

Dalesview Partnership Limited

Dalesview Partnership Domiciliary Care

Inspection report

Back Lane
Clayton Le Woods
Chorley
PR6 7EU

Tel: 01772 322602

Website: www.dalesviewpartnership.co.uk

Date of inspection visit: 22 July 2014

Date of publication: 05/12/2014

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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We last visited this service on 13 June 2013 and found all the outcomes we inspected to be compliant. This was an announced inspection.

Dalesview Partnership Domiciliary Care is registered to provide personal care. It is a supported living service which provides care and support to four people all of whom lived at the same location.

Summary of findings

Prior to the visit we spoke with one health care professional that had visited the service and a local authority commissioner of the service. During our inspection we spoke with the registered manager, the deputy manager and three staff members. Following our inspection we spoke with a further three staff members and relatives of two people using the service.

There was a registered manager for the service who had been in place since July 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Families of people using the service told us they felt their family members were safe. All staff we spoke with were able to tell us appropriate actions to take if they suspected abuse had taken place. All were aware of the company's whistleblowing policy and were confident that they could raise any concerns to the registered manager.

One member of staff was able to discuss the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and its relationship to people using service. Deprivation of liberty does not apply within a domiciliary care setting however if any restrictions that amounted to a deprivation were in place these would need to be authorised by the Court of Protection.

There were systems in place to ensure people who used the service were cared for by staff who were supported

and received supervision. Staff we spoke with confirmed regular supervision was taking place and we saw evidence of recent supervision sessions which had taken place. We saw that staff were caring and responsive to people's needs. Evidence that staff had attended training on topics such as dignity and choice was seen.

People using the service were offered choices. For example people were offered trips out, meals and could choose what they wanted to wear. We saw meals were nutritious and attractively presented.

We found care records were individualised and provided information for staff about how they should respond to people's needs. There was evidence of reviews taking place with resources such as voice recording and DVDs used to aid the involvement of people using the service in these reviews. Family members told us they were happy with the care their relatives received.

Meaningful and individualised activities were taking place. Staff gave examples of activities such as swimming, shopping, the theatre and trampolining that were taking place. Family members of people using services told us activities were taking place in the service and that these were tailored to people's individual needs.

The service had a quality monitoring and audit system in place. The registered manager told us weekly checks took place and, where necessary, actions would be taken as a result of these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were able to tell us the appropriate procedure to take if they suspected abuse had taken place and were confident that they would be able to raise concerns in relation to whistleblowing. Staff had been trained in the protection of vulnerable adults.

We saw appropriate system in place to recruit staff and ensure staffing levels were appropriate to ensure people using services were cared for safely and effectively.

Good



Is the service effective?

The service was effective. People who used the service were offered choices. Examples given were meals, trips out and clothes. Family members told us they had been involved in review of peoples care.

We saw evidence of recent supervision taking place and staff we spoke with told us they had received regular supervision from the management.

People using the service were offered choices of meals which we noted were attractively served. Staff provided appropriate support during the meal time and we saw evidence of reviews taking place from visiting professional such as the speech and language therapist.

One staff member was able to provide us with appropriate detail relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Deprivation of liberty does not apply within a domiciliary care setting however if any restrictions that amounted to a deprivation were in place these would need to be authorised by the Court of Protection.

Good



Is the service caring?

The service was caring. Records were individualised and personalised to people's specific needs. Family members of people who used the service told us they were happy with the care their relatives received and had been involved in decisions around their care.

Staff were seen to be caring and responsive to people's specific needs and we observed positive relationships between staff and people who used the service. Staff were trained in areas of care such as dignity and choice. The registered manager told us they completed a dignity audit and made recommendation for improvements from this.

The service had made use of advocacy support for people using services. Advocates can represent the views and wishes for people who are not able to express their wishes.

Good



Is the service responsive?

The service was responsive. Meaningful activities took place that were tailored to people's specific needs. Family members of people using the service told us they were happy with the activities offered to their relatives.

We saw evidence of involvement from families in the review of people's care. We were told staff undertook DVD and voice recorded reviews for people using services to aid in their involvement in reviews of their care.

Good



Summary of findings

We were told no complaints had been received. However the registered manager was able to demonstrate that appropriate systems were in place to deal with and act on any complaints or concerns.

Is the service well-led?

The service was well-led. The service had a registered manager in place. We received positive feedback about the registered manager from family members of people using services and the staff.

There was evidence of audits and risk assessments taking place to ensure people using service received safe and quality care.

We were told family members and professionals were asked for their views about the service. We saw evidence of completed surveys evidence of action taken in response to the feedback received.

Good



Dalesview Partnership Domiciliary Care

Detailed findings

Background to this inspection

Prior to our inspection we asked the provider to send us details relating to the service. We reviewed information that was provided by the service in the Provider Information Return (PIR) document which included details for example of the numbers of people who used the service, vacancy rates, supervision, training, good practices and innovation schemes. We also spoke with one health care professional who had visited the service and contacted a commissioner of care from the local authority to obtain their views. This helped to inform us what areas we would focus on as part of our inspection.

Our inspection was completed by a lead inspector and a second inspector experienced in adult social care learning disability services.

We visited the service on 22 July 2014. With the consent of people who used the service we visited their home. We were told the service was a domiciliary care, supported living service and there was only one address that the service covered. During our inspection we spoke with two family members, seven staff and the registered manager

and with the consent of people using the service we visited them in their home and observed interactions between staff and people who used the service. We were unable to speak with people using the service.

During our inspection we looked at the care records for two people who used the service and the files for two currently employed members of staff. We also looked at a variety of information including the staff duty rota in the service, the training calendar for all staff, completed risk assessments, audits, accident and incidents reporting and analysis of relative, staff and professional surveys that had been completed.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

The service was safe. People using services received safe care as there was a fully recruited staff team to care for them. The registered manager told us the service had a full staff complement and annual leave or sickness was covered by their own staff team or the bank staff team. The registered manager told us there was no reliance on agency staff to cover duty shifts in the service. We saw evidence of appropriate recruitment processes including relevant identity checks and criminal records checks from the Disclosure and Barring Service in the two staff files we looked at.

We looked at copies of duty rotas. We did this to ensure there was enough staff on duty to care for people's needs. The duty rota included all grades of staff employed by the service and shift patterns to ensure people using the service had appropriate numbers of staff on duty to meet their needs. We were told extra staff were used to cover individual activities for example trips to the shop, bank or clinic appointments.

All of the staff we spoke with told us they felt that there was enough staff on duty to meet people's individual needs. One comment received was, "There is enough staff on duty. The ratio is two staff to four service users (people who used the service) but we always seem to have three staff on duty." A relative of one person using the service told us, "There is enough staff on duty." Another relative told us they had raised concerns with the service in relation to staffing numbers and was not confident two staff on duty was enough.

We were not able to communicate with people using the service to ask them their views on whether they felt that they were safe. We spoke with two family members of

people using the service. Both told us they felt their relative was safe. A comment received was, "I feel my (named person) is safe with people (staff) who care for (named person). The others living there are all safe." A visiting health professional to the service told us, "I have never had any concerns with staff; no issues of neglect or poor care. The staff carry out my instructions; they are very good at communicating in general."

Staff we spoke with were able to discuss with us the procedure they would take if they suspected abuse was taking place. One person said, "I would report it to the deputy initially and then to registered manager. I would also write a statement." All staff told us they would be confident to raise any concerns in relation to whistleblowing (this is when staff report concerns around poor practice) with the provider and were aware of the company's whistleblowing policy and procedure. Systems were in place to ensure people who used the service were not at risk of abuse. We looked at the training matrix for all staff in the service and saw dates planned for updates in safeguarding training. Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults.

We saw there were policies and procedures in place for consent, safeguarding and nutrition for staff to follow. This meant staff had access to guidance to follow to ensure people using services were cared for safely and lawfully. Staff we spoke with confirmed they had access to the company policies and procedures in the service.

We saw that one of the two care records we looked at contained details relating to capacity test which had been undertaken for specific risk assessments. This ensured people using services were cared for safely taking into account their specific needs.

Is the service effective?

Our findings

The service was effective. We asked the registered manager about staff supervision and appraisals. We were told all staff received regular supervision and we were shown evidence of completed supervision records that had taken place recently. All of the staff we spoke with confirmed they had received regular supervision from the management team.

We saw evidence of recent training for staff to enable them to care for people using the service safely and effectively. Examples of training were safe swallowing, food and diet, intensive interaction techniques, epilepsy and first aid. Staff we spoke with told us they received training to ensure they had the skills to effectively carry out their role caring for people using services. The registered manager told us the registered provider had an education and training facilitator who monitored staff attendance at training and planned the training schedule for the year. There was a system in place to record attendance for training and actions to take if staff failed to attend.

We were shown a copy of the induction training pack which detailed topics covered by new staff on commencement of their role. These topics included safety and security, emergency care, records, dignity, choice and communication. The registered manager told us new staff undertook a comprehensive induction programme.

We were told by staff that all people receiving care were given choices in relation to their meals. We were shown a four week menu which detailed two choices for each meal time including fresh vegetables for people. However staff told us that if people wanted an alternative meal they would be offered this. Specific requirements for meals had been identified for example one person using the service required a Halal choice for their dietary requirements in keeping with their faith. Staff told us this dietary request had been accommodated in the service. This was demonstrated in the menus for the service that we looked at.

The registered manager told us the service ensured people who required it were referred to specialist services for assessment for example; we saw evidence of referrals to the speech and language therapist. One person's care file we looked at had evidence of an assessment that had

taken place in relation to the person's risk of choking. A relative of one person using the service confirmed their family member had been reviewed by the speech and language therapist. A visiting health professional told us people using services had been referred to the dietician. This meant people were supported to ensure they received safe and effective care that was tailored to their individual needs.

People using the service were offered choices of meals which we noted were attractively served. Staff provided appropriate support during the meal time and we saw evidence of reviews taking place from visiting professional such as the speech and language therapist.

We asked relatives about the reviews of care for people using services. We were told, "It is a quality service, everything is tailored to (relative) everyone is individual. There are review meetings for (named person) and they send me photographs and a DVD update to me through the post with updates." Another family member told us, "I am very closely involved the review and always involved in decisions."

We were told people using services and their families were offered choices within the service. Examples given were what they wanted to wear, going out and meals.

Prior to our inspection we asked the provider to send us details relating to the service. We checked the information that the provider had sent to us in the Provider Information Return (PIR) document and noted they had recorded details relating to restrictions on choices for people using services. We discussed this information with the registered manager who told us they would access advise in relation to whether an application to the Court of Protection is required to ensure all people receiving services were cared for safely and in line with the law.

One staff member was able to provide us with appropriate detail relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decision about their care. Comments received from staff included, "Mental capacity is knowing what they (people who used the service) are capable of or know themselves and making decisions for themselves in their best interests."

Is the service caring?

Our findings

The service was caring. We spoke with seven members of staff, the deputy manager and the registered manager about the care people using the service received. All were respectful of peoples' needs and were positive about their role and the care that they offered. Comments received from staff were, "I love all the clients [people who used the service] it is like my second family", "I love it here, see for yourself I have the chance to be with the clients, it is more like coming into my own home. The care plans are updated as needed they detail what individuals need", and "The care is brilliant in the home. They (people who used the service) get time with individual key workers." The registered manager told us they tried match staff to the personalities of people using services to enable positive relationships to be developed between them.

We were not able to communicate with people using the service to ask them their views on their care. Family members of people using the service told us, "I think it is fantastic, it is absolutely perfect for (named person). Care is tailored to [named persons] needs the staff really seem to care; they ask me for my input and always call to update me. They know [named person] well and they know when things are changing." Another family member told us, "I think it had got better and better. I am fussy, I called the other day and couldn't find fault. The quality of care is very bespoke. The staff work very hard they genuinely do care, the care is very person centred." One person using the service told us they were happy with their care. A visiting health professional to the service we spoke with told us, "The staff are very good. When we do reviews they recognise general behaviour patterns and specific indicators."

We spent time observing the care delivered to people. We observed relaxed and caring interactions between staff and people who used the service. We saw staff were patient with people and offered the time to allow communication between them to ensure their choices and preferences were respected. Staff were seen to support people using services with activities and moving around their environment safely.

We asked the registered manager about the use of advocates to aid people using services in relation to choice and decisions. Advocates can represent the views and wishes for people who are not able to express their wishes.

We were told they had used advocacy services in the past in relation to decisions for one person to ensure their care was appropriate, timely and provided in the correct setting for them.

We looked at the care files for two people who used the service. We noted these were stored in a cabinet in the service to ensure confidential information was stored securely. Records had been individualised to meet peoples specific needs and contained up to date risk assessments and care plans. One care file we looked at had a comprehensive plan that covered all aspect of the person's life and lifestyle. It held information about the person's health needs, the professionals who supported those needs and their various appointments. We noted the plan was based on a full health check. A visiting health professional we spoke with confirmed they were involved in people's care.

Staff at the service had been involved in creating care plans and an environment that helped people who used the service to live an active life with support. This was because evidence in the care files showed staff had been involved in discovering what was important to the person (in their day to day life or the future), and what support they required.

Staff created action plans so that the person had more of what was important to them in their life, with the support that they required.

We saw the service had created a 'hospital passport', which could be used by health care staff if a person using services required a hospital admission. These contained important details on how to communicate with the person, how they displayed pain and the best way to give medication. We were told all people using services had communication guides to ensure all staff was aware of the most appropriate method of communication for them. One staff member we spoke with told us, "We use intensive interaction skills to pick up on communication and document in the care plan."

We looked at the training record and saw staff had completed training in choice, communication, care records and dignity for people who used the service. This should help to ensure staff had the knowledge and skills to deliver safe and effective care.

Is the service caring?

The registered manager told us the service completed a dignity audit tool. This identified details about what the service did well, what they didn't do well and how they could improve.

Is the service responsive?

Our findings

The service was responsive. The service had appropriate systems in place for dealing with complaints and acting on them. We were told there had been one complaint in the last year which had been dealt with and resolved. The registered manager told us any concerns or complaints would be identified within the completed weekly reports and these would be acted upon. We were told concerns and complaints were used as an opportunity for learning or improvement. One person whose relative used the service told us, "I think the service has got considerably better and better. They (the service) are proactive and responsive; there is a massive transformation. Staff have grown and take things on board and act straight away. I can't fault (registered manager) all concerns I have had in the past she had addressed immediately."

We saw evidence that the service took part in a 'friendship and relationship group meeting' where pictorial minutes were completed so that people using service were able to understand what had been discussed. The local authority commissioner we spoke with told us, "They (the service) have recently been involved in putting themselves forward to do proactive work." We were told they were also involved in a pilot for a sensory library and took the lead on a signing pilot. The registered manager told us they attended sensory story sessions at the library and hosted a signing group for the local area. Signing is a way of communicating with people who have specific needs in relation to communication. To ensure people using services received care from a staff team that was proactive, up to date and knowledgeable.

We were not able to communicate with people using the service to ask them their views on whether they were involved in decisions in relation to their care. We spoke with the family members for two people using services and both told us they were happy with the care their family member received and that the staff responded well to people's individual needs. One comment received was, "The staff seem to care what they are doing. They always ask me for my input and always call to update me. I think it is fantastic, absolutely perfect for (named person)." Another said, "(Named registered manager) is professional and responsive. Meetings about my (named person who used

the service) are prepared and she knows what is going on." People using the service had their needs regularly assessed and this ensured staff had access to up to date information that responded to their individual needs.

In the two care files we looked at we saw evidence that reviews took place once a year or when there was a change in the person's needs. In one of the care files we saw the use of photographs and a DVD in order to allow one person who used the service to interact and take part in the review. We were told staff had been made aware at the team meeting of the importance of ensuring the DVDs were locked away for security when not in use.

We saw meaningful activities were taking place and observed staff were taking part in individual activities with people. There was music playing with visual equipment in use such as a light ball. We were told by staff they offered a wide range of activities for people using the service. They also said, "People have a regular swimming programme as part of their physiotherapy activities. We go bowling, meals out. We are always on the lookout for things going on. We are going the theatre this weekend. We try to go out into the community and mix with the community. They (people who used the service) come with us shopping and paying bills." Another said, "We go out and do other activities such as soft play, trampoline, the church. It is Ramadan at the moment and we have discs for one person with prayers on to listen to." A local authority commissioner told us, "The staff support service users [people who used the service] really well out in the community and they do things like sensory baking and sensory reading."

Family members we spoke with told us their relative had a wide ranging programme of activities. One family member said, "We are so lucky to have them. Activities have been organised. (Named person) loves trampolining and they found it for them; there is such a big choice in what he likes to do. (Named person) has also always liked horses and he has carriage rides. There is a very full programme of activities. When I just pop in they are always just going somewhere." Another told us, "[Named person] is really happy they have an active social life." We saw photographs of activities undertaken by people who used the service.

We saw evidence that team meetings had taken place. Staff we spoke with confirmed this and that they were able to offer their views in the meetings. One member of staff told us they had not attended team meetings, but knew they took place and received updates on topics covered. Topics

Is the service responsive?

covered in team meetings included training programmes. The registered manager told us all the managers attended a meeting within the company and then information was disseminated to the individual services via the deputy manager.

We were shown a newsletter that had been developed by the registered provider to update staff. Included in this was employee of the month. The registered manager told us this was to provide motivation to staff. Members of staff who were awarded employee of the month received a card and other members of the team were made aware of their success. We asked the registered manager what would be an example of staff practice that would nominate a staff

member for employee of the month. We were told acting in people's best interests and consistently motivated staff would be examples of practice that would achieve employee of the month.

We saw evidence of appropriate adaptations to the premises, to aid people who used the service to live safely and independently. For example the property was a single storey building and included ramp access to outside accessible space. We noted all people who required mobility aids had them in place and the registered manager told us risk assessments had been completed to ensure people using services were safe and equipment was tailored to their individual needs.

Is the service well-led?

Our findings

The service was well-led. The service had a registered manager who had been in post since its registration on 18 July 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider. Staff felt supported and positive about the manager. We were told, “The manager and deputy are lovely, very approachable they will answer questions”, The “(Named registered manager) is okay she is easy to speak to and approachable” and, the “(Named registered manager) is great she will do her best to help. I can go to her with any concerns.” We observed positive interactions between staff and the registered manager.

Family members told us the, “(Named registered manager) is responsive and professional” and, the “(Named registered manager) is really approachable you can’t fault her.” A visiting health professional told us, “The Dalesview manager is very good she is approachable you can talk to her.” The local authority commissioner told us, “It is a fairly good provider I have no concerns about the service. They come to all provider forums and respond to any feedback about the service as soon as possible”. The registered manager told us they ensured positive relationships with family were maintained by being “Open and honest. We make sure we inform families as much as possible.”

The registered provider had systems in place to monitor and assess the quality of their service. We were shown records of a recent audit that had taken place in June 2014. Details of audits seen included finances, health and safety, team meetings, contracts, risk assessments, reviews of people using the service, daily records and care records.

The service had records in place that related to the management of the service, staff meetings and corporate policy and procedures. This meant staff had access to relevant and up to date information that enabled them to care for people using services safely and effectively. The

registered manager told us they completed random spot checks in the service and obtained feedback from family of people using services about the quality of care their family members received.

The registered provider had systems in place to manage and report accidents and incidents. We were told there had been no recent incidents or accidents. The registered manager said they received weekly reports which would include details of an incident or accidents. Details relating to any incident would be fed back to the registered manager who would review the information and create an action plan for immediate actions, periodic reviews and what long term actions needed to be taken. We were told incidents would be analysed to ensure there was no recurring theme or patterns. We saw evidence of completed incident reports with records detailing actions that had been taken, this meant that systems were in place to keep people safe and well cared for. The registered manager told us, “We make sure the way we do things is putting people first. We make sure everyone values people. The key values of the service are being person centred and caring. We are passionate about what we are trying to do.”

We asked the registered manager about any innovative practice taking place. We were told the service was involved in the Lancashire welcome standard pilot and was part of the ‘being safe friend and relationship group’. The home had been successful in gaining recognition in the Investors in People. This award identified positive caring practices were in place.

People were asked for their views about the service. The registered manager told us all questionnaires were analysed and action plans were developed for staff. We saw evidence of positive feedback on questionnaires that had been received from relatives and professionals. Some of the comments seen were, “This is a wonderful happy home” and, “Positive impression, no concerns”. One comment noted was in relation to increasing the variety of foods for people using services. There were records showing the actions taken and the registered manager told us they had responded to this.