

Lancashire County Council

# Chorley Domiciliary Service

## Inspection report

Holly Trees Resource Centre  
41a St Thomass Road  
Chorley  
Lancashire  
PR7 1JE

Tel: 01257517320

Date of inspection visit:  
16 November 2022

Date of publication:  
16 February 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Chorley Domiciliary Service supports people who have a learning disability in their own home and provides personal care in line with a 'supported living' model. Supported living is a way of supporting people in their own home with their personal care or support arranged separately with a specialist provider.

Everyone supported by Chorley Domiciliary Service had their own tenancy agreement. At the time of the inspection 36 people were receiving support from the service.

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

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

#### Right Support

We found medicines were not always managed safely. Records related to medicines administration were not always accurate. The service is planning to introduce a more robust system to address the concerns.

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

Staff thoroughly assessed people's needs and developed plans of support which enabled them to make choices and promoted positive risk taking. People's homes were personalised, and we could see people's choices about décor and furniture were respected. Staff had received training to keep people safe and knew what action to take in response to any allegations of abuse.

#### Right Care

The service provided care that was centred around the person, their needs and their wishes. Staff knew people well and information was available to guide staff on how best to support people. Staff had received training to ensure they could meet people's needs effectively. The service followed government guidelines to reduce risks related to infections.

## Right Culture

The provider had various methods to assess, monitor and improve the quality of the service, however, these had not identified and addressed the issues we found with medicines management. We have made a recommendation about this. People chose how they spent their time and their decisions were respected. Staff told us they felt well-supported and could raise concerns with the management team. We observed people were comfortable and relaxed in the presence of staff and in each of the tenancies we visited, there was a homely and cheerful atmosphere. Staff worked well with external agencies to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (published 6 November 2018)

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

The provider acted to make improvements to ensure people were not at risk of harm from concerns around medicines management.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chorley Domiciliary Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified a breach in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

# Chorley Domiciliary Service

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

#### Service and service type

This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 November 2022 and ended on 02 December 2022. We visited the location's office on 16 November 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited 4 supported living tenancies and met 11 people. We observed people's interactions with staff and if they were happy and comfortable in their presence. We looked to see if people's homes reflected their personalities, met their physical and sensory needs, was clean and if the culture was caring and empowering. We reviewed nine medicine administration records and looked at medicines related documentation. We observed medicines administration and checked medicines storage.

On the day of the inspection, we spoke with the registered manager, 2 team managers and 5 care staff. On a separate day we spoke with 2 care staff and 2 relatives by telephone. We also received feedback from 2 relatives by email.

We reviewed a range of records. This included 6 people's support plans, several medication records and 3 staff recruitment files. We looked at a variety of records relating to the management of the service, including policies and procedures, meeting minutes, risk assessments and audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Multiple medicines were missing from the medicines administration records. These included one regular medicine for one person, homely remedies (medicines that are bought from a shop or chemist) and creams. This meant people may not get their medicine when needed.
- Prescribed thickeners (used to thicken fluid for people with dysphagia which facilitates a safer swallow and reduces the risk of choking) were not always being recorded. We could not be sure they were being used as prescribed.
- A Medicines audit was completed but only basic information was recorded and did not always identify medicines errors.

The provider had not ensured records were accurate in relation to medicines. The provider's systems to assess, monitor and improve the quality of medicines management had not identified and addressed these issues with medicines management. This demonstrated a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely within people's homes.
- The service engages with healthcare professionals and people receive annual reviews of medicines.
- Medicines training and competencies had been completed by staff administering medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People and relatives we spoke with all felt the service was safe. One person's relative told us, "I feel [Name] is truly looked after in his home. His team of support he has around him is very good."
- The provider had developed easy to read information around safeguarding which was shared with people who received support.

### Assessing risk, safety monitoring and management

- The provider advocated around positive risk taking. The service supported people to develop confidence and skills so they could experience the same opportunities other had. The service worked closely with people they supported and other agencies to try to support people safely, whilst enabling them to make

their own choices. The registered manager told us, "We are looking for people to be happy. There are risks, but we are not wrapping people up in cotton wool."

- The registered manager carefully assessed people's needs and compatibility with other people before anyone moved in together. This helped to reduce the risk of support not meeting people's needs.
- Information was available to staff, and others, to support people in an emergency and, for example, when attending healthcare services. This helped to ensure people's needs, abilities and how they communicated were understood, in order to provide the care and support they required.
- Risks to people's health and wellbeing were managed. Staff assessed, monitored and regularly reviewed risks to support people in managing any health-related risks. One person's relative told us, "His day to day staff are very supportive of [Name] and meet all his needs as he moves on with his illness. They do all they can for him and seek training where they need to."

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff continued to be recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely. One person's relative told us, "We assume that the staff receive training in all aspects of [Name]'s care needs, and have never felt that any of the carers lack the necessary experience."
- There were enough staff to meet people's needs safely. The provider used a systematic approach to calculate staffing levels based on the needs of people who used the service.
- The registered manager explained that recruitment had been very difficult and staffing levels were low. This had not impacted on people's safety but had meant that sometimes social support had to be rearranged. The provider was running a recruitment campaign to increasing staffing levels.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits in line with government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the management team. This enabled them to identify any trends or themes, to take action and seek support from external agencies, where appropriate, to reduce the risk of similar incidents. Any lessons learned were shared with staff to further improve safety.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was at times inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems to assess, monitor and improve the quality of the service were not always operated effectively. We found shortfalls in the quality of records and medicines management which had not been identified and addressed. Please see the safe section of this report.
- The registered manager had not yet completed full audits of the houses but had been visiting each house and speaking with people and staff to gain a view of quality.

We recommend the provider reviews their systems to assess, monitor and improve the quality of the service, so they are operated effectively and consistently.

- The provider continued to employ a range of methods to assess, monitor and improve the quality of the service. These included various checks and audits, along with feedback from people who received support and staff.
- Staff carried out quality checks at each house where people were supported, including infection control, support planning and health and safety.
- The provider and registered manager supported people to live in their own homes with their own tenancy agreements. People's personal and private areas of their homes reflected their likes, personalities and choices.
- Governance processes helped keep people safe, protect people's rights and provide good quality care and support. Staff supported people to manage their budgets, risk and personal health. The management team analysed incidents, accidents, safeguarding concerns, complaints and compliments to see if there were any improvements that could be made to the service.

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

- The culture continued to be caring and person-centred. We saw people were encouraged to shape the support they received so it was a truly person-centred service. Staff worked well together as a team and were caring and respectful towards people they supported.
- People and their relatives spoke positively about their experiences of the service and staff who supported them. One person's relative told us, "I think they're very good... very caring, competent and active in her life... [Staff] and her team are always on hand if I ever need to talk to them about anything." Another said, "We are very happy with [Name]'s care team and have no concerns."

- Staff felt well supported and told us they enjoyed their role. They told us, "[Registered manager] is very approachable. Morale is really good at the moment. Everyone seems to be on board with the lads we support. As a team, we seem to get on really well, communicate well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had continued to engage and worked in partnership with people who used the service, those close to them and staff through meetings and day to day contact. The provider sought their views and experiences and gave them opportunity to make suggestions about improvements. The registered manager explained they were also looking into introducing surveys as a means of gathering feedback about people's experiences.
- The service had supported people to return to activities within their local community, following the pandemic and as risks had reduced.

Working in partnership with others

- The provider had continued to work in partnership with external agencies to ensure people's needs were met.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not maintained accurate and contemporaneous records in relation to medicines administration. The provider's systems to assess, monitor and improve the quality of the service had not identified and addressed the shortfalls with medicines practices. 17(1)</p>