

Pendle Residential Care Limited

East Lancs Dom Care

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

About the service

East Lancs Dom Care is a domiciliary care service providing personal care and support to people with mental ill health, living in their own homes and with supported living arrangements. At the time of the inspection 18 people were receiving support.

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

People told us they felt safe with the service. Staff had received training on safeguarding adults at risk. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Recruitment practices made sure checks were carried out before staff started work. There were enough suitable staff available to provide care and support; staffing arrangements were kept under review. Staff followed processes to manage people's medicines safely. Health and safety was monitored and risks to people's individual well-being were being assessed and managed.

Processes were in place to find out about people's backgrounds, their needs, abilities and choices before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff encouraged people to lead healthy lifestyles. They were supported as appropriate with their healthcare needs and medical appointments. People were given support as necessary with meals and drinks, healthy eating was monitored and promoted. The provider ensured staff had access to ongoing training, development and supervision.

People made positive comments about the staff and managers. One person told us, "They are friendly, compassionate and attentive. It's generally nice to have them around." Staff knew people well and were respectful of their choices and lifestyles. People's privacy and dignity was respected. People were enabled to be independent and develop their life skills.

People received personalised care and support. They were supported as appropriate, to engage in community-based activities. People had contact with families, friends and acquaintances. The provider had processes in place to support people with making complaints.

People were treated as partners in managing their individual support. Management and leadership arrangements supported the effective day to day running of the service. The provider used a range of systems, to regularly monitor and improve the service. There were processes to consult with people about

their experiences of the service and make any improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 August 2018. This was the first inspection.

Why we inspected

This was a planned inspection in response to the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

East Lancs Dom Care

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care and support provided. We spoke with five members of staff including the registered manager, deputy manager, support workers

and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, two staff files in relation to recruitment, staff supervision records. A variety of records relating to the management of the service, including complaints records, meeting records and quality monitoring checks. Policies and procedures were reviewed.

After the inspection

We received further information from the registered manager and provider to support the evidence we found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse, neglect and discrimination. Staff supported people safely and respected their individual needs. People told us they felt safe with the service, their comments included, "I have no concerns with the attitude or manor of staff, I feel safe with the staff who call" and "I very much feel safe with them, especially when we go out."
- The registered manager and staff were aware of safeguarding and protection matters. Staff had received training on adults at risk and positively supporting people's behaviours.
- The provider had policies and processes to safeguard adults at risk, including reporting procedures in line with the local authority's protocols.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was assessed and monitored. The registered manager and staff explained how they kept people safe and supported positive risk taking. Information in support plans provided guidance on minimising risks and was kept under review.
- People spoken with described their lifestyle choices and support needs and how they had been involved with assessing their individual risks.
- Processes were in place to support people in maintaining a safe environment. The registered manager described the arrangements in place to promote fire safety. However, we noted fire safety was not included on the health and safety checklist. The registered manager took action to include this safeguard.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff.

Staffing and recruitment

- Staff recruitment procedures aimed to protect people who used the service. Probationary periods and disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- Sufficient numbers of staff were available to support people to stay safe and meet their needs. People said, "They call at the right time and always let me know if they are running late" and "Staff are always on time, they are very punctual." Staff confirmed staffing ratios enabled them to provide safe, effective and timely support. Rotas showed staff were deployed in response to people's contracted support needs and lifestyles.
- The registered manager said staffing levels were influenced by people's individual commissioned support agreements and kept under review.

Using medicines safely

- Staff supported people as required, with the proper and safe use of medicines. One person told us, "They prompt me with medicines. I have them at the right time."
- Staff providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff.
- Staff recorded in medicines administration charts as necessary. Senior staff regular checked and audited medicine management practices.

Preventing and controlling infection

- Staff supported people as required, with the prevention and control of infection.
- Staff had received training on infection control and food hygiene. They had access to personal protective equipment.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people.
- The registered manager and staff fulfilled their responsibility to report and record, accidents and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had processes to assess people's needs with their involvement. The registered manager described how people's needs were initially assessed. This involved meeting the person and gathering information from them and appropriate others.
- People told us they had been involved with their assessments. Care records included completed assessments by the service and health and social care professionals. One person explained, "I am very happy with the care package I have."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People who used the service had capacity to make their own choices and decisions. Staff understood the importance of gaining consent and promoting people's rights and choices. One said, "People make their own decisions and we don't do anything without involving them."
- The provider used screening assessments to reinforce assumed capacity and monitor changes in people's support needs and decision making. People had signed to show agreement with their support plans and they had consented to care. One person said, "They always involve me and ask for my agreement."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with healthcare professionals, as necessary to respond to people's needs. People's support plans contained information about their healthcare needs, including their mental health diagnosis, medical history and any healthcare professionals involved in their care.
- People were satisfied with the healthcare support they received. Some people managed their own

healthcare needs and appointments. Others had some assistance. One person explained, "They are pretty good. They support me with healthcare appointments and meetings."

- The service had 'grab files' for sharing relevant information about people. For example, if they were not well. This included details of their behaviours, mental health needs, communication needs, medication and important contacts.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals, cooking and shopping in response to their assessed needs. Specific dietary requirements were known, including any health needs, cultural or religious preferences.
- The provider used a nutritional screening assessment tool. People's food and drink consumption was monitored as required. The service encouraged healthy eating, this was balanced with supporting people's choice.

Staff support: induction, training, skills and experience

- The provider had arrangements for staff to develop their skills and knowledge, to deliver effective care and support. New staff completed an induction training programme. There was ongoing refresher training and staff were supported to achieve, nationally recognised qualifications in health and social care.
- Staff confirmed they had access to ongoing training, regular one to one supervision meetings and an annual appraisal.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the adaptation, design and decoration of the premises. Processes were in place to support and guide people as appropriate, with the upkeep of their home environments, including furnishings and equipment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff and managers treated people with respect, compassion and kindness, they were given emotional support when needed. We observed respectful and positive interactions between people who used the service and staff.
- People spoken with said they liked the way staff supported them. They told us, "The staff are very friendly and professional they put me at ease," "Their attitude is brilliant. I feel I can talk to them about anything as they are quite open minded," "They are good people" and "They don't just sit there in judgment. They are there for me and how I am feeling."
- Staff and managers knew people well. They were aware of their individual needs and preferences. Respecting people's human rights, equality and diversity was central to the delivery of support. Care records included a 'one-page profile' of things important to the person and how best to support them.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make choices in their daily lives. People said, "We agree things together and make suggestions about where to go out" and "They listen to me." We observed staff enabling people to make their own decisions and responding their preferences.
- Staff had time to spend listening to people. Rotas had been devised to ensure people had their contracted support, including any one to one time. Staff said they didn't feel rushed with their allocated work schedules and had sufficient travel time between calls.
- There was an information guide about service. This provided people with information to support their rights and choices. Included were details of other support agencies, including advocacy services. Advocates can speak up for people and assist with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, their privacy and dignity upheld. Staff enabled and supported people's independence. Care records reflected people's rights to independence and autonomy, in line with their commissioned support needs. One person said, "They have encouraged me to do things."
- Staff explained how they protected people's privacy and dignity, by respecting them and their homes. People told us, "They are respectful and as very friendly as can be," "They treat me well and talk to me in a good way" "They don't just take over" and "We have come to an agreement about knocking on doors."
- People's personal information and staff records were stored securely they were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that was responsive to their needs and preferences. People had been involved and consulted about the content of their support plans and ongoing reviews. Their comments included, "Staff do reviews and ask for my opinions" and "They have a willingness to do whatever I want."
- The provider utilised technology to effectively respond to people's needs. On-line support plans were used to design and deliver people's support. Most people chose not to have copies of their support plans in their homes. However, systems ensured staff had ongoing access to people's care records.
- The provider had process's in place to monitor, review and respond to changes in people's support needs. There were communications systems to share relevant information, including diary records, monthly summaries and regular staff discussions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences. Written information was available in 'user friendly' formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged positive relationships. People described how they kept in contact with their families and friends. They had opportunity to maintain and develop links with people in the community. The provider had a system to link people with a staff keyworker. This aimed to provide a more personal service and develop beneficial and trusting relationships.
- Staff supported and encouraged people with their chosen activities, skill development and community engagement. Staff sought and recorded people's interests and future wishes. People told us about the activities they enjoyed, including, walking, swimming, visiting places of interest, meals out, shopping and attending church. People said, "If they didn't come I wouldn't want to go out" and "They have helped to rebuild my confidence."

Improving care quality in response to complaints or concerns

- The service listened to and acted upon, people's concerns and complaints. People were aware of the complaints process and were confident to raise any concerns. Their comments included, "I have never needed to complain, but I would just get in touch with the manager," "I would contact [registered manager] if I had any complaints" and "I am aware of the complaints procedures. I would say it to their face if I wasn't happy."
- The provider's complaints policy supported the management of complaints. Included was clear guidance on supporting people to raise any concerns. The registered manager and staff were aware of the procedures to be followed. Processes were in place to ensure an accountable monitoring of complaints, including outcomes and any actions for improvement.

End of life care and support

- The service did not usually provide end of life care. However, the registered manager said action was ongoing to sensitively obtain people's individual preferences in the event of death, including any funeral plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created, promoted good person-centred care.

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

- Management arrangements provided effective leadership and direction. People were treated as partners in managing their individual support. They told us, "It's a good service," "They are really supportive" and "They are really client focussed."
- The provider had processes in place, to assess the skills and competency of managers in effectively leading the team. Staff described managers as good, approachable and supportive.
- The registered manager held regular staff meetings. Staff said they could voice their opinions and make suggestions for improvement. One staff member said, "I really enjoy the meetings, they keep us up to date. They listen to us and take our views on board."

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 and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.
- The registered manager and nominated individual were proactive in their response to the inspection process. They described how they learned from untoward events at the service and within the wider organisation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had processes to reinforce and convey a person-centred approach. Organisational policies and regular refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions, codes of conduct and contracts of employment outlined management and roles, responsibilities and duty of care.
- The registered manager, deputy manager and staff expressed a practical understanding of their role to provide effective support in accordance with the provider's expectations and the law. The provider had incentives to inspire positive conduct from staff and managers, including recognition and reward schemes.

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

- People were consulted on their experiences of the service and could influence improvements. The provider carried out an annual consultation survey with people and staff. The results of the last surveys

had been collated and shared. The responses were acted upon and used to influence forward planning.

- The registered manager offered people feedback forms to complete whenever they wished and they were actively involved in reviews of their support and future plans.

Continuous learning and improving care; Working in partnership with others

- The provider had processes to achieve compliance with the regulations. Managers and staff used various checking systems to regularly audit processes and practices, including spot checks on staff conduct, monitoring accidents and incidents, staff training, support plans and medicine management.
- The area manager completed monthly quality monitoring visits at the service. Any shortfalls were identified and managed, to achieve timely improvements. An overall development plan supported the direction and oversight of the service.
- The service had established links with other agencies and community resources. This included, health and social care professionals, care commissioners, support groups, charities and leisure services.