

Community Integrated Care

Lancashire Regional Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 18 & 19 May 2016. Lancashire Regional Office is registered as a domiciliary care agency with the Care Quality Commission. As the agency is small we gave 24 hours' notice of our inspection. This was because we needed to ensure there was a member of staff available.

The office is based in Fleetwood with limited parking available at the front of the office. At the time of the inspection Lancashire Regional Office supported 45 people with care and support needs. In addition the service provides a 'crisis' service. This is a service funded by commissioners where an emergency support package is provided for a short space of time. An out of hours contact number is provided for use in the event of an emergency.

At the time of inspection there was no manager who was registered with the Care Quality Commission. 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.

At this inspection carried out in May 2016, we found there were systems in place to ensure people who used the service were protected from the risk of harm and abuse. Staff we spoke with were knowledgeable of the action to take if they had concerns in this area. They told us the registered provider encouraged concerns to be raised.

Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these. Staff spoke respectfully of the people they supported. People who received care and support told us their dignity was upheld when they received care and support.

There were arrangements in place to ensure people received their medicines safely.

We found recruitment was taking place to ensure sufficient staff were employed and existing staff were able to carry out their defined roles. We have made a recommendation regarding the deployment of staff at the agency. Staffing was arranged to ensure people received care and support at the time they wanted, or as required if the person received crisis care. Sufficient recruitment checks were carried out prior to staff starting work with the agency.

Training was in place to ensure staff were enabled to give care that met peoples' needs. However we noted staff had not had training in food hygiene and supervisions and appraisals were not consistently completed. We have made a recommendation regarding this.

There was a complaints policy in place, which was understood by staff and was available to people who

used the service. People were encouraged to give feedback to staff, which was acted upon.

People told us they were happy with the care and support provided by Lancashire Regional Office. People described the help they received and commented, "It's a fantastic service." And, "I'm really happy with everything they do."

Surveys and checks on the quality of the service provided were not consistently completed. The regional manager explained local checks and audits would recommence when the newly employed manager started work at the service. This was a breach of Regulation 17 (Good governance.)

You can see what action we told the provider to take at the back of this report.

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.

The provider had procedures in place to protect people from abuse and unsafe care. Staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supervisions and appraisals were not consistently completed and some training required completion to enable people to be supported safely.

People told us they received effective support which met their needs and preferences.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff were able to describe the likes, dislikes and preferences of people who received care and support and this was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and

documentation reflected their needs and wishes.

There was a complaints policy in place to address complaints made regarding the service the agency provided.

Is the service well-led?

The service was not consistently well-led.

Systems and checks were not always in place to monitor and assess the quality of service people were receiving.

Staff told us they felt supported by the management team.

Requires Improvement ●

Lancashire Regional Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 18 & 19 May 2016. As the agency was small we announced our inspection. This was to ensure the registered provider was available. At the time of the inspection Lancashire Regional Office provided care and support to 45 people. In addition the service provided crisis care. This is a service funded by commissioners where an emergency support package is provided for a short space of time.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Lancashire Regional Office. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively.

During the inspection we spoke with five people who received care and support from Lancashire Regional Office and three relatives. We spoke with the regional manager, the office manager and five care staff. We also spoke with a team leader and the company trainer.

We looked at a range of documentation which included four care records and four staff files. We looked at computerised training records, and a sample of medication and administration records. Following the inspection we asked for further care documentation to be sent to us. This was not provided.

Is the service safe?

Our findings

We asked people if they felt safe. One person who received care and support told us, "Of course." A further person said, "When people come into your home you need to feel safe. I've always felt safe with the staff." Relatives we spoke with told us they considered the staff to be professional and their family members were supported safely.

We viewed four care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples' needs. We saw risks to peoples' health and wellbeing were assessed and risk reduction methods were used to ensure peoples' safety was maintained. For example, we saw care plans documented the equipment staff should use to support people and the way people had agreed to be supported. We saw environmental risk assessments were carried out. The assessments identified the risks in place and the control measures implemented to ensure the risk was minimised.

Staff were able to explain the purpose of the assessments in place and how these enabled risks to be minimised. Staff told us if they were concerned a risk assessment required updating they would discuss this with the person using the service, their relatives and the team leaders. This would ensure peoples' safety was promoted. This demonstrated to us there were systems in place, of which staff were knowledgeable to ensure people were supported safely.

Staff told us they had received training to deal with safeguarding matters. When asked they were able to describe types of abuse and signs and symptoms of abuse. They said they would immediately report any concerns they had with the registered provider or to the local safeguarding authorities if this was required. One staff member told us, "I'd report straight away. The team leaders are always available."

We saw there was a safeguarding procedure in place and telephone numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We reviewed documentation which showed safe recruitment checks were carried out before a person started to work at the service. We spoke with one newly recruited staff member. They told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and two references were sought for each new employee. The regional manager told us this was standard practice.

We asked the regional manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples' needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were told if extra staff were required due to a person's needs, unplanned leave or a crisis package being agreed, additional staff were provided.

The regional manager said they were reviewing the staffing provision at the agency. They said a manager for the service had been employed. The regional manager explained the manager would be registered with the Care Quality Commission. In addition the regional manager told us they were currently recruiting for additional staff. They told us they were planning to advertise for team leaders. They explained they considered additional staff were required. These included team leaders, senior support workers and support workers. This was confirmed by talking with staff.

During the inspection we saw three newly recruited support workers were having induction training, in addition we viewed an internal memo advertised the role of senior support workers. This evidenced the registered provider was actively seeking to improve the staffing deployment at the agency.

We spoke with a team leader who told us they were often redeployed to deliver care. They explained this meant they were unable to carry out other duties such as checks on medicines or timekeeping. This was confirmed by talking with the office manager and the regional manager. They acknowledged that due to staffing constraints, some tasks could not be completed.

We recommend the registered provider seeks and implements best practice in relation to the staffing provision and deployment of staff at the agency.

We discussed the allocation of duties with the office manager, regional manager and team leader. We were told people who received regular support had agreed times when they were supported. People we spoke with confirmed this.

We discussed the crisis care provided. The office manager explained people were referred to the agency by commissioners and staff were allocated to support them. The office manager told us this was in response to urgent support being required. For example if a person required help with personal care in their own home until a permanent package of care with another agency was agreed by the persons' social worker.

We viewed the allocation system and saw as people were referred, staff were allocated to provide the care and support. Staff we spoke with confirmed the system in place. In addition we spoke with five people who had received support from the agency. They were complementary of the service provided. One person who received crisis care told us they had received help straight away. They said, "I'd be lost without them." A further person commented, "It's a fantastic service." People who received help with ongoing support in their own homes were complimentary. We were told, "If they're not on time the office lets me know, but it's rare. Very rare." And, "I get a good standard of support. Never a problem with the timing and I'm happy with the staff who come."

During this inspection we checked to see if medicines were managed safely. We saw care plans contained detailed information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

The staff we spoke with told us they had received training to enable them to administer medicines and this was refreshed to ensure their skills were maintained. We saw documentation which confirmed this took place. We asked staff if they received an assessment of their competencies. Staff told us this was currently being arranged. We saw documentation which evidenced a senior member of staff was attending further training to enable competency assessments to be undertaken.

We looked at a Medicine and Administration Records (MAR) and saw gaps in one record. We discussed this with the regional manager who told us they would investigate this. We asked one person if they felt their

medicines were managed safely. They told us they were confident in staffs abilities to help them manage their medicines. They told us, "They're very responsible."

Is the service effective?

Our findings

The feedback we received from people who received care and support was positive. One person told us, "They're fabulous." A further person commented, "I'm really happy with everything they do." Relatives made positive comments. These included, "The service on the whole is excellent." And, "It's a fantastic service."

We spoke with staff to ascertain if they received sufficient training to enable them to deliver safe and effective care. All the staff we spoke with told us they were happy with the training provided. Staff told us they attended regular refresher training to enable them to maintain their knowledge and skills. We were told, "Training is constant here." And, "There's a lot of training here. We do regular updates every year."

We viewed records which showed staff attended a range of training. Topics included safeguarding, moving and handling, medicines and first aid. Discussions with staff confirmed staff had access to training and development activities. This helped ensure they could provide safe and effective care.

We noted some people required support with regard to the making of meals in their own home. We asked staff if they received training in food hygiene. Staff told us they had done so but could not recall when. We discussed this with the regional manager and an office administrator. The office administrator informed us this was being planned. They explained they had arranged for a booklet assessment to take place and were currently arranging for staff to complete these.

Staff told us they received feedback on their performance. They explained that since the previous registered manager had left the agency, they had fallen behind in supervision meetings. Supervision is a one to one meeting with a line manager to discuss performance and training needs. Staff told us supervisions had recommenced and we saw documentation which evidenced this. The staff told us these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We were told observations of staff delivering care had recommenced. The regional manager and team leader told us they were aware this was an area that required improvement. We saw evidence that this was being planned.

We recommend the registered provider consistently reviews and monitors staff performance.

Care files evidenced people's nutritional needs had been assessed. The care documentation we saw contained detailed information regarding the needs and preferences of people who received care and support in relation to eating and drinking.

When appropriate, the care files we viewed contained contact details of other health professionals relevant to the persons' needs. All the staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered provider or manager after discussing it with the person. They told us they would contact the person's family member or other health professionals if the need arose.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We discussed the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the regional manager. They told us they were aware of the legislation in place and the importance of ensuring the correct processes were followed. Staff we spoke with demonstrated a good awareness of the MCA and confirmed they had received training in these areas. They told us they would report any concerns immediately to the regional manager. They told us this would help ensure peoples' rights were protected.

Is the service caring?

Our findings

People told us staff were caring. Comments we received included, "All the staff are caring and very thoughtful." And, "They're understanding without being patronising and always polite and kind." Also, "Very professional and very gentle." A relative told us, "The way they speak to [my family member] is a demonstration of their caring attitude." A further relative described their experience of the staff. They said they felt some staff were more caring than others, but generally staff, "went above and beyond."

Care records we viewed showed people were involved in the development of their care plans and when appropriate were signed by people who received care and support. All the people we spoke with described how a member of Lancashire Regional Office staff had discussed the care and support they required with them. We were told, "They met with me and I decided what I wanted." And, "They asked me lots of questions and wrote it all down." Also, "They came and involved me in my care." In addition, "They look at my file and we have a chat about it. Everything's right here."

The records we viewed held person centred information about people who received care and support. We saw records had a, 'One page profile.' This information described what was important to people. We saw peoples' social histories, preferences and wishes were included. This demonstrated people were encouraged to express what was important to them in order to enable care to be delivered in a person centred way.

During the inspection we observed a staff member supporting a person in their own home. We saw the staff member spoke respectfully to the person and listened to their responses. The staff member was gentle and kind and took time to ensure they understood what the person wanted before they supported them.

The staff member demonstrated respect towards the person. Prior to allowing the Care Quality Commission inspector to enter the home, the staff member checked the person was still happy to meet with us. They also sought consent to leave the home when they had supported the person. We asked the staff member why they did this and were told, "It's common courtesy to check they still want to talk to you and it's their right to decide who they want in their home."

Staff spoke respectfully of the people they supported. All the staff we spoke with knew the people they supported and were able to describe their preferences and care needs. This demonstrated staff were caring.

People told us they felt staff respected them. One person told us, "They're respectful of me and my wishes." A further person described how staff maintained their dignity when support was being provided. They said, "Every attempt is made to protect me from any embarrassment."

We asked the regional manager what action they would take if a person requested an advocate to represent their views. The regional manager told us they would ensure the person had appropriate information to enable them to access this support as required.

Is the service responsive?

Our findings

People who received support from Lancashire Regional Office told us they considered the service to be responsive. One person told us they had requested a change to their visit times. They told us this had been accommodated. A further person told us they often requested to take part in a social activity. They said, "I get out and about a lot because of them."

One person who received support from the agency spoke positively about the way in which the agency responded to their changing needs. They described how staff had supported them to review their care plan and implement the required changes. They told us, "They're responsive to my changing health." And, "They know me and the signs of when I'm becoming ill."

A further person who used the service described how important it was for them to maintain their independence. They told us this had been discussed with staff from Lancashire Regional Office who had assured them they would support their wishes to remain as independent as possible. They spoke positively about the care and support they received. They told us, "I'm determined to stay independent and they let me do for myself just like I want."

The care records we viewed contained assessments that informed individual care plans. We noted they contained detailed information on how people wished to be supported and specific routines. For example one care record described how a person wished support with personal care to be provided. This documentation we viewed was sufficiently detailed to enable staff to respond according to peoples' wishes and preferences.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. We reviewed the most recent complaint in the folder we were given. We saw the complaint had been addressed and a resolution reached. People and relatives told us they had access to a complaints procedure and they felt able to talk to staff or members of the management team if the need arose.

We spoke with one person who told us they had made a complaint to a staff member. They told us they were impressed with the way in which Lancashire Regional Office had responded to their concerns. They explained the complaint had been addressed quickly and they had met with the regional manager to discuss their concerns. They told us, "They were very quick at sorting it out." A relative told us they had contacted the office to discuss a concern regarding the service. They told us this had been resolved to their satisfaction. They commented, "I'm sure they would respond just as quickly if I rang them again, but I have no need to."

The staff we spoke with explained they would refer any complaints to members of the management team. One staff member told us, "Everyone has a complaints booklet, we make sure of that." And, "Complaints would go to [regional manager] and we'd be told if we needed to do anything differently." This demonstrated there was a procedure in place, of which the staff were aware to enable complaints to be

addressed.

Is the service well-led?

Our findings

Lancashire Regional Office did not have a manager registered with the Care Quality Commission (CQC) at the time of the inspection. We discussed this with the regional manager. We were informed a new manager had been appointed and would be starting work at the agency in the near future.

The regional manager of the service described the management structure in place. They told us they were reviewing the current management structure in order to improve the service provided. They told us they would consult with the new manager when they started at Lancashire Regional Office. They spoke keenly about the importance of enabling managers to develop and improve services. They explained this was integral to facilitating team working and developing positive working relationships with staff already employed.

All the staff we spoke with were clear about the planned changes. They told us they were looking forward to the new manager starting. They expressed pride in being able to ensure people received good care in the absence of a manager but they welcomed the support a new manager would bring.

We asked the regional manager what systems were in place to enable people to give feedback regarding the quality of the service provided. We were told formal surveys had not been offered to people who used the service. None of the people we spoke with could recall being offered a Lancashire Regional Office survey to complete. The regional manager they told us they had started to visit people who used the service to seek their feedback

We asked the regional manager what checks were carried out to ensure Lancashire Regional Office operated effectively and areas for improvement were noted and actioned. The regional manager was open and told us they did not have documentary evidence of previous audits. For example there was no evidence of audits in timekeeping, care records or medicines. We discussed this with a team leader who told us they had not completed audits in timekeeping or medicines.

The regional manager told us they had completed an audit which had identified areas of improvement. However this work had not been completed and was ongoing. We discussed with the regional manager the local audits in place. They explained when the manager started they would be responsible for completing the audits and ensuring checks at a local level, such as medicines, supervisions and time keeping were carried out. The regional manager explained regular audits of timekeeping had been discussed at a manager forum. They told us the service was in the process of highlighting the importance of good timekeeping with staff. The regional manager further explained they were currently investigating an incident of a missed visit. During the inspection we asked for documentation relating to this occurrence. The office manager explained this was not at the office of Lancashire Regional Office, it was at the home of the person who used the service. We therefore asked for this to be obtained and sent to us. This was not provided.

These were breaches of Regulation 17 (Good Governance) as effective audit systems were not consistently implanted and acted upon to ensure risks were identified and managed and improvements to the quality of

the service made.

We spoke with staff and asked them their opinion of the leadership at Lancashire Regional Office. Staff told us they were well supported by the regional manager. One staff member commented the regional manager had recently joined the service but they had a "really good grip" of the improvements needed. All the staff we spoke with told us they were confident the regional manager would address any concerns they had.

People we spoke with were complimentary of the service they had experienced when contacting the office. Without exception, all the people we spoke with spoke highly of the response they received. One person commented, "Anytime I've contacted them, they've been more than helpful."

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	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. Good Governance. Regulation 17 (1) (2) (a) (b) Effective audit systems were not consistently implemented and acted upon to ensure risks were identified and managed and improvements to the quality of the service made.