

Lancashire County Council

South Ribble Domiciliary Service

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

About the service: South Ribble Domiciliary Service is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care, including those living with dementia, physical disabilities and sensory impairments. The agency office is in a residential area of Leyland. It is accessible by public transport and car parking is available. People live in communal houses in the local community. At the time of our inspection there were 31 people who used the service.

People's experience of using this service: Everyone we spoke with provided us with very positive comments about the quality of service provided and the ability of the staff team. Systems to act on allegations of abuse were in place. A wide range of risk assessments had been developed and potential risks were being managed well.

A system was in place for the reporting and recording of accidents and incidents. Staff had received training in medication awareness and guidance for staff was available. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and their care and support was delivered to achieve effective outcomes. Staff engaged with people and we were told care workers were kind and caring. Positive feedback was provided by people we spoke with.

New staff received an in-depth induction programme and a broad range of training had been completed by all staff, who were regularly supervised and observed at work.

Support plans were detailed and person-centred. They reflected people's assessed needs and had been reviewed regularly. Any changes in need had been recorded well. Daily activities were highlighted and monitored by the management team.

Systems were in place for the management of complaints. However, none had been received, but people told us they would know how to make a complain, should the need arise. Everyone we spoke with provided us with very positive comments about the quality of service provided and the staff team. Audits had taken place and feedback was regularly obtained from those who used the service and their relatives. Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so.

Rating at last inspection: The service was rated good at the last inspection (Published on 24 December 2016).

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor

any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our well-led findings below.

Good ●

South Ribble 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was undertaken by two adult social care inspectors and an expert by experience, who conducted telephone calls to obtain feedback from those who used the service and their relatives. An expert by experience is an independent person, who has experience of the type of service being provided.

Service and service type: South Ribble Domiciliary Service is a domiciliary care agency. It provides personal care to adults in shared houses within the local community, including those who are living with dementia, physical disabilities and sensory impairments. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support.

South Ribble Domiciliary Service is operated by Lancashire County Council. A registered manager is in place. Both are registered with the Care Quality Commission. This means they are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service three days' notice of the inspection visit because it is a small service and we were aware the registered manager was on annual leave. We needed to be sure that someone would be available to provide the information we required.

What we did: Prior to our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. We asked for feedback from professionals about their views of the service. We

also looked at the Provider Information Return (PIR). 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 used a planning tool to collate all this evidence and information prior to visiting the service.

During our inspection we visited three people, with their agreement, who lived in a shared house. We also met one person who visited the agency office with a staff member whilst we were there. We spoke with an additional eight people who used the service and three relatives by telephone. We also spoke with two staff members and two senior managers. We looked at a variety of records. These included two care files, two staff personnel records, audits, policies and procedures and records relating to the operation and oversight of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were safe using the service.
- The detailed policies of the service showed that systems to act on allegations of abuse were in place and clear guidance for staff was available about how to deal with such incidents. Staff training had been provided in this area and staff members we spoke with were aware of actions they needed to take, should they be concerned about someone's safety.
- People told us they felt safe using the service. The policies of the service and training for staff showed people were protected from discrimination and their human rights were promoted. One person told us, "They [staff] are really nice. I'm happy. They take me out shopping. I'm safe with them." Another said, "The staff listen to you all the time; they are lovely." A relative commented, "They are very good. We couldn't ask for better. They [staff] know him inside and out. We have close communication." Another said, "I know he's safe. Whenever I go, there's always enough staff. The staff are the same ones. It's all about continuity. They are giving constant excellent care."
- Staff we spoke with told us they would be confident in raising concerns with the management team, should they need to do so. We were told that managers were approachable and helpful. Systems were in place to support staff to follow good reporting practices.
- Records were being maintained in a confidential manner in the agency office and safeguarding referrals were made, as was needed.

Assessing risk, safety monitoring and management.

- Relevant guidance was available for staff to follow and systems were in place for the recording of accident and incident information. Records showed that lessons were learned following any incidents reported.
- Clear policies and detailed contingency plans were in place to guide staff in the event of an emergency arising.
- A wide range of detailed assessments were in place, which helped to protect people from harm by ensuring any potential risks were minimised.

Staffing and recruitment; Learning lessons when things go wrong

- Staff personnel records showed that a robust recruitment process had been adopted by the service to ensure all staff were deemed suitable to work with vulnerable people. Staff we spoke with talked us through the stages of their recruitment. They told us the process was robust and that all relevant checks had been completed before employment commenced.
- At the time of our inspection we found the staffing levels provided in the houses to be enough. However, one relative told us, "I would like to see more staff on, especially at bank holidays." A staff member felt if there were more staff on duty, then people could be taken out into the community more frequently.

- New staff completed a probationary period before permanent employment was considered. This helped to ensure all employees were suitable for the job for which they had been appointed.
- Clear guidance was in place in relation to disciplinary and grievance procedures. This helped to ensure structured processes would be followed in the event of staff misconduct and that lessons would be learned when things went wrong.

Using medicines safely

- Medicines were, in general being well managed. People who used the service told us, "They give me my medicine in the morning" and "They are nice. The night staff give me my medicine." Staff had received training in this area and were periodically competency tested through supervisions, observations and knowledge checks. Policies were in place around the management of medicines. However, the documentation of medication omissions could have been better organised and the checking of hand-written entries on the Medication Administration Records could have been more thorough.

We recommend a record be developed of when medicines are refused or omitted with the reason for this being documented. In addition, where hand written amendments are made two staff members should sign to confirm the changes are accurate, until a new printed MAR is obtained for the next cycle of medicines. This would reduce the possibility of medication errors being made.

Preventing and controlling infection

- Policies were in place in relation to infection control practices and records showed staff had received training in this area, which was confirmed by those we spoke with. The house we visited in the community was clean and hygienic.

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.

People's outcomes were consistently good, and the feedback we received confirmed this.

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

- Those who use the service received effective outcomes.
- People's needs had been assessed prior to a package of care and support being arranged.
- People told us they received the same care staff. This promoted continuity of care and support. One person commented, "I've known them [staff] for years. The same staff and they are very good."

Staff support: induction, training, skills and experience.

- Detailed induction programmes had been undertaken on commencement of employment, which covered a wide range of areas.
- Records showed that all staff had undertaken a broad range of mandatory training and training specific to the needs of those in their care, which helped to ensure the staff team were able to deliver the support people needed. Clear guidance was available about specific medical conditions to help staff understand the disabilities and illnesses of those in their care.
- Staff competency assessments and spot checks had been conducted.
- Staff told us they had received regular supervision sessions to ensure their work performance was of a satisfactory standard. However, on looking at staff personnel records we found although formal supervision for staff had been provided, this was sometimes on an annual basis. Senior management told us the policy was for supervision to be conducted every 8 to 12 weeks.

We recommend supervision sessions for staff be conducted more frequently to ensure work performance and training needs are regularly monitored.

- Staff we spoke with demonstrated their understanding of people's needs well and could therefore provide effective outcomes for those in their care. We observed staff communicate effectively with two people who were none-verbal. These interactions were done in a kind and courteous manner. Good information about ways of communicating with people who have sensory disabilities was available in the records we saw. Relatives we spoke with said, "I'm always informed...absolutely. They[staff] always have my number. They contact me all the time"; "They were absolutely fantastic when my relative wasn't well and was in hospital"; "I can't fault them in any shape or form" and "They are brilliant they [managers and carers] spent hours at my relative's side in the hospital."
- It was evident that the manager of the agency communicated well with her team. This was through regular team meetings, phone calls, supervision and training.

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

- Where needed staff supported people to maintain safe nutrition and hydration. Effective assessments

were in place, around areas, such as the risk of choking and clear instructions were provided for staff about how people should be supported to eat, should this be required. Staff had completed food hygiene training and were aware of the dietary needs of those they supported. People were able to choose what they had to eat and were involved in preparation of meals and buying of food.

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

- The agency consulted other professionals, when necessary to discuss the needs of people in their care. This helped to ensure people's health and social care needs were being appropriately met.

Adapting service, design, decoration to meet people's needs

- This is not applicable to this service, as people live in shared houses under tenancy agreements. Therefore, the maintenance of the properties is the responsibility of the landlord and not the provider.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty, so they can receive care and treatment with appropriate legal authority, when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in domiciliary care and supported living services is usually through MCA application procedures made to the court of protection.

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.

- Records demonstrated that staff had received training in relation to consent and the MCA. Relevant documentation was available to show mental capacity assessments had been conducted and decision specific best interest meetings had been held. Systems were in place for assessing if applications needed to be made to deprive someone of their liberty for their own safety or that of others. There was good evidence to show that people, who had the capacity to make decisions had given written consent to the care and support provided.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us all care workers treated them and their loved ones with kindness and respect. They were very complimentary about both the management and staff teams and said that they received a very good standard of care and support. We observed staff speaking with people in a respectful manner and allowing them time to express their views. Relatives told us, "They [staff and managers] are very approachable. Any concerns I ring them up" and "We feel as a family very supported. We have a laugh when we speak to them it's not like having carers; it's like having friends. They are brilliant!"
- Policies had been developed in relation to equality and diversity. This helped to ensure people were treated equally and were offered the same opportunities.

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

- People we spoke with told us they were able to make decisions about how they were supported and how they spent their time.
- Care records showed that people had been involved in planning their own care, or that of their loved one and it was evident that their wishes and preferences had been taken into consideration.
- People had been assessed as being compatible to live together and the environment we visited was pleasant, with a calm and relaxed atmosphere.
- Evidence was available to show people were supported by an advocate if this was needed, to help them to make specific decisions in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Policies had been developed in relation to privacy and dignity. This helped to ensure everyone was treated with respect and their privacy was promoted.
- People we spoke with told us their privacy and dignity was always respected by the staff who cared for them and independence was consistently promoted, in a kind and caring manner. We saw staff members providing information for people in an unrushed manner and in a way they understood.
- Staff members we spoke with were fully aware of the importance of respecting people's privacy and dignity and promoting independence. This was reflected within the care records and those we spoke with confirmed this information to be accurate. People who used the service when asked about their care workers told us, "They are nice to me I like going out with the staff...that makes my day"; "They are so kind they really look after us" and "They are so nice. They are lovely to me. They are brilliant." Relatives commented, "[Name] is getting such a good level of care. They [staff] are so nice and know their jobs" and "They look after [relative] extremely well. If he was unhappy I would know. He's getting the best possible care."
- Documentation was stored securely in the agency office, so that confidentiality was maintained in line

with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines 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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who used the service had access to their plans of care, which were available within their own homes. Care staff kept diaries of daily events within care records. These outlined how people had been supported to meet their assessed needs.
- Support plans were well written documents, which reflected people's needs in a person-centred way and regular reviews had taken place with the involvement of those who used the service, or their relative. Any changes in people's needs had been recorded well. This helped to ensure the staff team were providing the care and support needed by each individual.
- It was clear from speaking with staff members that people's individual interests were taken into consideration and staff were fully aware of people's needs and how these were to be best met. People told us, "They [staff] look after you; it's a nice house here" and "The staff listen to you all the time; they are lovely." Comments received from relatives included, "[Name] has quality care. He has complex needs, but they [staff] are great" and "I can ring them at any time. They always inform me and of any problems." We observed people being able to make choices around daily living activities.
- The provider had introduced good use of computerised technology, which supported staff training programmes and the development of policies and procedures, as well as systems for assessing and monitoring the quality of service provided.

Improving care quality in response to complaints or concerns

- The provider had introduced a robust system for managing complaints and grievances. The complaints procedure was readily available for those who used the service. People we spoke with were happy to tell a member of staff if they were not satisfied with something. Staff we spoke with were confident in passing any concerns to the manager, should the need arise.
- The provider had policies in relation to discrimination. This helped to ensure people were offered the same opportunities and were not judged in an unfair way because of their beliefs or way of life.

End of life care and support

- The provider had introduced policies in relation to the provision of end of life care, should this be needed. Staff members had received training in this area of care and were aware of the need to provide compassionate care and support for people. Everyone we spoke with were completely satisfied with the care and support they received from the domiciliary care service.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection the registered manager was on annual leave. However, we were assisted by two senior managers from the organisation and the office-based staff team, who were all very helpful throughout the inspection process.
- People we spoke with were very positive about the service provided and the attitude and knowledge of the staff team.
- The visions and values of the service were being upheld. People who used the service and their relatives felt listened to and were confident in raising any concerns, should they need to do so.
- Managers and staff were clear about their roles and responsibilities in relation to duty of candour and they understood quality performance, risks and regulatory requirements.
- Everyone we spoke with told us the care and support they received was in accordance with their wishes and was delivered by a kind and caring staff team.
- Staff had access to a wide range of policies and procedures, which provided them with information about current legislation and good practice guidance.

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

- A range of information was available for people to help them understand the services and facilities available to them and we saw the staff team speaking with people in an open and transparent manner.
- Feedback we received from staff about managerial support was all positive. Records showed that a variety of regular meetings were held to allow relevant information to be disseminated and to enable those who worked for the organisation to discuss any topics of interest with the management team.
- Feedback was actively sought from those who used the service and their relatives, by telephone contact, visits and surveys. The responses recorded were all positive. One person told us, "I did a survey and gave it to the managers." Another commented, "I got a questionnaire and filled it in. I am very happy with the service."

Continuous learning and improving care

- The provider had developed a wide range of policies and procedures, which helped to ensure the staff team were up to date with current legislation and good practice guidance.
- Audits had been conducted to monitor various aspects of the service. Systems were in place for assessing and monitoring the quality of service provided and this allowed for action plans to be developed, should the need arise. Records were being well maintained.

- Records we saw showed an effective service had been created and strong leadership had been developed. This helped to ensure a good standard of service was provided and an open and transparent approach had been developed. Staff members we spoke with told us they were supported well by the management team through induction, training and supervision.
- The staff and management teams had completed a wide range of learning modules relevant to their individual roles. This helped them to extend their knowledge and to develop their skills.

Working in partnership with others

- We saw evidence that the service worked in partnership with relevant professionals in both the health and social care sector. This helped to ensure people's assessed needs were being appropriately met.
- Staff supported people to access a variety of local activities, which established good community links. One relative commented, "They [staff and managers] are absolutely fantastic. I can't fault them in any shape or form."