

Lancashire County Council

Burnley Pendle and Rossendale Domiciliary Services

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

We carried out an announced inspection of Burnley Pendle and Rossendale Domiciliary Service on 30 April and 1 May 2018.

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, a total of 24 people were receiving care and support from the service.

At the last inspection, in March 2016 the service was rated as 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were kept safe from abuse and harm and staff knew how to report any suspicions around abuse. Staff understood best practice for reducing the risk of infection.

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. Staff received effective training to meet people's needs. An induction and training programme was in place for all staff. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required. People were supported with their healthcare and nutritional needs as appropriate.

Staff treated people with kindness and compassion in their day-to-day support. Staff knew people's needs well and people told us they valued and liked their support staff. People and their relatives were consulted as part of the person centred planning process and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives. The registered manager assured us people will be involved wherever possible in future reviews of their support plan. People were supported to plan and participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had an activity planner to help them structure their time. People had access to a complaints procedure and were

confident any concerns would be taken seriously and acted upon. Where people received end of life care this was planned and provided sensitively.

Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care and support.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Burnley Pendle and Rossendale Domiciliary Services

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 checked 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 comprehensive inspection took place on 30 April and 1 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one adult care inspector.

Before the inspection, the provider completed a detailed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

In addition, we sent satisfaction questionnaires to two people using the service and two relatives; we received two completed questionnaires from people and none from relatives. We also sent eight questionnaires to staff and three were returned. We looked at the responses and took these into account when considering the evidence for the report.

During the inspection, we spoke with five people using the service, three members of staff, the administrator,

a team manager and the registered manager at the office. We also visited two people living in their own home and spoke with six relatives over telephone.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for six people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent satisfaction surveys completed by staff and people using the service.

Is the service safe?

Our findings

People spoken with told us they felt safe and comfortable using the service. For instance, one person told us, "The staff are very nice" and another person commented, "All the staff are good." Similarly, relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "We have been delighted in the care [family member] receives. All the staff are brilliant."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. All staff spoken with had an understanding of what may constitute abuse and said they would report any incidents to their line manager or the registered manager. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and the staff training records confirmed this. We saw there were appropriate policies and procedures, which set out the safeguarding vulnerable adults processes. We also noted there was information on the processes available in people's homes. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We found there were appropriate procedures and arrangements in place for the staff to handle people's money safely. People told us they were satisfied with the support they were receiving. We saw there were records of all financial transactions and the staff obtained receipts for any money spent. The management team audited the records on a regular basis and we could see evidence of their checks in the financial records seen. Staff checked the balance of any monies at the change of every shift.

Staff had access to a set of equality and diversity policies and procedures and completed relevant training known as Equality and Cohesion. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been fully considered. Each person's support plan included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. Examples of risk assessments relating to people's support included accessing the community, going away on holiday, using the kitchen, personal care, the use of equipment and managing healthcare conditions. The assessments provided the staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence. We noted the risk assessments included management strategies to provide staff with guidance on how to manage risks in a consistent manner. There were arrangements in place to review the risk assessments on a regular basis in line with people's changing needs. We saw service level risks had also been assessed for instance slip, trips and falls, holidays, the use of hazardous substances and lone working.

We noted records were kept in relation to any accidents or incidents, along with a central log. The registered

manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. We noted all actions taken were clearly recorded. An analysis of the records was carried out by the registered manager every six months in order to identify any patterns or trends.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their support plan along with guidance on the management of any risks. All staff had completed appropriate medicines training and had access to a set of policies and procedures. There were suitable records in place to record the administration of medicines and staff were assessed on a regular basis to ensure they were competent to handle medicines safely. We observed weekly stock counts of all medicines were undertaken to help ensure people had always received their prescribed medicines. Where people had been prescribed 'when required' or 'variable dose' medicines, there were written protocols for the administration of these medicines. As an additional safeguard, the registered manager told us staff had to gain authorisation to administer this type of medicine from the on call manager.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves and aprons. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance by the team leaders. We checked a duty rota and saw that the levels of staffing were consistent across the week including weekends. All people spoken with told us they received support from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. We observed that people had positive relationships with staff during the inspection.

We looked at the recruitment records of three members of staff and noted the recruitment process included a written application form and a face-to-face interview. We saw interview notes were maintained to ensure a fair process. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work for the service. This meant there were appropriate arrangements in place to ensure unsuitable staff were not employed by the service.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. For example, one person told us, "I like everything. I have no problems."

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. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. For instance, one member of staff told us, "I always make sure I've asked people if they want any help and if it's alright for me to help them." We noted the service had policies and procedures on the MCA and staff had received appropriate training.

We saw some assessments had been carried out to assess people's capacity to make specific decisions and best interests decisions had been taken where people had been assessed as lacking capacity to make a decision. However, there was no mental capacity screening tool or assessment used to highlight any potential problems people may have in making decisions. The registered manager assured us a suitable assessment would be implemented to complement the current support planning processes.

Before a person received a service, an assessment was carried out by social services, which was available to the registered manager. The registered manager and / or member of the management team carried out a further assessment to gather information from the person and where appropriate from their relatives, community professionals and current placement. People were also invited to visit their potential new home before they moved in to enable them to meet other tenants and the staff. A record of introductory visits was maintained to ensure compatibility with existing tenants. One person new to the service recalled their introductory visits and told us they were made welcome by the staff and other people using the service.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. According to information supplied in the provider information return, the service utilised assistive technology to meet the needs of people in line with their assessed needs, for example, where appropriate, bed sensors. The sensors alerted staff to people moving off their bed. This enabled staff to respond quickly and minimise the risk of falls.

Staff spoken with demonstrated an understanding of people's individual needs and were confident they had the knowledge and skills to meet them. We saw staff were provided with a good range of training which enabled them to fulfil their roles. They told us their training needs were discussed during their supervision

meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained to ensure staff received regular training updates.

From the training records seen, we noted the staff had completed a variety of courses relevant to the people they were supporting including moving and handling, equality and cohesion, safe food handling, medication management, emergency first aid, health and safety, infection control, safeguarding vulnerable adults, MCA and person centred approaches. Support staff also undertook specialist training which included positive behavioural support and specific training related to people's medical conditions such as epilepsy. All staff spoken with confirmed their training was useful and beneficial to their role.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced staff before they started to work as a full member of the team. The induction training included an initial orientation to the service, a four-day corporate induction, completion of the provider's mandatory training and the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. For instance, one staff member told us, "My induction training was very good. Everyone really welcomed me." All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

People were involved in planning weekly menus, shopping for food and where appropriate, food preparation. Staff discussed people's food with them, which helped ensure their dietary preferences and needs were met. The support plans included information about people's food preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed and documented in the support plan.

All people had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to. The registered manager and staff liaised closely with GPs and community professionals to ensure people received a coordinated service.

In the event people were admitted to hospital, all people had a hospital passport, which was designed to inform healthcare staff about the person's needs, likes and interests. We saw examples of hospital passports during the inspection and noted they contained relevant details about the person's needs and wishes.

Is the service caring?

Our findings

People told us they were treated with kindness and respect at all times when receiving care and support. For instance, one person said, "I get on very well with the staff. They are good to me" and another person commented, "The staff are polite and friendly." Relatives also praised the caring approach taken by staff. One relative told us, "I am very happy with everything. [Family member] is so happy and the staff are meeting their needs very nicely."

During our time spent in one house, we observed the staff interacted with people in a caring, patient and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere was cheerful and people were happy in their home.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. People were comfortable and relaxed with the staff who supported them and staff spoke with warmth and affection about the people they were supporting. Staff told us they were proud of the work they did and believed people supported by the service received personalised care and support. For instance, one staff member said, "I love my job. It's a pleasure to support people and spend time with them" and another member of staff commented, "My work is all about making sure people are happy. I feel so blessed to have this job."

Staff were aware of the importance of maintaining and building people's independence as part of their role. On reflecting on their approach, one staff member told us, "I always try to let people do what they can for themselves and I encourage them as much as I can. I don't want to take away their choices." This way of working was appreciated by people using the service, for instance one person told us, "They (the staff) help me do the things I want to do."

People and where appropriate families were consulted about their person centred support plans and confirmed they had participated in reviews. This demonstrated people's views were listened to and respected. People were supported to express their views routinely as part of daily practice and during reviews. They were also invited to complete an annual satisfaction questionnaire.

We observed people being treated with respect and dignity. Staff recognised people's diverse needs and equality and diversity matters were sensitively covered in people's support plan documentation. People's rights to privacy were respected. Staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way. There were policies and procedures for staff about upholding people's privacy and confidentiality. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People were given information on the service in the form of a service user guide. This was set out in an easy read format with pictures to illustrate the main points. There was information available on advocacy services. Advocacy services are independent from the service and provide people with support to enable

them to make informed decisions.

Compliments received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of appreciation from professional staff and families. For instance, one professional had written, "The staff team without exception have displayed a very high standard of care" and another professional wrote, "The staff are brilliant, friendly, compassionate and very dedicated. It felt like walking into one big happy family."

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. People indicated that staff listened to their requests and were always available to spend time supporting them with any assistance they required on a daily basis. People's relatives also expressed satisfaction with how their family members were responded to by staff. One relative told us, "The staff are so good at resolving any issues. They do everything they can to enhance [family member's] life. The great thing is, they are as happy as they can be."

We looked at the way the service assessed and planned for people's needs, choices and abilities. We examined three people's care files in detail and three people's care files briefly. We noted all people had a person centred plan, a support plan, a one page profile, a health action plan and where necessary a behavioural support plan. The plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. However, we found that whilst people had been closely involved in their person centred plan, there was no evidence to indicate people had participated in the development of their support plan. This was important because the support plans were designed to provide guidance for staff on how best to meet people's needs on a daily basis. We also found some people's files were a little disorganised which made information hard to find. We discussed these issues with the registered manager, who assured us arrangements would be made to organise the care documentation and ensure people's involvement wherever possible in all aspects of the support planning process.

Staff spoken with told us the support plans were useful and they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs.

Staff completed a detailed record of the care provided on a daily basis, which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. The records were also read and monitored by a member of the management team to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

Staff spoken with had a good knowledge of the people's needs and could clearly explain how they provided support that was important to each person. Staff were readily able to describe people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

A member of the management team was on call 24 hours a day as well as a stand by manager if more assistance was required. This arrangement had been developed with a neighbouring service. As part of this, information relating to people supported by the service along with copies of support plans and guidelines for specific behaviour support was made available to the on call manager so they could respond to queries or requests for assistance.

The management team and staff worked flexibly to ensure people lived as full a life as possible. Records showed people were supported to experience a wide range of meaningful activities, in line with their abilities, interests and preferences. For instance, people volunteered to work in charity shops. People told us they also enjoyed leisure pursuits in the local community including shopping, visiting restaurants, bowling, going to the cinema and using the local gym. We noted people had activity planners as part of their support plan documentation to help them structure their time. Risk assessments had been carried out for all activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the provider shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's support plans about their communication skills to ensure staff were aware of any specific needs and some people used communication passports. Staff were aware of the importance of communicating with people in ways that met their needs and preferences.

We looked at how the provider managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Similarly, relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "The [registered manager] is very approachable and helpful. She always does all she can to resolve any issues." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a pictorial complaints procedure, which explained the process to people using the service. The registered manager told us she had received one complaint about the service in the last 12 months. We saw the provider had systems in place for the recording, investigating and taking action in response to the complaint. Records seen indicated the matters had been investigated and resolved.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. The registered manager had completed the Six Steps to Success in End of Life Care training.

Is the service well-led?

Our findings

People using the service, family members and staff all considered the service to be well led. They made positive comments about the leadership and management of the service. For example, one person told us, "[The registered manager] is very good. I can talk to her about anything" and a relative said, "[The registered manager is very accommodating. She will always make time to listen and deals with any issues straight away."

The manager in post was registered with the commission. 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 registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs and preferences. She described her achievements in the last 12 months, which included the full implementation of the Care Certificate, the sourcing and obtaining equipment to promote people's independence and responding quickly and effectively when people experienced an increase in needs. The registered manager also told us about her priorities over the next 12 months which included, further embedding the principles of the Mental Capacity Act within the support planning processes, ensuring wherever possible people have greater involvement in the development of their support plan and consider ways of linking people's risk assessments with their support plan. The registered manager had also set out planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service and how it could be developed and improved.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they had received the training they needed and were well supported by the registered manager and the management team. The staff said they appreciated being able to readily contact the registered manager and confirmed she was supportive and approachable. For instance, one staff member commented, "I think the service is very well managed. [The registered manager] and the other managers always think about the people first. They are really caring" and another member of staff commented, "[The registered manager] does a very good job. She runs the service properly and always keeps everyone updated." Staff had the opportunity to attend regular tenancy meetings, which were held at the office. The meetings enabled staff to discuss issues relating to the people they were supporting, exchange ideas and develop good practice.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the questionnaires returned from the last survey carried out in October 2017 and noted people were satisfied with their service. Relatives and staff had also been invited to complete and submit a satisfaction questionnaire. We noted many relatives had made positive comments about the service, for instance one relative had written, "The staff

should be very proud of themselves, the love and support given to [family member] is amazing."

The registered manager and the management team also carried out regular checks and audits in order to monitor the quality of the service. This included unannounced spot checks in each tenancy. We saw records of the checks and noted they covered all aspects of the service, including the ongoing arrangements for people's support healthcare, finance and medication. The management team also regularly checked records and there were systems in place to monitor staff training, supervision and appraisal.

The registered manager was part of the County Domiciliary Services Management Team, which had regular six week meetings. This meant the registered manager could meet with other managers to share good practice and discuss developments within the organisation. Whilst there were arrangements in place for a senior manager to visit the office, we saw no evidence to demonstrate they had checked the operation of the service was in accordance with the current regulations and best practice. Further to this, the registered manager showed us a draft audit template, which was designed to be completed following a manager's visit to the service. The registered manager explained that the senior managers intended to implement the audit template to record their findings.