Lancashire County Council

Chorley 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 was conducted on 29 January and 3 February 2015 by an Adult Social Care inspector from the Care Quality Commission. The provider had been given short notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care services.

Chorley Domiciliary Service is registered to provide personal care for people with learning disabilities within a supported living environment. The service is run rom a day centre in Chorley town centre by Lancashire County Council. At the time of our inspection 37 people were receiving care and support from the service.

There was a registered manager at the service at the time of our inspection. 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 received positive comments from everyone we spoke with. We looked at a wide range of records, including four

Summary of findings

people's care plans and the personnel records for five members of staff. Records showed that relevant checks had been made to ensure new staff members were suitable to work with vulnerable people.

People's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered.

We saw that regular reviews of care were conducted and any changes in people's needs were documented and strategies had been put in place to address any further needs. People's privacy and dignity were consistently respected.

People who used the service were safe. The staff team were well trained and had good support from their management team. They knew how to report any issues of concern about a person's safety and were competent to deliver the care and support needed by those who used the service.

Medications were well managed and our findings demonstrated that proper steps had been taken to ensure people who used the service were protected against the risks of receiving inappropriate or unsafe care or treatment. This helped to ensure people's health; safety and welfare were consistently promoted.

People were supported to access the local community and were involved in a range of activities both in their home environment and outside of the home. People were also supported to access health care services such as their GP and dentist.

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.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

People were protected against the risks associated with the unsafe use of medicines.

People and their relatives told us that staffing levels were suitable to provide the care and support they needed.

Good

Is the service effective?
The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrate a good awareness of the relevant code of practice and confirmed they had received training in these areas.

Good

Is the service caring?
The service was caring.

People were supported to express their views and wishes about how their care was delivered

People were respected; their privacy and dignity were consistently promoted by staff that were knowledgeable and compassionate to people's individual needs.

Good

Is the service responsive?
The service was responsive.

An assessment of needs was conducted before a placement was arranged. Support plans were very detailed and person centred, reflecting accurately people's assessed needs and how these needs were to be best met.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good

Is the service well-led?
The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

There was a culture of openness and transparency. The service worked in partnership with other relevant personnel, such as medical practitioners and community professionals.

Good

Summary of findings

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

Chorley 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 took place on 29 January 2015 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that the registered manager would be in.

The inspection was carried out by an adult social care inspector for the service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with nine people who received a service from Chorley Domiciliary Service, three relatives, five members of staff and the registered manager for the service. We made phone calls to three relatives of people using the service on 3 February 2015.

We looked at a wide variety of records, including four care plans, policies and procedures, medication records, training records, four staff files and the services quality monitoring systems, including incident and accident records and compliments and complaints.

Good

Is the service safe?

Our findings

All of the nine people we spoke with told us that they felt safe whilst receiving care and support from Chorley Domiciliary Services. The three relatives we spoke with also confirmed that they were happy that their loved ones were happy and safe with the care that they received. One person who received support told us, "I'm safe and I'm happy." Another person said, "All the staff are wonderful and kind to me". Relatives we spoke with confirmed this, one relative told us, "The best thing that ever happened was (name) moving to this service. (Name) has a lot of health issues but is very well cared for."

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Medication processes were well organised and safe. Records were clear and appropriately signed. All the care plans we reviewed contained a medication risk assessment and risk management strategy for the administration of medication. These documents covered the benefits of each individual's medication as well as the potential hazards and consequences. Preventative measures were in place to minimise any risks identified such as the use of blister packs, ensuring staff were appropriately trained and storage was correct. We saw evidence to show that annual reviews of medication took place with each person's GP.

Each person's care plan contained a section entitled, 'My individual preferences regarding how to administer my medication' and another entitled, 'If incident occurs how will you respond'. This showed that people were consulted with regard to how they wanted support workers to help them take their medicine and that plans were in situ if issues arose. We saw examples of how each person's medicines regime was personalised to their individual needs, e.g. one person who needed reassurance when taking their medicine had this written into their preferences section so staff knew to explain why their medicine was important and why they were taking it. Each person's current medication was listed alongside information showing its purpose, any possible side effects and special requirements, e.g. if it needed to be taken with food or at specific times of the day.

When we spoke to staff they were clear around their own roles and responsibilities regarding supporting people to take their medicine. Staff confirmed that they undertook regular refresher training and we saw evidence of this within staff files and within the services training records. We also saw evidence that staff had their competency checked annually or more often if required, by managers within supervision records. We contacted the local pharmacy used by the service following our inspection and they told us that they found the service to be professional and that they followed any advice given by them with reference to medication.

We discussed staffing levels with the registered manager. They talked us through the staffing rota for the next 24 hour period. People who received support told us they found there was enough staff to support them. One person told us, "There are always enough (staff) to help me to do the things I enjoy, I go shopping with them and go out all the time." Two of the relatives we spoke with talked very positively about staff including staffing levels. However one relative told us that they felt the service at times was "short staffed". We discussed this further with them and they went on to tell us that this comment was in relation to savings made by the Local Authority. They said, "It's a shame as there are a lot of cutbacks due to rulings from the Local Authority." We discussed this issue with the registered manager who told us that each person funded by the Local Authority would be reviewed to ensure that the level of support needed by each person was correct. This process had begun across all similar services in Lancashire. The process had not been completed for Chorley Domiciliary Service.

The service did not use agency staff to cover any absences of permanent staff. There was access to a 'casual' pool of staff if necessary but we were told that any casual staff used were the same to ensure they were familiar with the people being supported. We discussed staffing levels with staff. They were all happy that there was enough staff employed to support people using the service. Some of the staff we spoke with had started off working for the service as casual workers. They told us that this was a good introduction as they worked within different supported living environments and it meant they were able to meet many of the people within the service. They also told us that they received the same induction and training during this time as permanent members of staff.

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the four staff files we reviewed that

Good

Is the service safe?

pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

We spoke with staff about their understanding of safeguarding procedures within the service. All the staff we spoke with could tell us how they would recognise different types of abuse and how they would deal with any potential safeguarding issues and who to report them to. We saw policies and procedures in place for safeguarding which were part of Lancashire County Councils corporate policies. They were up to date and met current legislation requirements.

We discussed with the registered manager how the service supported people to manage their finances. Each person had a 'Money management action plan' in place. We were told that there were different approaches in place dependent on people's needs and capacity. Some people were able to access their own money whilst some people needed support to do so. Relationships had been formed with local banks and building societies who knew people and the staff supporting them. All financial transactions were receipted, numbered and recorded and systems were in place for joint purchases for people living in the same household. Staff undertook daily balance checks and monthly audits of each person's and household's finances. Staff we spoke with displayed a good understanding of these processes.

We looked at accident and injury records for the service. They were logged and reviewed on a monthly basis and details of each incident were recorded including any treatment given if appropriate. This ensured that any potential patterns were recognised by the service which could prevent accidents happening.

Good

Is the service effective?

Our findings

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and relatives we spoke with also told us that they believed the staff to be competent, caring and approachable. Some of the comments we received from people using the service were; "I'm really happy, everyone is nice and there is a set team. I know everybody", "Staff do a really good job, they are all helpful and explain what they are doing when they help me" and "All the staff are very good, helpful and kind."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We were told that discussions had been held with the DoLS team at Lancashire County Council regarding those people that had been identified as having their liberty, rights and choices restricted in some way. The County Domiciliary Service had prioritised those individuals with the highest need for referrals for DoLS applications as part of an agreed strategy with the service.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. All of the staff we spoke with were able to demonstrate a good awareness of the code of practice and confirmed they had received training in these areas.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People we spoke with and their relatives spoke positively about how staff communicated with them.

Staff told us that they had received regular supervision sessions and they were able to raise issues within them, including personal development and additional training they felt they needed. We saw that supervision sessions were kept within staff files and that as well as training needs being discussed individual training records formed part of their supervision notes with any agreed actions and targets regarding training needs recorded. We spoke with staff about the training they received and if they felt they were given the necessary support they needed to carry out their role effectively. We were told that training was offered across a range of subjects, some mandatory to the organisation and some specialist. One member of staff told us, "If we need any extras, for example one of the people I support is now diabetic, we ask and then we get to go on a course about it. Managers are approachable like that, we get what we need."

We saw evidence within the staff files we reviewed that staff had undertaken a wide range of training that catered for the needs of the people using the service. This included training within areas such as; medication awareness, safeguarding, dementia awareness, support planning and Percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall. We looked at the services training records which were kept on an electronic system which reminded managers when training was due to be updated for each member of staff.

Care plans contained information regarding each person's dietary requirements. This included any specialist advice, e.g. for people who needed specialist diets such as PEG feeding or soft diets. People who were able to choose what food they wanted were encouraged to choose healthy options and each supported tenancy that would benefit from their use had information to help people do this in the form of a 'healthy options' booklet. Staff we spoke with also assisted people to choose as balanced a diet as possible. Menus were chosen on either a daily or weekly basis and people we spoke with told us this was the case. The nine people we spoke with who received a service told us they were happy with the food they ate and that they were involved, were possible, in choosing and preparing food. Those who were not able to help prepare food undertook other tasks such as clearing the table, tidying the kitchen or other household tasks so they could participate at each meal. Some of the comments we received from people around this subject were as follows;

Good

Is the service effective?

"I choose my own (food), we go shopping and staff help me to make it."

"We sometimes go out for meals, we take in turn to choose were to go. I also make my own food; I've made my own pizza and a cake."

"I am on a low cholesterol diet and staff help me to make sure I choose the right food."

We spoke with parents of people who were unable to verbally communicate, they were happy with how diet and nutritional needs were handled within the service. They told us that issues were discussed and that they felt involved in all aspects of their loved ones care. One relative told us, "We are totally happy, we are involved in reviews meetings and kept informed of all issues including what (name) has to eat."

From talking to people, their relatives, staff and from looking at people's care plans it was apparent that each supported tenancy was adapted to the needs of the people living within them. People were matched in terms of the levels of the support they required which meant that issues such as staffing levels and environment were also matched to enable the correct support to be given. We received lots of positive comments from people in regard to where they lived. We saw evidence that if people's needs meant their environment was no longer suitable then this was addressed, either by finding alternative living arrangements or by adapting their current living environment.

Good

Is the service caring?

Our findings

People we spoke with told us the staff that supported them were kind, compassionate and enabled them to make a range of decisions about how their care and support was delivered. One person told us, "I'm happy, I'm always happy. Staff that help me are nice and ask me what I want to do, we go to all sorts of places together". On relative we spoke with said, "We are definitely happy, my relative has really blossomed during her time at the service. It's wonderful. I can tell because my relative no longer wants to come home because she likes it so much. Staff really get to know people, all the people living there want for nothing."

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff when asked about how they assisted with people with personal care told us, "It's common sense really, we just talk to people, make them feel relaxed, they know all the staff." This was backed up by people we spoke to who were being supported, one person said, "All the staff explain what they are doing when they help me." Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. Policies were in place to support all of these areas which were part of Lancashire County Council's corporate policies.

We contacted other professionals involved with the service and asked them about their experiences of dealing with managers and staff at Chorley Domiciliary Service. The responses we received were positive and included the following comments; "I feel very confident in dealing with staff at Chorley Dom Service. Attitude is as expected: caring, considerate and professional."

"I have found on the whole the support staff to have a professional attitude when carrying out there role. The majority of staff have worked with their client group for many years and have built up strong professional relationships with those people they support and know them extremely well. They offer continuity of support therefore building a trusting relationship with their customers and families."

We saw evidence within people's care plans that showed they were involved with making decisions about how they received their care and support. One section was entitled 'current lifestyle' and went through various aspects of people's day to day issues such as spiritual, cultural, social relationships, leisure and sleeping patterns. It was evident that all these areas had been discussed with people and/or their family or carer and those daily living choices formed a key part of reviews. Care plans also contained appropriate individual assessments which covered a range of areas such as mobility, personal care and general health. Again these were reviewed with the person in receipt of support and their family or representative.

People told us that they were supported to access the local community which helped people to maintain their general well-being by keeping active and taking part in different activities. Examples included attending voluntary work, shopping, attending groups, workshops and going to the pub.

Some people were supported by local advocacy services to assist them to make decisions regarding their care. We saw evidence of and discussed the use of Independent Mental Capacity Advocates (IMCA's) to assist people who did not have capacity make decisions. One example was for a person whose environment was no longer suitable for them due to an increase in age and frailty. This person had been supported to move to another supported tenancy which suited their increased level of support and lack of mobility.

Hospital passports had been developed, which were detailed. These provided all necessary personnel, such as hospital staff and ambulance crews with a brief summary about the person, should the individual need to be transferred to hospital in an emergency.

Good

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "If I had an issue I would raise it with a member of staff. I feel comfortable asking staff if I want anything." Another person told us, "All the staff are approachable. I've never made a complaint, I've never needed to." Relative's comments were also positive regarding the approachability of staff and managers. One relative told us, "If I had an issue I would raise it directly with staff, if that didn't work I would go to the office. I've never had to."

The service had a complaints procedure in place which we were shown a copy of. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. The service had received no formal complaints during the previous 12 month period prior to our inspection. A file was in place within the office which showed that complaints received into the service, which were historical, had been investigated appropriately within the correct timescales.

The service hosted meetings for people using the service entitled 'The Voice'. A manager was present at the meetings but otherwise it was led by people receiving support who discussed issues they had regarding the service. Themes were also introduced for discussion such as safeguarding, complaints and staffing. People we spoke to told us that tenants meetings took place and that they had the opportunity to raise issues within these forums. We saw a number of compliments kept on record from people using the service, relatives and professionals. Some were about the general quality of care and some were in recognition of individual members of staff good practice.

We looked in detail at four people's care plans. The content of each person's care plan was detailed, up to date and personalised to the individual. People's life history was well documented and their likes and dislikes noted throughout. This included sections entitled 'What is working and what is not working in my life' and 'What makes a good day and what makes a bad day'. This showed that each person had been consulted about their preferences of how their care and support was delivered. From speaking to people, families and staff we were satisfied that people's preferences were acted upon. Links with other professionals such as community nurses, GP's and dentists were well established for those who needed that support. All aspects of care planning, including risk assessments were seen to be regularly reviewed either annually or in line with people's needs changing.

We spoke to people and staff regarding activities. We were given a wide range of examples including trips out, people who attended work, classes, as well as activities that took place within people's home environment. One person told us, "I go the gym, work in a charity shop and like going out for walks." Another person told us, "Once a week I go out and meet peoples from other houses (who received support). I always go out at least once a week for something to eat and I go swimming." Staff backed these comments up, one member of staff told us; "There are lots of activities happening. People here get the best and I'm not just saying that because I work here. It makes it more interesting for us as well. People go horse and carriage riding, the cinema, shopping, out for meals and a drink, they see friends and family, there is lots going on."

We saw that appropriate risk assessments were in place for the wide range of activities that took place and that they were reviewed appropriately.

Good

Is the service well-led?

Our findings

The people we spoke with talked positively about the service they received. People spoke positively about the communication within the service. Some of the people we spoke with did not have a clear understanding of who managers were or what the term 'manager' meant but none of the nine people we spoke with had anything negative to say about the service or any member of staff. Some of the comments we received from relatives with regard to management and communication within the service were as follows;

"We are always kept abreast of issues, we are asked to attend reviews of (name's) care and I am asked for my opinions. I have no issues."

"Yes I think the service is well run. (Name) has been with the service for a long time and there has never been a need for any type of complaint. It's been wonderful, the staff are, and always have been, wonderful as well."

We spoke to five members of staff, all of whom spoke positively about their managers and employer. Staff had a good understanding of their roles and responsibilities and what was expected of them. Comments from staff included the following;

"We have on-call support 24/7 via a pager system. They always call you back quickly."

"There have been a few changes recently but it has all been handled very well, people are kept informed of what's happening".

"We are able to ring managers and get advice. They are very good."

A wide range of quality audits and risk assessments had been regularly conducted by the registered manager. For example, the registered manager was Lancashire County Council's (LCC) adult disability services lead trainer for medication management training and was auditing the services, and other services within the local authority, medication regimes. Other audits included complaints, safeguarding, care planning and tenancy audits. The service was also subject to quality checks from LCC's internal audit team.

We saw that team meetings were held regularly and staff we spoke with confirmed this to be the case. Specific meetings were held for casual staff in order to keep them informed of developments within the service. Some of the staff we spoke with had been members of the casual staff pool and confirmed that they were well supported as casual staff as well as permanent members of staff. Local managers meetings were held every two to three weeks.

Accident and injury records were kept at the service. Incidents and accidents were reviewed on a monthly basis. Details of each incident were recorded including any treatment given as appropriate.

The service, as part of LCC's domiciliary service provision was accredited with 'Investors in People' (IIP). IIP is a business improvement administered by UK commission for employment and skills and supported by the department for business, innovation and skills.

The service had improvement plans in place for the following twelve months including targeted training on Mental Capacity Act and Deprivation of Liberty Safeguarding. There were also plans to link in with other providers and organisations to share best practices and to support people who were going through changes onto Individual Budgets.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.