

Wakefield MDC

# Peripatetic Service De Lacy Gardens

## Inspection report

De Lacy Gardens  
Mill Hill Lane  
Pontefract  
West Yorkshire  
WF8 4GY

Tel: 01977793274

Date of inspection visit:  
25 July 2019  
31 July 2019

Date of publication:  
28 August 2019

### 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

Peripatetic Service De Lacy Gardens provides personal care to people living in their own flats within an extra care housing development. This consists of one building which contains people's homes, communal areas such as meeting rooms, hairdresser, shop and a restaurant. The provider and the landlord also have offices in this building. At the time of our inspection there were 21 people who used the service.

There was good support available to people to make decisions about their care. We made one recommendation about improving the records relating to the support one person needed for decisions they could no longer make alone.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People felt safe using the service, and had care and support provided by sufficient, safely recruited staff. The management of medicines remained safe, and people got these when they needed them.

People were protected from abuse, and any risks associated with their care were well documented with clear guidance for staff to follow.

Staff had a robust induction and received the on-going training and support they needed, including when they supported people at the end of their lives.

People received effective care that helped them maintain healthier lives, and the provider worked well with other health professionals when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and said they were supported to remain as independent as possible. Care plans were written and reviewed with people's involvement, which helped ensure support was always in line with current needs and respected their preferences. When people made complaints there were good processes in place to ensure issues were addressed.

Care was person-centred, and we did not find any evidence of discrimination in the service. Systems to measure, monitor and improve quality in the service were effective and involved people and staff. The registered manager was meeting the requirements of all legislation covering health and social care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peripatetic Service De Lacy Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Peripatetic Service De Lacy Gardens

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service provides care to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We spoke with the registered manager on 25 July 2019 and asked them to send us some information for review before we visited their offices. The registered manager did this promptly. We visited the office on 31 July 2019.

#### What we did before the inspection

Before this inspection we reviewed the information we held about the service, including the action plans

sent to us in relation to previous breaches, and information sent to us on the day we announced the inspection. We sought feedback from partner agencies such as the local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spent time reviewing records including four people's care plans and associated documentation such as Medicines Administration Records (MARs). We spoke with the registered manager and five other members of staff. We visited three people in their homes, and spoke with them. We also spoke with a relative of someone who used the service.

#### After the inspection

We asked the registered manager to send us some information after the inspection to show how they had acted on our feedback. We received this promptly and included this evidence in making our judgement.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we identified a breach of regulation 12, Safe care and treatment, as information relating to the administration of 'as needed' medicines was generic, and information relating to allergies had not always been included on medicines administration records (MARs). At this inspection we saw detailed, personalised guidance had been written, and information about people's allergies was readily accessible to staff. We concluded the provider was no longer in breach of this regulation.

- People were happy with the support they received with their medicines. Staff received appropriate training and monitoring of their practice to ensure they administered medicines safely.
- There were good systems in place to ensure any recording errors were picked up and investigated promptly.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, a failure to analyse accident and incident reports to identify any emerging patterns or trends had been included as part of the breach of regulations. At this inspection we found the registered manager had followed an action plan which had improved this area of risk management.

- Staff understood how to identify and report concerns about potential abuse, and identified concerns had been referred to the local authority safeguarding team promptly. We discussed some improvements that could be made to ensure CQC notifications were also sent in a timely way, and the registered manager put a plan in place to ensure this happened.
- Care plans contained information about any risks associated with people's care and support, alongside clear guidance for staff to follow to ensure these risks were minimised.
- There were effective systems in place to ensure lessons learnt from any incident were shared across the service. For example, we saw staff supervisions were organised when a medicines error had occurred to help prevent the circumstances arising again.

### Staffing and recruitment

- There continued to be sufficient, safely recruited staff to provide the service. People told us their calls were almost always on time, and that the only reason they were ever late was due to someone else needing extra attention. People said they were told when staff were running late due to this.
- People had equipment such as pendant alarms which enabled them to summon immediate assistance in an emergency. People said staff responded quickly in these circumstances.

### Preventing and controlling infection

- Staff used gloves and aprons when appropriate, which contributed to good infection control practice. The service was not responsible for the cleanliness and repair of the premises, however the registered manager told us if people told them about any concerns, the landlord responded promptly when information was shared with them.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed prior to them starting to use the service.
- Diverse needs were detailed within these assessments, and staff ensured these were met. This included information about dietary preferences, faith needs and any allergies the person may have.

Staff support: induction, training, skills and experience

- Staff continued to have good support to enable them to provide effective care. Induction processes remained strong, and staff told us they received on-going training and meaningful performance discussions as part of their role.
- All new staff completed the Care Certificate, which is recognised set of standards that define the knowledge, skills and behaviours expected of people working in care.

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

- People we spoke with said they received good support with meals from staff who knew and understood their preferences. We saw the service liaised with health professionals such as GPs and speech and language therapists (SALTs) when any issues related to nutrition and hydration were identified.
- Staff wrote reminders for people on whiteboards in their flats to encourage them to drink enough, especially at times of hot weather. This helped people maintain a healthy level of hydration.
- As part of their tenancy, people could have their lunchtime meal in a communal dining room if they wished. This service was not managed by Peripatetic Service De Lacy Gardens.

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

- People's care records showed there was input from other health and social care professionals when this was needed. This included GPs, social workers, opticians and dentists. Information relating to effective ways of supporting people received from other professionals was included in people's care plans.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, no one using the service was in need of a deprivation of liberty safeguard managed by the Court of Protection.
- Where people lacked capacity to make some decisions we concluded they received appropriate support, for example by the provider alerting the person's social worker to enable them to make a full assessment. Some documentation relating to making decisions in one person's best interest was missing from their care plan, however. We recommended the registered manager undertake a full review of the person's care plan to ensure this documentation was in place.
- People received support to make decisions about their care in line with the MCA. For example, one person who was prescribed thickener to make their drinks safer did not like the taste or texture of their adapted drinks. The person had capacity to decide for themselves not to use the thickener. The provider obtained information about the risks associated with this to enable the person to make a fully informed decision.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's feedback about the caring nature of the service was uniformly positive. One person told us, "They are fantastic, I could not manage without them." Staff spoke with fondness about people they supported and knew them well.
- Care planning took into account protected characteristics such as gender, faith, and sensory impairment. This information helped ensure no one experienced discrimination when using the service.
- A member of staff told us the provider made adaptations to training to make it more accessible to them. They said the adaptation had enabled them to learn effectively.

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

- People were able to contribute to their care planning. One person told us, "If there is something in my care plan that I don't like, or I don't agree with, I just tell the girls [staff] and they get it put right for me."
- Reviews of people's care plans were thorough and recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned. For example, one person had said in their review that they wanted an additional call as they felt their needs had changed. The provider had taken action to ensure this was done, including liaison with the person's social worker.

Respecting and promoting people's privacy, dignity and independence

- People gave good feedback about staff's approach to maintaining their privacy and dignity when providing personal care.
- The ethos of the service was to provide a low level of support to people living mainly independent lives in their own homes. Staff told us about ways in which they encouraged people to maintain their independence by encouraging people to do as much as possible for themselves, for example when washing or showering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found care plans did not always reflect people's current levels of need. We did not identify a breach of regulations. At this inspection we found the provider had taken action to improve this area of documentation.
- People were partners in their care, and were involved in writing and reviewing care records to ensure these were fully reflective of their preferences and up to date needs.
- Care plans and other documents were audited regularly to ensure staff recorded information in a person-centred way. This means using positive language and focusing on quality of life rather than tasks which had been carried out. We saw this work was on-going and was producing improvements in the quality of records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a good understanding of their responsibilities to ensure they were meeting the AIS. All people using the service had received a letter explaining how all information could be provided in adapted formats such as larger print and other languages when this would assist people to access it in ways which enabled them to remain independent.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service has access to communal rooms such as lounges and dining areas, and there was a programme of activities which they could join in with if they wished.
- Relatives and friends were able to visit as they wished, and people were free to go out when they wanted to.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were managed well. People told us they knew how to make a complaint and were confident issues would be dealt with to their satisfaction.

End of life care and support

- People had access to a good level of support at the end of their lives. The provider involved palliative care teams to ensure people remained comfortable and pain free, and call time and durations changed in line with the person's needs and preferences.
- We saw heartfelt feedback from families of people who had been supported by staff at the end of their lives.
- The registered manager told us people and their families did not always want to discuss this part of their care until it was necessary, however they planned changes in their approach to make sure people's wishes could be better documented in case of a sudden deterioration in health.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found gaps in the audit programme used to monitor and improve quality in the service, and identified a breach of regulations. At this inspection the provider had followed their action plan and we saw evidence the audit programme had improved. The provider was no longer in breach of regulations.

- The registered manager showed us how their approach to audit was changing over time as they identified further improvements they could make. There were systems in place to ensure that any actions which needed to be taken as a result of any audit were clearly delegated and followed up.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they received care and support that was tailored to their needs. When people had asked for support to achieve meaningful goals we saw the care review processes checked on progress and whether these goals were still valid.
- The registered manager understood the requirements of the duty of candour and followed it whenever needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and regulatory responsibilities. Accident and incidents were analysed to enable any emerging trends to be identified and lessons learnt where possible.
- Staff we spoke with were proud of their work and said they provided a good standard of care.

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

- People and staff were asked for feedback about the service. The registered manager sought feedback from people through reviews of their care, and held regular meetings with staff at all levels. We saw action was taken as needed.
- We concluded there were no barriers to anyone using or working for the service, based on protected characteristics such as gender, faith or sexuality. This meant the provider was adhering to the principles of the Equality Act 2010.

### Working in partnership with others

- The registered manager and staff team sought to ensure people experienced the best possible outcomes through following good practice. This included consultation with health and social care professionals to meet people's needs.