Leonard Cheshire Disability

Living Options Outreach - Domiciliary Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 August and 2 September 2016 and was announced.

Living Options Outreach – Domiciliary Care is registered to provide personal care for people with complex physical health needs, including cerebral palsy, and additional health conditions. The service model is based on supported living with people receiving personal care and support from staff employed by the provider. People have their own service user/tenancy agreements and the property is owned and managed by Leonard Cheshire Disability. Personal care and support is delivered, not from the registered address, but from a detached bungalow in a residential part of Worthing, where each person has their own room and en-suite wet room. Three people resided in the property and received personal care there.

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

People were protected from potential abuse and harm by trained staff. Risks to people had been identified and assessed and were managed appropriately. Management of medicines was satisfactory, although we asked for the overstock of one particular medicine to be returned to the pharmacy.

Staffing levels were sufficient to meet people's needs, with at least one member of care staff on duty at all times. However, maintaining staffing levels on some weekends with consistent staff had proved a challenge. Gaps to staffing were filled through the use of regular agency staff. New staff were recruited safely. New staff followed the Care Certificate, a universally recognised qualification and the provider's induction programme. Essential training to staff was delivered in a range of areas, with updates as needed according to the training plan. Staff received regular supervisions with the registered manager and team meetings were held, usually every other month.

People receiving a service had all been assessed as having capacity to make decisions, with support if needed. Staff had been trained on the Mental Capacity Act (2005). People had sufficient to eat and drink and were involved in shopping and menu planning. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were treated with dignity and respect and were encouraged to be involved in all aspects relating to decisions about their care and support. Care plans provided detailed and comprehensive information and guidance to staff about people's life histories, likes, dislikes and preferences. People were encouraged to be involved in activities relating to their interests and were supported to access the community. People knew how to make a complaint and these were managed in line with the provider's policy.

The provider organised a national survey to obtain people's feedback about the service. House meetings were also held at which people could express their views and be involved in the development of the service. In the Provider Information Return (PIR), the registered manager stated, 'The whole service is being restructured and residents will direct their support even more by removing the core element of cost and have them decide how (for example, assistive technology) they want that to be spent'. A range of systems were in place to audit the service provided and to identify any improvements needed.

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.

People's risks had been identified, assessed and were managed to prevent the risk of reoccurrence.

Staffing levels were within safe limits, although maintaining safe levels was a challenge, especially on alternate weekends.

People's medicines were managed safely. One particular medicine was overstocked and staff agreed to return unneeded medicine to the pharmacy.

Is the service effective?

Good

The service was effective.

New staff completed an induction programme and all essential training. Existing staff had their training updated as needed. Staff had regular supervision meetings and team meetings.

People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals and services.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well. They were treated with dignity and respect and involved in reviewing their care plans.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and provided detailed information to staff about how people wished to be supported.

People had access to a range of interests and pursuits in line with their expressed needs and preferences.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People were asked for their views about the service through a national survey sent out by the provider and through regular house meetings. They were involved in developing the service and helped to interview new staff.

The service was undergoing a period of transition and change and improvements were planned based on people directing their own support. The registered manager was supportive of people and staff.

A range of audits measured the quality of care provided and identified any improvements that were needed.

Living Options Outreach - Domiciliary Care

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.

The inspection took place on 30 August and 2 September 2016 and was announced. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that people and staff would be in. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with two people living at the service. We chatted with one person and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager and a senior care worker.

The service was last inspected on 20 November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from abuse and harm by staff who had been trained to recognise the signs of potential abuse and knew what action to take. One person told us they felt safe living in their home, but due to a sight impairment, would always go out with staff, rather than out on their own. Care records included information to staff on how to keep people safe and also described support people required with their movement and mobility and in medicines management.

People's risks had been identified and assessed and provided advice and guidance to staff on how to mitigate people's risks. One care record showed the person's risks had been assessed in the use of bed rails, moving and handling, swimming, sleeping and personal safety. Staff used this information to ensure the person's risks were managed safely. Risk assessments were generally reviewed at least every six months, or earlier if needed. Moving and handling risk assessments for people using the service showed that people could be safely hoisted or helped to mobilise with the assistance of one member of care staff.

Staffing levels were sufficient to ensure people were supported safely and their needs were met. Staff were deployed at the bungalow where people lived 24 hours a day. Staffing rotas showed that one member of care staff was on duty at all times. The day shift commenced at 7.30am and finished at 4.30pm. At 4.30pm, night staff came on duty and supported people with personal care until 10.30pm, after which time, support was provided as required from a staff member who slept over at the property. Additional staff were provided on a 1:1 basis if people wished to go out. Staffing rotas showed levels of staffing were consistent. However, one member of staff said they often worked additional hours to provide the level of support people needed. They told us, "We do struggle every other weekend on a Saturday evening and Sunday daytime". Where needed, regular agency staff, who knew people well, were used to fill in any gaps to staffing. The registered manager told us that staffing levels were sometimes a challenge to maintain and this was partly due to the funding levels put in place by the local authority.

Safe recruitment practices were in place. Staff files showed that new staff had completed an application form, that references had been obtained and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

People's medicines were managed so they received them safely. Medicines were stored in a locked, secure cabinet in people's rooms. Staff had been trained in the administration of medicines and their competency was assessed annually. Care records provided information to staff about people's prescribed medicines, why they needed to take them, the support they needed to take their medicines and the effect of the medicines. One person showed us the medicines cabinet in their room and told us, "I'm very good at directing [staff] when I want my medication". Stock levels of medicines were checked on a weekly basis. We saw that the stocks of one particular medicine for one person were excessive and equivalent to approximately 10 months' usage. We drew this to the attention of the staff member on duty who agreed to return some of the unneeded stock to the pharmacy. Medication administration records (MAR) were signed by staff to show that people had taken their medicine as needed. The pharmacy who supplied people's

medicines had undertaken an annual visit. Records of the visit showed that there should be increased security of key storage for medicine cabinets. As a result, the provider had taken appropriate action to ensure that access to the key was restricted to trained staff.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One person we spoke with thought that staff were properly trained to deliver their personal care. In addition to an induction programme, new staff completed the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff completed training in a range of areas including bed rails safety awareness, choking, emergency first aid, fire safety, equality and diversity, food hygiene, health and safety awareness and moving and handling. Training was delivered face to face by the provider. A member of staff told us about the training they had received in safeguarding vulnerable adults, moving and handling, health and safety and food hygiene. The training plan showed when staff were due to receive training and when training needed updating or refreshing.

Staff also received regular supervisions with the registered manager. One member of staff said they were able to ask for supervision meetings at any time and their latest supervision meeting involved discussions about their training, people receiving a service and staffing issues. Team meetings were also held, usually every couple of months, although a member of staff told us that team meetings were held, "As and when really".

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff told us that everyone had capacity to make decisions, with support from staff if needed. Staff had received training on MCA and understood their responsibilities under this legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We observed one person, supported by a member of staff, complete an online shopping order. The person explained, "We try and come up with a menu we can use" and that this changed every week based on people's likes, dislikes and preferences. People could choose what and when they wanted to eat, for example, some people chose not to eat breakfast. People were encouraged to help with food preparation. We observed one person doing the washing-up after lunch and they told us, "I try and do as much as I can". They went on to explain that there was a 'house account' into which money was paid every month. We were told that this, "Covers the gas, water and food and also if we need anything for the house". Small amounts of cash were kept, as this person explained, "So if we do need something in-between times, we can buy it from that".

People were supported to maintain good health and had access to a range of healthcare professionals and services. Care records showed that people had regular appointments with their GP, occupational therapist

and chiropodist, as well as a dentist and/or optician. One person confirmed they saw their GP whenever they needed to and that they would tell staff if they felt unwell, so appropriate advice could be sought. They had a range of exercises that they completed daily as advised by their physiotherapist, to help maintain their mobility. Some people had been referred to, and received, counselling and emotional support.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that staff knew people extremely well and supported them to be as independent as possible. The atmosphere within the service was informal and homely and staff were warm, friendly and empathic to people's needs. One person said that, "Staff are really good" and that they preferred to be supported by female staff with their personal care. Care records provided information to staff on people's personal history, likes, dislikes and interests in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. For example, one person's care record stated that they enjoyed football, visiting the local shops and spending time at a local pub. Staff supported them to pursue these interests and hobbies.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. One person's care plan stated, 'I like to make my own decisions and choices and do not like to be told what to do or when to get up or go to bed". This person had been involved in reviewing their care plan and had signed it to this effect. The other two care plans showed that people had been involved in reviewing their care plans and each one was signed by the person. One person confirmed that they reviewed their care plan every six months with a member of staff.

People's privacy and dignity were respected and promoted. When we arrived to commence our inspection, the member of staff explained that they were in the middle of supporting one person with their personal care. They then left us for a few moments, whilst they continued with their work and that the door to the person's room was kept shut. Our observations at the service concluded that people were encouraged to be as independent as possible and that support was provided by staff in an unobtrusive manner. People had the privacy they needed and could either join with other people and staff in the communal areas or stay in their own rooms, for example, to watch television or have access to their tablets or laptops. One person showed us they had their own private telephone and that this encouraged them to be independent, as well as supporting them to maintain contact with people that mattered to them.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans contained a one-page profile stating, 'What is important to me? What people like and admire about me. How best to support me', then included people's interests, skills and hobbies. Care plans provided advice and guidance to staff about people's friendships and relationships, communicating with others, morning and evening routines, food and drink, physical and emotional health and wellbeing, work, learning and leisure and looking after my home. Within each area of the care plan, there were sub-headings including, 'Things I want to achieve or change in this area of my life' and 'Things you need to know to support me'. For example, under 'Communicating with others', under the heading of, 'What is important to me', it was recorded, 'My computer and my mobile phone'. Care plans were reviewed every six months, however, not every care plan had been reviewed as regularly as this. This did not appear to be an issue for people we spoke with however as people were in close contact with a small staff group on a day-to-day basis and could verbalise their wishes and any changes they needed. In addition, handover meetings were held between staff shifts, so staff could discuss people's care needs and how best to support them.

One person enjoyed playing Boccia, a sport popular amongst wheelchair users, and was supported to pursue this by staff and to enter competitions. They told us they went out every Friday and volunteered at a children's centre, which they thoroughly enjoyed. They went on to tell us about their social activities and outings into the community. They were excited about going on holiday the week after the inspection and were visiting Butlins at Bognor Regis, for four days, supported by staff.

Complaints were managed appropriately in line with the provider's policy. The complaints policy was also written in an accessible format to aid understanding. One person told us they would see the registered manager or a member of staff if they needed to make a complaint. They told us about a complaint they had made recently relating to one member of staff and that, as a result of action being taken by the provider, this particular member of staff no longer worked at the service.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. One person said, "We try and have house meetings, but sometimes they're difficult to organise", referring to the fact that people went out at different times of the day and during the evening. We saw notes of a meeting that had been held at the service in June 2016 which related to issues concerning one person's behaviour and how this was impacting on the well-being of other people living at the property. The provider had arranged for a meeting to be held that supported and encouraged people to air their views in a safe and unthreatening environment. Other housing options were being explored for one person who had expressed a wish to live elsewhere. When new staff were employed, people were present during the interviewing process and could ask questions independently. People were asked for their feedback about the service through a survey sent out by the provider. Since responses are co-ordinated on a national basis, it was not possible to extrapolate feedback that specifically related to this service.

In the Provider Information Return (PIR), the registered manager stated, 'Whilst the service is seen as supported living, it has in many ways been run like a residential home with the heavy audit processes and the way it's staffed and funded'. Improvements were planned and the PIR also stated, 'The service is being overhauled in the way it's funded and structured. The service is very caring, but will be shaped more to show the independence of those living there'. The registered manager supported staff and was readily available when needed. The registered manager knew people well and strived to ensure their needs were appropriately met in a way that promoted their independence. A member of staff said, "I do enjoy it and I get on well with the tenants. It's a nice, small, friendly environment". One person told us they were happy with the service and said, "It's good having your own choices and being able to go out enough".

A range of audits was in place to measure the quality of service provided and identify any improvements required. These related to health and safety, medicines management and care plan reviews. No issues had been identified as requiring attention at the time of our inspection. There was a robust system in place to record any accidents or incidents and these were managed safely.