is so good with the staff who support them. This is because they are aware of what [relative] likes to do and they accommodate them.”

When people moved into the supported living schemes they had their social and health needs, communication preferences and general aims discussed with them. Staff told us people were comprehensively assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. Comments from staff included, “We do encourage people to follow what they like to do and try and help them achieve that.” Also, “People are individual and it is important to respect that when helping people to achieve things they want to.”

We looked at care records of three people. Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Care records were detailed, person centred and clear. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives. One staff member said, “The records are always up to date and clear if you need to look at them for some specific information.”

We found staff we spoke with had a good awareness of the needs and wishes of people they supported. For example one person who lived in one of the supported tenancy schemes attended the ‘willow project’. This was a project where people learned all about gardening skills. Staff explained from spending time with people and building relationships they get to know them better. This enabled staff to know and understand people’s needs individually.

We found information on how to make a complaint was available for people in the supported tenancy schemes we visited. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager made contact with every person who lived in the supported tenancy scheme on a regular basis. This was in order to obtain their views and to give people the opportunity to raise any concerns they may have.

The registered manager told us constant engagement with people developed relationships and encouraged people to discuss any complaints they had. One person who lived in one of the supported tenancy schemes we spoke with about complaints said, “No I have no complaints.”

Wyre Domiciliary Service viewed concerns and complaints as part of the improvement of the service. We saw the complaints process was included in information given to people when they moved into the supported tenancy scheme. The service had not received any complaints. We spoke with relatives about complaints and the process they went through. Comments included, “I never had to complain, however I do have the literature of what to do should I need to.” Another relative said, “I have spoken with the manager about one or two things which has not been a problem. I would know what to do and who to speak with to make a complaint.”

Is the service well-led?

Our findings

People who lived in the supported tenancy schemes we visited told us the management team were supportive and always calling in to see them. For example one person said, “Glad to see him.” Also we observed two people excited and greeted the registered manager in a very friendly way. We asked if they liked the management team to visit the home and one said, “Yes we do.”

We spoke with relatives about their experiences of the service and how the management team kept them informed of their relatives care. They told us the service was good at communicating with them when issues needed to be discussed. For example one relative told us their relative had been poorly and required medical intervention. The management team informed them straight away and kept them updated of action taken. Comments from relatives included, “I cannot fault the management they keep me informed about everything that is going on in [relative’s] life. They are very good.”

We found that each tenancy scheme had a structured management team in place. There were clear lines of responsibility and accountability within the staff team. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. One staff member said, “Each house has a manager and all are so supportive.”

Staff meetings were held approximately monthly and involved staff from all the houses. Staff we spoke with told

us they were productive and useful. For example comments included, “Yes the individual house meetings enables us to discuss any issues that have occurred and need to be talked about.” Another said, “I like the meetings because it gives us a chance to meet everyone and provide a consistent service.”

We spoke with the registered manager about the people who lived and worked at the supported tenancy schemes. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who they supported.

Regular audits were being completed by the registered manager and by the organisation. These included medication, staff training, financial audits and care of the people they supported. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service continued to develop. For example medication audits were held monthly and any issues would be addressed to ensure discrepancies were highlighted and appropriate action taken.

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager had taken the appropriate action.