

Lancashire County Council

# West Lanc's Domiciliary Service

## Inspection report

Skelmersdale Neighbourhood Centre  
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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

West Lanc's Domiciliary Service is a domiciliary care service providing personal care and supported living to people in their own homes. There were 46 people receiving care from the service at the time of the inspection. All of the houses where people lived were located locally to the providers location address.

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

Medicines were being managed safely, we made a recommendation in relation to staff competency checks. People told us they were safe and investigation into allegations of abuse had been completed. Safe recruitment was taking place. The regional manager told us there was an ongoing recruitment programme. Some people told us more staff were required in the tenancies.

Training and supervision was ongoing however the training matrix identified some training had not been undertaken for some time we made a recommendation in relation to training. The regional manager confirmed they would review the training matrix to ensure it was up to date. Relevant capacity assessments had been completed. People, relatives and the records we looked at confirmed they had been reviewed by relevant professional to support their needs.

People received good care, feedback from people, relatives and professionals was positive about the care provided. Staff understood the importance of the care they provided.

Care plans had been completed, the regional manager confirmed that they would take action to ensure reviews were completed to ensure they were up to date. Activities were taking place however these had been impacted since the COVID-19 pandemic. Complaints were being dealt with, positive feedback was seen.

All of the staff team were supportive of the inspection and information was provided promptly. People were positive about the management team, however some feedback from staff was that they were burnt out. The regional manager confirmed their plans going forward to make improvements with the new manager who had applied to register with the Care Quality Commission. A range of audits was taking place, team meetings and questionnaires had been completed however people confirmed these had not occurred for some time.

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. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The model of care and setting maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The

values, attitudes and behaviours of leaders and care staff ensured people lead confident, supportive and empowered lives.

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 (and update)

The last rating for this service was good (published 8 December 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

# West Lanc's 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector, two medicines inspectors and two Experts by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in '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.

The registered manager had left and was in the process of deregistering with CQC. A new manager started during the inspection and had applied to be registered with CQC. This meant that the provider was legally responsible for how the service is run and for the quality and safety of care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection.

#### What we did before the inspection

Prior to the inspection we looked at a range of information we held about the service. This included feedback, investigations and statutory notifications which providers are required to send to us by law. We also asked for feedback from professionals who had knowledge of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

The inspection site visit took place on 8 September 2021 and feedback was provided on 24 September 2021. We visited the office as well as, with permission, four addresses where people using the service lived. We spoke with 12 people who used the service and 21 family members. We also spoke with 11 staff members, these included care staff and tenancy managers as well as the regional manager who was responsible for the operation and management of the service. We also asked for feedback from staff via email and received four responses. We received feedback from three professionals.

We reviewed a range of records. This included the care records for five people, 12 medicines records and related documentation, staff recruitment files, training records and supervision, and records relating to the operation and oversight.

#### After the inspection

We continued to receive information to support the inspection process.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were generally managed well in the tenancies.
- Staff medicines competency records were not up to date, and not all staff had received their annual check.

We recommend the provider seeks nationally recognised guidance to ensure all staff receive their annual medicines competency checks and update their practice accordingly.

- People received their medicines and creams when they should, and were given time to take their medicines in a calm and person-centred manner.
- People could look after their own medicines if this was appropriate. We were told by one person who used the service that they felt, "Well and truly looked after."
- People had person-centred health files to ensure their needs were met. Medicines required when people were anxious were used as a last resort.
- Medicines were stored safely. We checked a selection of medicines and counted the stock against records and found them to be correct. Not all medicines had the date of opening added to the label when appropriate, so we were unsure how long they had been in use.
- We found staff knew people's needs but, many guides for medicines to be taken when needed were missing. We found some when required medicines had not been given for many months. These people should have a medicines review from a healthcare professional to prevent any excessive waste.

### Assessing risk, safety monitoring and management

- Risks were assessed and managed. People's care records contained risk assessments on a range of areas. However, we noted some of these needed a review to ensure they reflected their current need. The regional manager provided assurances that these would be reviewed in a timely manner to ensure they were up to date.
- Premises and equipment checks were being undertaken in the tenancies.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People and relatives told us they were happy in the service. One said, "The staff are kind, they support me." Professionals raised no concerns. Staff understood the actions to take if they suspected abuse. Staff we spoke with raised no safeguarding concerns. One said, "If I recognised any signs of abuse I would inform a manager." Some staff confirmed that they had completed relevant training and the training matrix confirmed safeguarding training was in place.

- Records were seen in relation to safeguarding investigations, including the outcomes from these. This would support lessons learned going forward. Provider policies and guidance was available for staff to follow to act on any allegations of abuse.
- Records had been completed in relation to incidents and accidents. These included the actions taken as a result.

#### Staffing and recruitment

- Staff were recruited safely. Staff files and the regional manager confirmed staff had been recruited safely and the relevant identity checks had been completed. Staffing numbers were being monitored and reviewed. People and relatives were happy with the staff and their skills. One told us, "The staff are very warm and often go above and beyond in their care." Another said, "It adds to his contentment that the last few years there have been regular staff." However, one person told us, "They are short staffed sometimes, especially at night."
- Some staff told us that more staff were required to support the care for people. One told us, "I feel the cover on the rota isn't sufficient enough. I feel that core staff in the current tenancy I am working, pick up the slack on the rota because we want to provide the care to the people we support." However, another said, "If there are shortages, a manager is always available to contact." The regional manager told us there was ongoing recruitment. Duty rotas demonstrated the staffing numbers in the tenancies with amendments to cover sickness and leave.

#### Preventing and controlling infection

- People were protected from infection control risks. A range of personal protective equipment (PPE) was available for use. We saw and, people and relatives told us staff wore PPE appropriately. One said, "They have managed COVID very well, the residents as well as the staff are double jabbed and they still wear masks." Information and guidance was available, including the actions to take if a COVID-19 outbreak occurred in the service.
- All of the tenancies we visited were clean and tidy.



# 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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by a trained staff team.
- Training records indicated a range of training was provided to the staff. However, we noted some of the dates for these had not been completed recently. The regional manager provided assurance that a review of the training matrix would be undertaken to ensure it reflected current training completed.
- There was evidence of supervisions taking place, some staff confirmed supervisions were ongoing. One told us they had received formal supervision and impromptu discussions which are recorded. However, not all were able to confirm that supervisions were taking place regularly. The regional manager confirmed that going forward managers would be supported to provide supervision for staff in individual tenancies.
- Most staff told us they received appropriate, up to date training which would support them in their role. Comments included, "I have done two weeks classroom training with various additional courses over 12 months, followed by ongoing training" and, "All (my) training is up to date." However, two staff told us they had not done any training since the COVID-19 outbreak.

We recommend the provider seeks nationally recognised guidance to ensure staff received up to date and relevant training and update their practice accordingly.

- People and relatives were happy with the knowledge and skills of the staff team. One told us, "The staff are just very normal people, it's such a nice community" and, "My [person] is very happy living at the bungalow and it meets [persons] needs, I would say it is definitely the right place for [person] to be."

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

- People's needs had been assessed. Care files contained information in relation to their assessed needs. However not all people could confirm they had been involved in their development. "The files they have on me I don't see, but I wouldn't understand them, so that's ok" and, "I haven't seen any paperwork." A relative told us, "Staff are brilliant, they always run things past me and keep me well informed, I couldn't ask for better."

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

- People were supported to eat and drink. Care files contained information to support people's dietary needs, including referrals to professionals where required. Staff had received training in basic food hygiene that would ensure safe practises in food preparation was followed.
- One relative told us that the service had supported their family member positively with food. They said, "Food has always been an issue. Where [person] is now [person] has been assessed for a special diet and is

slowly being built up."

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

- People were provided with appropriate support with their individual health needs. Care records confirmed that professionals had been involved in supporting people's health needs. Guidance was seen which had been directed by professionals for staff to follow.
- People who used the service told us, "I am quite healthy and we go for health checks" and, "If I go to the doctor or dentist the staff come with me and stay with me which is good." Relatives said, "They do ring me when they have taken him to an appointment and let me know how it went" and, "They are good at looking at residents specific needs and are very in tune to individual personalities." One professional told us, "The service is particularly good at supporting people through changing health conditions." Another said, "I have also seen examples if people have had to go into hospital where the staff team have been excellent advocates for the person to ensure that their health care needs are met."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were protected from unlawful restrictions. Relevant policies and guidance were available for staff to access in ensuring people's best interests were supported. Relatives were positive about the care their family member received. One told us, "I feel the staff, and I work well together for [persons] best interests." A professional we spoke with was very complimentary about the positive impact the service had had on the person they represented.
- People's records contained information in relation to best interests decisions. Staff demonstrated an understanding of MCA and DoLS and ensuring people's rights were protected. They told us they would raise any concerns with the management. One said, "If it was part of a care plan. I would discuss to see if it was still valid. If it wasn't then I would raise the issue with a manager."

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

- People were treated well and their diverse needs were considered. We saw people being treated with dignity, respect and their individual needs were considered. Caring interactions were seen, and people and relatives were positive about the care provided. People said, "The staff are kind, they support me. I have no problems at the moment, they talk in a nice way" and, "The staff come up and sit and discuss what they want to say. They ask me am I happy with things, they are always polite."
- Relatives were complimentary about the care their family member received. They told us, "I am struck by the effort the staff go to, to give him a life", "The care our son receives now is brilliant, they care for him so well, we have nothing but praise for them" and, "[Name of person] has a better life than I could even give [name]." One relative told us, they and their relative had been involved in decisions in relation to a move to another tenancy which would be more suitable to meet their needs.
- Staff understood the importance of ensuring people received good care. They told us, "I read the care plans and listen to the person I am supporting. I also ask existing staff and family how the person likes to be supported" and, "In the tenancy I am currently working in the individuals are consulted about their care and their choices are valued."
- People had access to advocacy services where this was required. We received positive feedback from an advocate who had been involved in the care provided to people in receipt of care from the service. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was supported. Where people were able, staff supported them to be independent. One told us, "I like living here, I do my own care but I don't go out on my own." A professional said, "We have seen some really positive outcomes for people who have moved to the service. A recent example being where a [person] and family were so anxious about the move, that the transition was a very lengthy one which ensured that a person-centred approach was at the heart of the transition and at a pace that both the [person] and [relative] could cope with." One staff member said, "I treat people the way I would like to be treated if I was in their shoes, listen to their wishes wants and needs."
- Care records were developed electronically and then held securely in people's individual tenancies. A range of information, including staff files and the monitoring of the service was stored securely in the office. This supported the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

# 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. 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

- Assessments of people's needs had been completed. Care plans were in place and contained information to support people's needs. Whilst the information was detailed, not all care plans confirmed they had been reviewed recently. The regional manager confirmed they would take immediate action to ensure they contained up to date information.
- Staff understood the importance of care files in ensuring people received care according to their needs. One told us, "Care plans are an important part of delivering person-centred care. It ensures that staff work within best practice for the person they care for." Relatives we spoke with told us they had been kept informed about their family member. They said, "The staff do ring me up and let me know how [person] is doing" and, "I am kept informed about things."

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.

- Care files had information about how to communicate effectively with people. People were supported to communicate, according to their needs and choice. A professional told us, "They [staff] know the client [person] inside out. They look after [persons] needs very well, they know what [person] likes and they communicate with [person] very well, they have even taught me how to look after [person]."
- We were told that electronic devices were being used to good effect. A Relative said, "[Person] has an iPad [person] rings me on it the staff bought it we go on messenger. It makes communication easier for me."

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 supported to avoid social isolation. Activities were being provided to people, and people we spoke with confirmed this. One told us they took part in bowling, fishing and visiting animals. Another said, "Staff are alright they take me out." A relative we spoke with discussed that following the easing of restrictions activities were not reopening and had spoken to the staff about this. They said their relative was now going on outings. Another told us, "I would say recently my brother is more content than he has been in the past."
- Staff told us activities were being provided to people however these were still limited since the COVID-19 outbreak. One said that some regular activities which people accessed were no longer available. One Staff member we spoke with told us more activities would be accessible to one person who they supported if they

had access to their own car.

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to. Policies and guidance was available to enable staff to act on, and deal with complaints. Staff knew what to do if they received a complaint. One said, "I listen to the complaint, either speak to them in person, speak with the team and team manager to address the matter. Only giving the information that is needed to know and address it in a sensitive and respectful manner, by following the correct procedures."
- We saw evidence of correspondence in relation to complaints. The regional manager confirmed going forward that the new manager would develop a system to monitor and log complaints and concerns.
- A range of positive feedback was seen. Examples provided were, "110 out of 100! Just perfect", and, "They are quite good and listen when we give our point of view and then they do act upon it."

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had retired and a new manager had commenced in post during our inspection. They had applied to register with CQC.
- Staff understood their roles and responsibilities, and the needs of people.
- People and relatives were positive about the management team. Comments included, "We had a letter saying the manager was retiring, I look forward to meeting the new manager. The deputy manager calls in to see me at least once a year" and, "The house manager is very open and honest. They don't try to pull the wool over your eyes as there is no wool to pull, they are so honest." A professional told us, "We have good communication with the team, where there is a very proactive management" and, "I liaise normally with the team managers of the support service and have found them helpful."
- Staff told us that there was, "Good morale within my workplace" and, "Always able to discuss ongoing concerns, and able to offer suggestions and can rely on managerial support to put ideas into effect." However one staff member told us that members of the staff team were burnt out. The regional manager provided assurances of the changes planned with the recruitment of the new manager.
- A range of audits and monitoring of the service was taking place across the tenancies. Areas covered included, equipment checks, electrical testing, care file reviews, health and safety checks.

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

- A person centred, open culture which supported good outcomes for people had been developed.
- All of the staff team were supportive of the inspection and our requests for information was provided promptly both on the day of the site visit and following.

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

- The service had developed systems to ensure people and staff were engaged and involved. Records confirmed team meetings were taking place. These included, the type of meeting, attendees and the dates they occurred. Topics included, staffing issues, sleep in duties, medications, visiting professionals and communication with family. Records confirmed these were shared with the staff teams in the tenancies. Staff told us meetings were taking place however the feedback was that these were prior to the COVID-19 pandemic. Comments included, "Pre covid, (COVID-19) yes staff meetings have been held, not as many as

staff ideally would like but on the occasions there has been (one) I feel I can express my views and make suggestions when needed."

- People told us the service asked for their views in meetings and questionnaires. However, this had not been for some time. One person said, "They keep in touch with me by letter and phone calls, pre-pandemic there were occasional meetings and questionnaires", "There have been past relatives meetings and questionnaires, but not for a while "and, "I don't tend to hear from them much, I have to ring to see how things are, there might be the odd letter and questionnaire."

#### Continuous learning and improving care

- Continuous learning and improving care was considered. A range of policies and guidance was available to guide and support staff.

#### Working in partnership with others

- The service worked in partnership with others.
- Professionals confirmed good working relationships had been developed. Care files confirmed professionals had been involved in the care people received. One professional told us, "The service is particularly good at supporting people through changing health conditions. I have also seen examples if people have had to go into hospital where the staff team have been excellent advocates for the person to ensure that their health care needs are met."