

The Brothers of Charity Services

Lancashire Domiciliary Care 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

About the service:

Lancashire Domiciliary Care Service, provides care and support to people with learning disabilities and autism in approximately 50 '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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were 171 people supported in 50 separate properties. The properties ranged in size from single person flats to a house shared by five people.

People's experience of using this service:

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. The service ensured all incidents were investigated and reported to the local authority safeguarding team. Systems were in place to promote learning and improvement from any incidents to avoid them happening. People were supported to manage the risks in their daily lives. Positive risk-taking strategies maximised people's opportunities to engage in activities. Staff had been recruited safely. Medicines were properly managed and staff competencies were regularly checked.

People's needs had been thoroughly assessed with input from families and professionals. Care plans were detailed. Staff felt they provided enough information to understand what support the person needed. Staff had received regular training and supervision to support them to meet people's needs. A comprehensive induction programme ensured new staff had a good understanding of their role and the values of the organisation. People were supported to maintain their health and wellbeing, through access to a range of health services. The service was compliant with the Mental Capacity Act and associated Deprivation of Liberty Safeguards. People's mental capacity to make specific decisions had been assessed and appropriate authorisation sought when required.

People were supported to understand and manage personal relationships. The service promoted people's choices. Training and information was sourced from an organisation which specialised in personal relationships for people with learning disabilities. This had very positive outcomes for some people, who

had been supported to develop respectful relationships. The service supported people to express their wishes and choices. Using total communication methods had improved people's involvement in decisions. The outcomes for some people had been very good in terms of supporting people to manage their feelings and responses when they felt distressed, which had reduced the risks of harm to themselves and others. The provider had an advocacy service which promoted self-advocacy and people's involvement at all levels of the organisation.

People received person-centred care which was responsive to their needs. Care and support plans had been regularly reviewed to reflect any changes in the person's needs and wishes. People had been referred for further input from professionals when required. Staff were carefully matched to work with people which promoted better outcomes for the person. People were encouraged to raise any concerns they had. Information about how to do this was available in a variety of formats. We saw the service had responded to concerns fully.

There was a registered manager in post. 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 were committed to providing high-quality, person-centred care. They sought to embed the values of the organisation throughout their practice. Staff spoke highly of the management team, the values they set and their approachability. Staff were proud to work for the service. Roles and responsibilities were clear. Regular checks ensured care was provided correctly and records were accurately maintained. People, their families and staff were actively engaged through meetings, events and surveys. Their views were considered and responded to.

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

Rating at the last inspection:

The last rating for this service was Good. (Published November 2016)

Why we inspected:

This was a planned inspection based on the previous rating

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, 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.

Lancashire Domiciliary Care 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 Care Act 2014.

The inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. The service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. There were 17 bungalows and flats on site at Lisieux Hall and up to 33 other tenancies in the community. 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 care and support.

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

This inspection was unannounced.

What we did before the inspection

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 reviewed information

we had received about the service since the last inspection. We requested feedback from the local authority and commissioners. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, an advocacy facilitator, seven members of care staff and visited eight people living in three different properties. We reviewed the care records for five people, including their medicines. We looked at the recruitment records for six staff and the rotas for six supported living properties. We looked at the service's policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by robust systems the service had in place. One person told us, "I really like my staff, they look after me and make me feel safe." Staff we spoke with could identify what might be a safeguarding concern and were knowledgeable about how to raise concerns. We reviewed the service's safeguarding records and found they had followed the procedures fully.

Assessing risk, safety monitoring and management

- Positive risk-taking strategies had supported people to manage the risks in their daily lives. Where a person could not consent to risks or understand them, we saw the service had supported people in the least restrictive way possible which had protected their rights. The service regularly reviewed risk assessments to ensure they were up to date and had amended risk management plans when required.

Staffing and recruitment

- Staff had been recruited safely. All necessary pre-employment checks had been completed prior to people starting to work. Staffing levels were sufficient to support people safely. Staff we spoke with told us there were enough staff on duty to keep people safe.

Using medicines safely

- Medicines continued to be managed safely. The service had a medicines management policy based on best practice guidance. Records we reviewed were complete without any gaps. We checked the stocks of some medicines which we found to be correct.

Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. We saw there was personal protective equipment, including gloves, aprons and hand washing facilities available throughout people's homes. Staff were using these when providing support to people.

Learning lessons when things go wrong

- The service worked reflectively to ensure any incidents and accidents had been thoroughly investigated and lessons learned, to prevent things from happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been thoroughly assessed with input from a broad range of sources. People and their relatives were able to contribute their views. Professionals, including specialist learning disability nurses and behavioural support services also contributed. This meant the service could be confident they would be able to support people before they received a service.
- The service had recently updated their assessment and recording methods. Staff told us, "Paperwork is easier for staff to understand and is more fit for the purpose. It captures people's achievements more clearly."

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. The service ensured staff received training appropriate to their roles. We reviewed training records and found people had received a robust induction programme. In addition, people had received training around positive behavioural support and where required, training on physical interventions, which had been developed with other professionals.
- Records we reviewed showed people were being supported as described in their care plans. Staff told us they had received enough training to understand their role. There was also a management development programme available, to support staff wanting to develop their skills and knowledge further.

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

- People were supported to eat and drink a balanced diet. Records were kept of food and drink people had consumed. People's preferences had been recorded and we saw from menus these had been included in meal plans. Some people needed modified diets and advice from speech and language therapists regarding swallowing needs had been included in people's plans and was followed by staff.

Supporting people to live healthier lives, access healthcare services and support

- The service ensured people's health needs had been assessed. This included information from community-based health professionals and families. People had been supported to maintain optimum health. Regular health checks and screening was completed.
- Some people needed a lot of support to tolerate health appointments, we saw the service had been effective in overcoming some people's anxieties.
- The service ensured people had hospital passports which included information about the person's health

but also how best to communicate with them to ensure they could tolerate treatment.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own home's applications must be made directly to the Court of Protection.

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

- The service had met their obligations in relation to the MCA. Applications had been submitted to the appropriate authorities.
- The service ensured people's ability to make decisions had been fully considered and the support they needed had been detailed in their care plans. Where a person had been assessed as not able to make a particular decision the service followed the best interest process in the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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

- People had been supported to pursue relationships and to understand consent. The service had sensitively considered the decisions people needed support to make through the best interest process. The service ensured people's equality and diversity needs were understood and respected. The service publicised information about love, sex and relationships this showed same sex couples, mixed sex couples and was very detailed. The service accessed external training which had been developed by an organisation specialising in relationships for people with learning disabilities. People could attend courses which were based on human rights principles and covered all aspects of sexual relationships.
- People experienced kind and caring support from staff who were committed to supporting them respectfully. People told us, "I like this place the staff are alright with me.", and, "This home is alright, I like everything about it, staff are kind." Staff told us, "The best thing are the ladies I work with. It is a pleasure to go in and see them.", and, "The best thing about working here, just being here and being a part of people's lives. The results are enough."

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

- The service had an internal advocacy group called 'voice for all' which was attended by tenants who were voted in by their peers to represent their views. Facilitated by a regional advocacy manager, people and their staff had worked together to achieve an understanding about how people made decisions, the help they needed and what was most important to them. Staff told us, "Voice for all do a lot of good and the achievements are excellent."
- The service had gone to exceptional lengths to ensure people were involved in decisions about their care. The service user guide provided a lot of detail about the service including easy read formats with lots of pictures. Communication guides included thorough guidance about all aspects of how the person communicated. The service used 'total communication' to look at all the different ways people expressed themselves.
- Policies and procedures were made accessible. This included, positive risk taking which was available in easy read format and emphasised the importance of the individual and how they might balance a decision. This looked at specific areas of risk taking. We could see how this had been used in people's care plans to support their decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We saw staff supporting people in respectful ways which upheld their dignity. Staff we spoke with understood the importance of respect and dignity. Staff said, "Little things make all the difference, it is important to respect their home and their choices.", and, "People have their own flats. I respect their space and ensure doors are closed."
- People had been supported to maintain and improve their independence. Care records showed people were supported to review their week and their achievements and to make plans for the following week. Every month people re-evaluated their goals. We saw one person had decided to try to do some baking and visit friends in the previous week and saw this had been achieved.
- The support people needed to complete tasks for themselves was detailed and ensured staff were able to promote independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received highly person-centred care which was responsive to their needs, wishes and preferences. Care plans were detailed and described what was important to the person and what the person thought good support looked like to them. This helped inform staff how to support people in the most responsive way.

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 carer's.

- People had been provided with information in formats they were most likely to find useful. The service had a variety of formats, including different languages, easy read and pictorial guides.
- People were supported to express their views and have control. Communication plans included descriptions of the level of support a person needed to make a variety of decisions. In addition, where a person communicated using gestures or phrases there was a description of what they meant and how staff should respond. This helped optimise staff understanding.
- People had been supported to manage their feelings and responses when they felt distressed. This had been achieved by the service following positive behavioural support strategies to understand what a person was communicating and identifying how to support people to express themselves in ways which reduced the potential for harm to themselves and others.
- People's needs and care plans were reviewed and updated regularly by the staff. Where needed, people had been referred to other professionals for assessment and support.

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

- People were engaged in activities which reflected their choices. There were guidelines for staff which identified what they needed to do to be successful in supporting the person with these. Staff praised the detail available. A member of staff told us, "It is very rewarding to help people access the community and live a more interesting life. People are more independent and have more opportunities, work placements."
- People we spoke with told us, "I like this place, someone takes me out, we go to the cinema, for meals and the garden is beautiful. And "I like living here I go to the pictures and to the club."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to through the service complaints procedure. The procedure was provided in an easy read format. We saw the service had followed their procedure and followed up on complaints they had received.
- Compliments received were recorded and shared with the staff team. Examples included, "Thank you to all the staff who give my daughter a life worth living." And, "Well done for supporting [(name)]to lose weight and go to the gym." And, "I have peace of mind because I know my [(name)] is happy."

End of life care and support

- People had been supported at the end of their life to remain at home, if they wished, with support from the service and community-based health professionals. Staff had received training to understand people's needs at this time.
- People had been supported to consider their wishes and make plans which reflected any cultural and religious considerations. Where people were unable to make their views known the service contacted their family for advice.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

This meant the service was consistently managed and well-led. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received person-centred, high-quality care from a staff team who were committed to the values of the service.
- The management team embedded the vision and values of the service; which identified the importance of empowering people to be independent in dignified ways. They had created a culture of respect across the organisation. This was included in the code of conduct.
- Staff felt committed to achieving positive outcomes for people.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. We found the service had met their obligations in this area.

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

- Staff roles were clearly defined. The standard of care and code of practice had been effectively communicated to staff. The management team ensured staff were supported to fulfil their roles by regular supervision and feedback. Staff had confidence in the management team and praised their availability and approachability.
- The quality of the service was maintained by the management who used regular auditing and governance tools to assess and monitor the delivery of care and support and associated record keeping. The management team was supported by the provider organisation who conducted quality visits to further monitor and assess the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management sought to develop a discrimination free environment based on respect for all people who received or provided care and support and their families and other professionals.
- People were encouraged to be engaged with the service, share their views and contribute to service development. We saw a variety of ways they communicated with people receiving a service, staff working

with them and people's families and professionals involved. Regular meetings, surveys and briefings encouraged people to provide feedback. The service responded to what people suggested. The service had achieved the gold standard for investors in people award.

- Continuous learning and improvement had been achieved by ensuring all incidents had been fully considered. The service worked with other professionals to understand incidents and avoid them happening again.

Working in partnership with others

- Actively working with stakeholders and other professionals ensured the service was able to share knowledge skills and experiences across a broad range of people. This included; the local authority, county commissioning group, specialist health professionals, learning disability and autism service and other providers.