

Lancashire County Council

Lancaster & Morecambe Domiciliary Service

Inspection report

G18 - G20 Fraser House
White Cross, South Road
Lancaster
Lancashire
LA1 4XQ

Tel: 01524585989

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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

This inspection took place on 23 and 25 February 2016 and was announced. We visited the office base on the 23 February 2016. We gave the service 24 hours' notice about our visit. We did this to ensure we had access to the main office and the management team were available.

The service provides domiciliary care 24 hours a day in 19 supported houses where people live. Support is provided for people who live with a learning disability. The location of the homes are based around the Lancaster and Morecambe area. The office is based at the Lancashire County Council building in Lancaster. At the time of the inspection the service provided support for 56 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The management of the service was by two registered managers.

This was the first inspection since the change of their registration with the care Quality Commission (CQC).

We found recruitment procedures were safe with appropriate checks completed. Staff spoken with told us their recruitment had been thorough and until all checks had been completed they could not commence employment.

People were kept safe and secure in the supported houses where they lived. There were appropriate numbers of staff deployed to meet people's needs and provide a flexible service.

The registered managers had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Staff administered medicines as prescribed and entered, stored and disposed of them correctly.

The registered managers understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be cared for. People who lived in the houses were involved in making decisions about their care.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

People were supported to eat and drink and were encouraged to attend to their own dietary requirements as much as possible. However support and meal provision was provided in some houses.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

When we visited the houses where people lived we found they were supported by caring staff who were respectful and compassionate. One person we spoke with who lived in one of the houses said, "They are all kind to me."

The service had a complaints procedure which was made available to people they supported. The agency had developed a leaflet that which was in picture form to inform people of the process for making a complaint.

The registered managers used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they were receiving.

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.

Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

Systems were in place to make sure the management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived in the supported houses. Recruitment procedures were thorough.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

People were supported to maintain and develop relationships

with people who mattered to them.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, staff, and people they supported for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Lancaster & Morecambe Domiciliary Service

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 visit took place on 23 and 25 February 2016 and was announced. We visited the office base on 23 February 2016. The registered managers were given 24 hours' notice because the location provides a domiciliary care service to people living in supported tenancy schemes. We needed to be sure someone would be in the offices. The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we visited three supported tenancy schemes where people who received support from the service lived. We spoke with an additional two people who used the service and eight people's relatives over the telephone. We also spoke with three care staff as well as two house managers and the registered manager.

During our inspection we went to the registered office of Lancashire & Morecambe Domiciliary Service and spoke with the two registered manager and three staff members. We also visited three supported living houses where the service provided 24 hour care for people who lived there. We spoke with eight people who lived there and 11 staff members which included house managers.

We looked at the care records of three people, training and recruitment records of staff members and

records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People we spoke with who lived in the houses we visited said they felt safe and comfortable in their homes. Comments included, "It is safe with all staff around." Another said, "It is my home so I do feel safe and comfortable here."

The registered managers had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. This training was part of their mandatory training programme and was updated annually. One staff member said, "We do attend safeguarding training which is done yearly." Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

Discussion with both registered managers confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered managers were also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

When we visited the houses we looked at how they were being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived in the houses. For example one house had four people living there. Staff informed us at certain times when out in the community five staff would be provided. A staff member said, "We visit Bleasdale Baths and we make sure people are safe by having extra staff. It is not a problem."

We saw the deployment of staff throughout the houses was organised. People who required support with their personal care needs received this in a timely and unhurried way. One staff member said, "No issues with staffing we have a good team here and always have enough staff around."

Care plans looked at both in the office and the supported houses had risk assessments completed. This was to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments we saw provided clear instructions for staff members when delivering support or care to people.

We looked at recruitment procedures and documentation for staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). This check included information about any criminal convictions recorded. In addition an application form that required a full employment history and references had been completed. The recruitment process demonstrated the management team ensured all checks were provided prior to any staff employed. Two staff members we spoke with about the recruitment process told us it was thorough. They also told us they completed an induction training programme and shadowed experienced staff for a period of time. One staff member said, "It was a rigorous

process but very good and gave me a good grounding."

We looked at how medicines were prepared and administered in two of the houses. Medicines had been ordered appropriately, checked on receipt into the homes, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following their morning medication. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

The medicines administration record (MAR) sheets were legible and did not contain any gaps. The registered managers ensured only staff that had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were happy their medicines were managed for them. One person said, "Yes they do my medicine."

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who had supported people for some time and were trained well. One person who lived in one of the supported houses said, "They know me well because I have known them for a long while." People told us staff understood their needs and said they received a good level of care.

We spoke with five staff members about training opportunities and looked at individual training records. Staff told us training they received was provided at a level that was relevant to their role. They also told us access to training was good. One staff member said, "The registered manager provides very good training opportunities throughout the organisation." Training records we saw confirmed the agency had mandatory training which all staff had to attend. They also had a programme of updating training as required. For example mandatory courses consisted of safeguarding adults, first aid and moving and handling. A staff member said, "We are constantly updating our knowledge through training events and updating our skills as well."

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.

The registered managers demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Both registered managers had scheduled updated training on the Mental capacity Act and DoLS in March 2016.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service.

Care records we looked at in the supported houses of people who lived there contained their dietary needs. They showed they had been assessed and any support required with their meals was documented. For example two people in one house required support at mealtimes with their food in terms of eating and prompting to eat their meals. The care plan documented what support the person required at mealtimes and how that should be delivered. A staff member said, "The care plans are clear as to what support and guidance people need at mealtimes."

The kitchen areas in houses we visited were clean and tidy with cleaning schedules available for staff to follow to ensure areas were clean and hygienic. We observed people independently prepared lunch with staff oversight. This demonstrated staff prompted people to be as independent as they could. One person who lived in one of the house said, "I like to make the food for everyone." People told us they enjoyed the meals at the individual houses. One person said, "Yes lovely I choose my food." Another said, "They are good

cooks."

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs.

Is the service caring?

Our findings

People who lived in the houses told us they were treated with kindness by all the staff that cared for them. For example comments included, "They are all kind to me." Also, "Staff are great especially [house manager]."

When we visited the supported houses we observed people were relaxed and had good interactions with the staff on duty. For example one person wanted a staff member to sit with them whilst they showed what they had been doing. We observed the staff member was patient and took an interest into the hobby of the person. Staff interacted frequently and enthusiastically with people they supported. They treated people with respect and patience. People were not left without support and staff were attentive, responding to any requests for assistance promptly.

We looked at the care records of three people and found a person centred culture which encouraged people to express their views and be as independent as possible. We saw evidence people had been involved in developing their care plans. People's preferences, interests, aspirations and diverse needs had been recorded. Care and support had been provided in accordance with people's wishes. For example one person had an interest in a particular hobby. This included making models of transport, buying special items and showing the collection in their room. We spoke with the person who told us the staff had been so helpful in supporting them to continue with their hobby. The person said, "I like buying items for my room. The staff have helped me find the best and cheapest way to do it." This demonstrated people were encouraged to follow their chosen interests and staff supported them to achieve that.

Care plans we looked at were centred on people's personal needs. Daily events that were important to people were detailed, so staff could provide care to meet their needs. Staff told us they promoted people's independence as much as possible. This was confirmed by staff and people being supported we spoke with. One person who lived in one of the houses said, "I like making dinner on my own. I enjoy doing that." We saw the person making lunch and staff encouraged the person to make the meal on their own. However they were there to support if needed. One staff member said, "It is important to promote people to be as independent as they can."

We saw evidence people's care plans were reviewed with them and updated on a regular basis. The care records we looked at had recently been reviewed in February 2016. One staff member said, "We try and involve people as much as possible when we look at what support and care is being provided individually."

We observed examples of staff showing respect and patience with people. For example we observed staff knocking on doors before entering and always letting the person know who they were. Also when staff were talking with people who had communication difficulties they spent time with the person. They did not rush them and allowed the person to express themselves as they wished to. One staff member said, "Yes people have difficulty communicating however we know how to understand the way individuals want to express themselves. It may take some time but you have to be patient and you will know what people are saying."

Before our inspection visit we received information from external agencies about the service. Links with these external agencies were good and we received good feedback from them about the care being provided.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The agency ensured people were able to access information about available advocacy services.

Is the service responsive?

Our findings

We spoke with people about their experiences of support they received from Lancashire and Morecambe Domiciliary Service. People told us that they felt they were encouraged to make decisions themselves and be responsible to make choices with staff support when requested. For example one person enjoyed watching the local football team. They followed the team at home matches and sometimes away. We spoke with the person who said, "Yes I love Morecambe I watch them when I can." Also I go to away matches at times with [staff member]."

When people moved into one of the supported houses they had their social, health needs, and also communication preferences discussed with them. Staff told us people were assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. Care records we looked at confirmed this. One staff member said, "It is vitally important to get as much detail about the person as possible."

We looked at care records of three people. Care plans were reviewed and updated on an annual basis. However any changing needs could result in a full review of support they received. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to help people in their daily lives.

We found staff we spoke with had a good awareness of the needs and wishes of people they supported. For example at one of the houses we visited two people had certain interests and hobbies they followed. Staff we spoke with had a good knowledge of this and discussed with us how this was achieved and the level of support required for each person. One staff member said, "We are aware of the needs of people individually in terms of health, wellbeing and what their hobbies are. It helps us provide a good quality of life for people."

We found information on how to make a complaint was available for people in documentation provided for each person and their family. People were encouraged to give their views and raise any complaints or issues with the registered managers or house managers. The registered managers ensured they had regular contact with all 19 houses on a regular basis to discuss any concerns or issues with people. This was so they gave people the opportunity to raise any concerns they may have.

The agency had developed a leaflet which was in picture form to inform people of the process for making a complaint. To ensure complaints would be looked at independently an outside person was contactable to support people if they wished to complain. At present no complaints had been received. One staff member said, "It is a good system as complaints could be looked at without any prejudices."

The registered managers told us constant engagement with people developed relationships and encouraged people to discuss any complaints they had. House managers held regular meeting with the people who lived in the houses and staff to ensure any concerns would be raised.

Lancashire and Morecambe Domiciliary Service viewed concerns and complaints as part of the improvement of the service. Staff told us they encouraged people and relatives to raise concerns if they had

any so that the agency could improve and address any issues people may have. One staff member said, "You have to look at complaints positively so we can keep improving."

Is the service well-led?

Our findings

People who lived in the houses told us the management team were supportive and called to them on a regular basis. One person we spoke with said, "I like it when [registered manager] calls she is nice." Whilst we visited one of the houses we observed one person was excited to see the house manager and greeted them warmly. We spoke with the person who said, "Yes she is lovely always been very good to me."

The organisation had recently appointed another registered manager. There were now two registered managers with CQC. The organisation felt with the size of the service the quality of leadership and management would benefit from two registered managers. We spoke with both registered managers and they felt this worked well and enabled the service to provide good leadership. For example three staff we spoke with said the management was better. One staff member said, "It is a big spread out service for one. It is better for staff to know the management are more available if you need them."

Staff spoke positively about the support they received from the registered managers and house managers. They also told us the organisation was good to work for and supportive. One staff member said, "If you speak with staff you will find most have been here for a long time. It is a very good organisation to work for."

We found that each supported house had a structured management team in place. There were clear lines of responsibility and accountability within the staff team. The management team we visited were experienced and had a good awareness of the needs of the people they supported. One staff member said, "It is important to know each person well so we can provide the best support on an individual basis."

Quarterly staff meetings were held in the individual houses. Minutes of these meetings were kept. Staff we spoke with were happy these meetings took place on a regular basis. One staff member said, "It is a good time to all be together and discuss any points we may have." The management team also meet monthly and hold quarterly meetings with representatives from all tenancies (staff forum). Staff told us the meetings were useful to ensure consistency across the organisation was good.

The views of people who lived in the houses were sought on a daily basis staff told us. One staff member said, "We have from two to four people with varying forms of communication. We consistently sit and chat about the running of the home and discuss if anything needs changing or adding to make things better." One person who lived in the house we visited said, "We talk all the time to see if I want anything for my home."

Regular audits were being completed by the registered managers. These included medication, administration, household checks and care records. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service continued to develop. For example a medication audit carried out in January 2016 identified 'hospital passports' for people who lived in the houses required updating. 'Hospital passports is a document for people to take with them should they need hospital attention. The document gives all information about the person's health and welfare should this be required. This was being addressed and action taken to ensure information was

updated as required by the audit.