Lancashire County Council

Lancaster & Morecambe Domiciliary Service

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The service provides domiciliary care 24 hours a day in supported houses where people live. Support is provided for people who live with a learning disability. The location of the homes are based around the Lancaster and Morecambe area. The office is based at the Lancashire County Council building in Lancaster.

At the time of our inspection there were 19 supported living homes and 53 people who received support from the service.

At the last inspection in March 2016 the service was rated Good. At this inspection we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service had not changed since our last inspection.

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.

The management team had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and within supported houses. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. This was confirmed by talking with staff and the management team. Medication records checked were accurate and up to date in the supported houses we visited.

People in supported houses were supported to have access to healthcare professionals and their healthcare needs had been met. Care plans looked at reflected this.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff had received food and hygiene training to ensure they were confident when preparing meals. People who lived at the houses were complimentary about the food provided and their involvement in the preparation of meals. One person said, "I love the meals we all choose what we want." Also, "I help out with shopping I like to do that."

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

People and relatives we spoke with told us staff them treated them with respect and dignity.

People were supported to follow their chosen interests and hobbies. For example some people attended college, others participated in some voluntary work. Others attended events in the local community.

People who used the service and their relatives knew how to raise a complaint and who to speak with. The management team had kept a record of complaints received and these had been responded to in a timely manner.

The management team used a variety of methods to assess and monitor the quality of the service they provided. For example they included regular staff meetings, management team meetings and each property had resident/house meetings. Surveys were also sent to relatives and staff to complete every year.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Lancaster & Morecambe 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 service provides care and support to people living in 19 'supported living' settings, so that they can live in their own home 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.

We gave the service 48 hours' notice of the inspection visit to ensure we had access to the office base and because we needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

The inspection site visit was on 19 April 2018. We also visited two supported houses, telephone interviews with eight people who lived in the houses and three relatives.

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

We received information from the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with eleven people who lived in supported houses, four relatives and ten support workers. We also spoke with the two registered managers of the service and two team managers. In addition we spoke with two social workers who had involvement and supported people at Lancashire Domiciliary Care. We looked at the care records of four people who lived in supported houses in the office and where they lived. Also we looked at medication records, training and recruitment records of staff.

In addition we looked at records relating to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels focusing on how staff provided care within the supported homes.

Good

Our findings

We spoke with people about care they received. They told us they usually had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "The same staff are here they are great. I feel so safe and at ease." Also a relative said, "It is peace of mind knowing [relative] is safe and well looked after."

The management team had systems and procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe. One staff member said, "Always undertaking safeguarding training it is so important."

The service continued to complete risk assessments in all properties to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the service had been recorded.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We looked at medicines and administration records in each of the supported houses we visited. Medicines had been managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. Medicines had been ordered appropriately, checked on receipt into the house, given as prescribed and stored correctly. Staff had received training and had competency checks to assess if they had managed medicines safely. This was confirmed by comments made to us by staff.

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care.

We saw personal evacuation plans (PEEPS) were in place at each house we visited for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The management team continued to follow safe recruitment procedures that were in place at the last inspection. Each house had sufficient numbers of staff deployed with specific skills to meet people's needs and wishes. Staff we spoke with were happy with the numbers of staff available to support people and their individual needs. One staff member said, "We work well as a staff unit and sort any shortfalls out. There is not a problem with staff shortages."

Good

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived in supported houses continued to receive effective care because staff had a good understanding of their needs and were well trained. For example a number of staff had worked at the service for a long period of time and one staff member said, "We know the people well and are skilled enough to help each person reach their potential. This is because a lot of us have been around a long time." A relative said, "They seem to keep the same staff which helps a lot."

We spoke with staff members and looked at individual training records. Staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home. Two social work professionals we spoke with told us Lancashire Domiciliary Service provided a 'very good' service in properties they were involved in. They told us the management team communicated very well with them and would attend meetings with health and social care professionals and families to discuss any issues.

People supported by the service had received a full assessment of their needs. This ensured the service had information about support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Care records contained people's dietary needs and preferences. They showed they had been assessed and any support required with their meals was documented. For example one person required blended meals and this was documented so staff were aware. A staff member said, "I have and everyone has completed food and hygiene training which makes you aware of different types of support people may need when it comes to food preparation."

The kitchen areas in houses we visited were clean and tidy with cleaning schedules available for staff to follow to ensure areas were clean and hygienic. Information about different food and meals were also provided in picture format to support people with communication difficulties. Comments about food in the supported houses were positive from people who lived there. They included, "I love the meals we all choose what we want." Also, "I help out with shopping I like to do that."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and treatment had been recorded on people's care records by the person or family member. Where people lacked mental capacity we saw this had been considered during best interests meetings and had been reflected in their care records. We found up-to-date records were in place, including mental capacity assessments and legally authorised deprivation records. Throughout our visits to supported properties, we observed staff did not limit people's movement and supported them to move about the homes as they wished to.

Good

Our findings

People supported by the service and relatives we spoke with were complimentary about the attitude of staff towards them. Comments included, "I love them all because they are so kind and considerate to me." Also, "They are really, really kind." A relative said, "I cannot fault their commitment, they treat everyone with respect and patience, no arguments at all about the attitude and the way the staff treat [relative]."

Care records we looked at included evidence about people's preferences for social hobbies, education, food preferences and details how they want to be supported. Staff encouraged people and their representatives to be involved in their care planning. Social work professionals were impressed by the content and information provided in care records. They felt it supported staff to provide help and guidance people required. This was confirmed by staff we spoke with. For instance one staff member said, "Care records are important it gives a picture of what the person aspirations, social interests are and we can help them achieve there aims."

When we visited supported houses we observed people were relaxed and had good interactions with the staff on duty. One person was getting ready to go out and staff were helping the person get ready. They showed patience and understanding supporting the person from a chair to their wheelchair with the assistance of a hoist. The person changed their mind and decided to stay in. This was not a problem to staff and again showed patience transferring the person back to their chair. People were not left without support and staff were attentive, responding to any requests for assistance promptly.

During visits to supported living houses we witnessed staff treated people with dignity, patience and respect. We observed staff knocked on people's bedroom doors and bathroom facilities were lockable to enable people to feel that their dignity was protected. We visited one home and a person who lived there gave us permission to look around their bedroom. It was personalised with posters and photographs of the person's family and football memorabilia. The person said, "I love [football team] they are my favourite. I like the pictures."

We found staff documented people's diverse needs and assisted them to maintain their different requirements. For example, people's religion, sexuality and special requirements. Staff we spoke with were aware of the importance of protecting people's human rights and treating them as individuals. We found the provider's documentation stated equality and diversity was extended to all personnel. For example, information outlined no staff should be subject to unlawful discrimination on the grounds of gender reassignment and sexual orientation. This intended to give staff confidence they worked in a safe and non-

prejudiced environment.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Our findings

Care plans we looked at were informative about people's preferences and support requirements were detailed. This meant staff could refer to care plans to ensure people received the right support. We found in supported homes we visited staff provided care that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care needs.

People were supported to follow their chosen interests and hobbies. For example some people attended college, others participated in some voluntary work. Others attended events in the local community. Staff organised a 'music club' where staff played instruments and had an open microphone session in the local community open to everyone. People who lived in supported house all told us they enjoyed the music sessions. Comments we received confirmed this, One said, "I love to sing there." Another said, "I look forward to the music nights." A relative told us how well their relative was doing since staff found a college placement for the person to attend cooking, life skills and football. They said, "[Relative] loves college he has come on leaps and bounds since the staff have supported him."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the assessment procedures identified information about whether the person had communication needs so they could access information independently. For example care records used picture formatting so that people with difficulty understanding were able to identify pictures and communicate their needs to ensure they were understood.

The service had a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. One relative said, "We have been given information of details to contact should we need to. However never had to."

The management team and staff showed a good understanding of people's end of life care requirements, which included clear documentation of their preferences. They were tactful and respected where individuals did not wish to discuss such sensitive issues. When we discussed end of life care with staff we found they had a good understanding of related principles.

Good

Our findings

Lancashire Domiciliary Service had a range of quality assurance systems to gather people's views and the registered managers developed systems such as annual surveys, house meetings and management meetings. A recent survey in 2017 resulted in positive comments from people who lived in the houses and their relatives. For example comments from 'family surveys' returned included, 'We are pleased with the service.' And, 'We could not wish for a better team at the house.' The management team analysed responses and acted on any negative comments to ensure the service continued to improve.

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.

People supported by the service told us the management team and staff were friendly and approachable. One person said, "[Team manager] is my favourite the best." A relative said, "I have to say the management of the homes is top notch. I like to be kept informed and they do so."

We found the service had clear lines of responsibility and accountability. The registered managers, team managers and staff team were experienced, knowledgeable and familiar with the needs of the people they supported in the houses. We found a lot of staff we spoke with had worked at the service for long periods of time. One staff member said, "We have a lot of staff who have been here years between the houses, we have a good staff team."

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals and social workers. Social workers we spoke with were impressed how the service operated and felt they provided a 'very' good service.

Various staff and house meetings took place and were recorded. For example regular team management meetings and staff meetings had recently taken place in February 2018. One recent house meeting discussed the music group activity and people in the houses commented they enjoyed the afternoon/evening. One person who lived in one of the supported homes said, "We do have meetings and talk about meals and trips out together."

The service had on display in the reception area of their office premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.