

Dalesview Partnership Limited

Dalesview Partnership Domiciliary Care

Inspection report

Back Lane
Clayton Le Woods
Chorley
Lancashire
PR6 7EU

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03 May 2017

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Website: www.dalesviewpartnership.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 April 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available during the inspection.

Dalesview Partnership domiciliary care is registered to provide personal care to people for people with a learning disabilities or autistic spectrum disorder and younger adults in their own homes in Lancashire. The office is based in Clayton le Woods where staff have access to the management of the service along with training facilities. At the time of our inspection the service supported four people in one address.

The service had registered manager 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.

At the last inspection on 22 July 2014 the service was rated as good overall and was meeting the regulatory requirements relevant at that time. During this inspection we found the service was meeting the requirements of the current legislation.

Effective systems were in place for recruitment, selection and training for staff. We saw appropriate numbers of staff in place to meet people's individual needs.

Staff we spoke with understood their responsibilities when dealing with allegations of abuse. Relatives we spoke with told us they had no concerns about the safety of their family members.

Medicines and risks were managed safely in the service. Where identified risks were noted we saw evidence of actions taken to mitigate any risk.

Care files were detailed, clear and provided information for staff to follow to ensure people's individual needs were met.

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.

There was a comprehensive and robust activities programme in place to ensure people lived enriched and fulfilled lives. We observed people who used the service were treated with dignity and respect at all times by staff during our visit to their home.

There was evidence of meal plans and choices in place to meet people's individual choices of meals. Where special diets were required we saw staff accommodated these in the menu planning and shopping for food. Where people required the involvement of health professionals we saw referrals and assessments had taken

place.

We received positive feedback about the leadership and management of the service from staff and relatives of people in receipt of care. There was evidence of regular audits and monitoring taking place and records confirmed feedback from relatives, visiting professionals and staff was obtained.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Dalesview Partnership 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.

This inspection took place on 27 April 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available during our inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete 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 improvements they plan to make.

Prior to our inspection we checked our systems for information we held about the service. This included any concerns relating to the care people received, any feedback and statutory notifications we received from the provider. A notification is information about important events which the service is required to send us by law.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. As people who used the service were unable to communicate with us we spoke with two family members and one professional. We spoke with the registered manager who was in day to day charge of the service, the service manager, staff members responsible for training and communication and three members of care staff.

We spent time in the office looking at documentation relating to the operation and management of the service. Records reviewed included, three staff files, training, audits and quality monitoring as well as

feedback about peoples experiences. With permission from people who used the service we visited their home and checked the records which included one care file and medication administration records.

Is the service safe?

Our findings

We were unable to ask people if they felt safe because of their limited ability to share their views with us. However we observed people who used the service appeared relaxed and were smiling and laughing in the presence of the staff on duty during our visit to their home. Relatives of people in receipt of care from the provider told us they were happy with the care their relative received and that they were safe. One person said, "[My relative] is happy where he is. The staff are very good and supports [my relative's] needs." Another told us, "[My relative] is absolutely safe, everything is excellent." Staff we spoke with were happy people who used the service were safe. Staff were aware of the whistleblowing (Reporting bad practice) procedures and were confident that if they had any concerns these would be dealt with appropriately by the provider.

There were procedures in place to protect people from any potential risks of abuse. We saw there had been no allegations of abuse since our last inspection. Staff we spoke with demonstrated an understanding of abuse and the actions that they would take if they suspected abuse had taken place to protect people who used the service.

Staff records confirmed safe recruitment procedures were in place and included relevant documentation to confirm staff were suitable for their role. These included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services.

We checked the duty rotas and saw an appropriate skill mix of staff along with management support. Where changes in staffing cover had been made we saw replacement staff had been arranged to ensure people received a consistent service from a fully staffed team. A relative told us, "There is a consistent staff team who are all very good." Staff we spoke with told us there was always enough staff on duty to meet people's needs.

There was evidence of detailed risk assessments in people's care files which included nutrition, personal care and bathing, falls and activities. This would ensure staff had information to protect people from the potential of any accidents. Where environmental risks had been identified detailed assessments were in place to reduce any potential risks. These included equipment, fire risks, and personal evacuation plans.

With permission we visited the address where people in receipt of care from the service lived. We saw all areas were clean, tidy and free from clutter. Bathrooms were clean and had been adapted to meet people's individual needs. External doors had ramp access and corridors had been adapted to support people's access in and around the home in a wheelchair. The registered manager told us there were plans in place with the landlord for a new kitchen. Staff we spoke with told us any required maintenance on the home was acted upon swiftly by the landlord. This would ensure people lived in a safe environment that met their needs.

Staff we spoke with and records that we looked confirmed staff had undertaken relevant training in the administration of medicines. We saw the home manager undertook regular observed competency checks.

This would ensure staff were safe to undertake the administration of medicines. There were effective processes in place to manage medicines safely. Records of their administration had been completed in full and detailed relevant information in them which included, personal details, the medicine required along with information on the medicines given to people who used the service. People who used the service received their medicines safely when they needed them.

Is the service effective?

Our findings

We were unable to ask people who used the service about the knowledge and skills of staff because of their limited ability to share their views with us. A relative of one person who used the service told us staff had the knowledge and skills to support their family member's needs. They said, "The staff are very good they couldn't be better" and, "Everything is excellent, I can't fault it they do an amazing job." Staff we spoke with told us they received regular and relevant training to support them in effective care delivery to people who used the service. One staff member said, "I am up to date with my training." Another told us, "They [the provider] have changed to a new training room at head office which is a much better environment."

We saw a new system had been developed by the provider to support staff to undertake their required training. Staff we spoke with told us the new system improved their access to the required training that took into account of both work and family commitments. One staff member said, "The new training system works better for me." The training undertaken by staff included, safeguarding adults, health and safety, safe swallowing, diabetes, epilepsy and infection control. The staff member responsible for all staff training told us since the introduction of the new system the numbers of staff completing training had increased. There was evidence of a comprehensive induction programme when new staff commenced employment as well as regular supervision and appraisals to monitor the staff performance.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager and home manager demonstrated a detailed knowledge of the MCA and protecting people's rights as well as the processes for ensuring referrals were made to the Court of Protection by the assessing authority. The registered manager said that they had also undertaken refresher training sessions with staff during team meetings. This was to maintain the staff knowledge of MCA and best interests. This would protect people who used the service from unlawful restrictions. We spoke with staff who demonstrated their understanding of MCA and protecting people from unlawful restrictions.

A relative of one person told us, "The staff understand [my relative's] needs. He is able to communicate his choices to staff." Staff discussed their knowledge of how to communicate effectively with people who used the service to ensure their choices were respected and agreed by them. One person's care file had detailed information about how to understand people's needs, wishes and choices as well as records to confirm relatives of people had agreed to their care. The provider had a member of staff dedicated to ensure where people had alternative means of communication these were identified and appropriate measures taken to support people with their decisions. They told us, "We work with staff on individual scenarios to support

people's communication and if required will introduce communication tools. We focus on how to improve communication within activities for people." They told us that the use of assistive technology was being introduced to support people's individual communication needs. We saw one person had a tool that supported yes choices. The registered manager told us they were planning to develop the use of this for different decisions and choices. We were told there was specific training to support staff in communicating with people with different levels of understanding. This would ensure people's choices and decisions were recognised and respected.

We spoke with staff about people's individual needs in relation to meals and menu choices. Staff told us they recognised diverse cultures of people who received care from the service and accommodated these such as vegetarian and halal options. The registered manager confirmed decisions around shopping for people's food was done in partnership with family members. There were records relating to eating guidance for all people who used the service as well as menu planners that recorded planned meals in the service. Care records confirmed people's likes, dislikes and choices of meals. This would ensure staff had up to date information to support people with meals of their choice.

We discussed with management the actions they had taken to ensure all people who used the service received a balanced and nutritious diet. There were detailed risk assessments, care planning and evidence of the involvement of health professionals in place. This ensured staff had access to up to date information to support people who used the service with meals and drinks. Separate daily entries had been completed that noted what people had eaten and drank each day. This provided evidence of staff recording people's intake, monitor any changes and take action if any concerns were identified.

Staff told us and records confirmed people had regular reviews by health professionals when it was required. Care plans detailed the involvement of health professionals such as, General Practitioner, speech and language therapist, dietician and physiotherapist. Records included where people had attended appointments and we saw one person attended a clinic for a review during our inspection. People were supported to access appropriate services to maintain their health.

Is the service caring?

Our findings

We were unable to ask people who used the service about whether they felt they were well cared for because of their limited ability to share their with us. However we saw staff and people who used the service interacting positively. People were observed smiling and laughing and appeared at ease in the company of the staff during our visit to their home. Relatives we spoke with told us, "I think it is outstanding they go above and beyond. The staff continue to develop [my relative] abilities." Another said, "[My relative] is happy where he is. The staff are very good and support his needs."

We saw during our visit that staff demonstrated positive and meaningful relationship between them and people who used the service. The atmosphere was relaxed and staff and people were going about their daily activities in a calm manner. We heard joyful laughter and light hearted conversation between staff and people who used the service. We saw staff spoke with people at eye level and were discreet when discussing personal care. Where people required personal care and the support staff ensured people's privacy and dignity was maintained. Staff ensured people were supported in the privacy of their own bedrooms or bathrooms to maintain their privacy and dignity. A relative of one person told us, "The staff give [my relative] more options. He can communicate what he wants. [My relative] is progressing in their abilities."

All people who used the service were dressed in clean clothes and were well groomed. Staff we spoke with about the care people received at the service told us, "The care they [people who used the service] receive is second to none, you couldn't find anywhere better." Another said, "We provide the best care we can for people" and, "I would be happy to be cared for here, you couldn't find anywhere better."

We saw where people were unable to make decisions for themselves about their individual care these had been discussed with relatives. Both relatives we spoke with told us they had been consulted about the needs of the person in receipt of care and had agreed to their care. One person said, "They [staff] get us involved in everything and ask our opinions." Another told us, "Everything is thought out and planned. We receive regular reviews and updates." Care files had been written taking into account how people liked to be supported and provided clear guidance for staff about how to meet their individual needs, preferences and choices.

Where people practised different religious denominations we saw these were respected and supported by staff. For example one person was an active member of the local church therefore staff supported them to attend the Sunday service in church. We were shown a sensory story that had been purchased by the provider about the religious festival of Eid. The registered manager told us this was to provide a visual and sound insight for all of the people who used the service about the Islamic religion and how they practised their faith. A number of sensory items were included in the story pack such as a prayer mat, a tape of a prayer, smelling capsule and basic story line with details for staff about how to tell the story to people who used the service using interactive materials.

Is the service responsive?

Our findings

We were unable to ask people who used the service about whether they were involved in the development of their care files because of their limited ability to share their with us. However relatives told us they were involved in all aspects of the development of their care plans. The care files we looked at demonstrated people who used the service and relatives had been involved in their development. This ensured people who used the service received appropriate care that reflected their individual and current needs.

Care plans we looked at were very detailed in their content about how to support their individual needs, choices and wishes effectively. Included in these were personal care, communication, health, mobility and nutrition. There was evidence of regular reviews seen that would ensure the information available to staff was up to date and relevant to people's current need. We asked the staff about the importance of people's care files and the relevance to the care that they delivered. They said, "Everyone has a care file this means everyone is delivering care to the same standard in accordance with the care plan." Another told us, "Pretty much everything is in care plans it lets us get to know people" and, "Care plans are for everyone to get to know individual care needs of people. They have protocols in them for staff to read and changes are made."

Records to support peoples care delivery included personal information about them such as date of birth, next of kin and general practitioners. Records included daily information to support the care that was delivered to people. These included continence charts, food and fluid intake, personal care, sleep patterns, behaviours and professional visits. A relative of one person who used the service told us, "The staff complete a weekly diary which has everything in about what he has done."

There was detailed evidence of how to support people's individual communication needs for example, signs and triggers to indicate whether positive or negative behaviours were being displayed. This would ensure staff had access to information about how to ensure people were happy with the care that was being delivered. The home manager told us the service had done a considerable amount of work around communication between staff and people who used the service. They provided a copy of a communication guide that was produced for all people who used the service. They said that this record was kept with each individual person in the home and if they went out. Records we looked at confirmed how to engage positively with people who used the service including the use of sensory materials to support this.

There was a comprehensive and detailed activities programme in place for all people who used the service to ensure they had a fulfilled and enriched life. There was a dedicated team called the 'Lifestyle team' who organised bespoke lifestyle activities for people. Staff and relatives we spoke with told us, "I think it is outstanding. They continue to develop and challenge. Everyone has bespoke activities." We saw evidence of a detailed activities programme in people's care file which included the disco, bowling, cinema and swimming. Relatives we spoke with told us their family member visited them regularly at home.

Staff told us about the involvement of people who used the service in making fudge for relatives during the Christmas period and plans for gifts this year. During our visit to the home where people lived we saw photographs of people taking part in gardening and planting. The home manager told us where crops of

vegetables were grown these were picked by people who used the service and used in cooking meals. The registered manager told us about a garden project that included donations from local businesses into a nautical theme. They said that people who used the service had been involved in this project.

The staff member responsible for communication told us the service used sensory stories for people with alternative forms of communication. These were developed in simple text format and included props for a sound and visual experience. They told us the stories were repeated regularly to enable people who used the service to anticipate, "What happened next" and build on their skills.

There was a system in place to effectively deal with complaints. Policies and procedures were in place to guide staff on how to deal with complaints. Relatives of people we spoke with told us they were confident with the complaints systems and that any concerns that had been raised had been dealt with immediately by the service. One relative told us, "I can't fault it. [Home manager] has never grumbled at any feedback and any concerns are dealt with." Positive feedback included, "Thank you for all of your hard work looking after [my relative]", "Thank you for caring so much."

We looked at details relating to complaints and saw evidence of the concern as well as records confirming the outcome of the complaints. This demonstrated that the provider took complaint and concerns seriously and acted on them in an appropriate manner.

Is the service well-led?

Our findings

We were unable to ask people who used the service about the management for the service because of their limited ability to share their views with us. However we saw people who used the service engaging in positive interactions with both the registered manager and service manager. It was clear from the smiling and laughter between them that they were comfortable and happy in their company. Relatives of people who used the service were very complimentary about the leadership and management of the service. They told us, "[Registered manager] is good anything we need she sorts it." Another told us, "[Service manager] has done a phenomenal job. She has grown into the job, everything is excellent."

All of the staff we spoke with about the leadership and management of the service provided excellent feedback. Comments included, "It is the best place I have ever worked. I always feel supported. [Registered manager] and [service manager] are excellent they are fantastic managers I could go to them with any concerns." Another said, "I feel supported, [service manager] is the first point of call but will also speak with [registered manager]. They are always there for any concerns", "[Registered manager] is very good she is always there to listen and is very practical as a manager. She is a font of knowledge; she is supportive of the staff team. The staff have a lot of confidence in her" and, "[Registered manager] and [service manager] I love them to bits. I would be very happy to approach them with any concerns."

Staff we spoke with and records confirmed regular team meetings were taking place. This would ensure staff were informed of any changes or updates in relation to the service. We also saw senior management held meetings with all registered managers with the provider. The registered manager told us this was an opportunity to share good practice and ideas to improve service for people.

The registered manager and staff discussed that the service held regular service user (People who used the service) council meetings. This was designed to ensure people who used the service were involved in decisions about the home. Minutes from meetings identified topic and themes discussed. The registered manager told us they were, "Proud of the development of the service user council and how it had moved on." They said the council had support material to assist in people's communication as well as a consistent team that attended. To ensure family and staff were kept up to date the provider developed regular newsletters with information about lifestyle, recruitment, key workers, sickness, communication guides, activities, nutrition projects and CQC inspections.

Staff had completed questionnaires and surveys about the service they worked for these included, feedback following training. Results identified positive feedback had been received from staff. The registered manager and records confirmed the provider valued the staff and their commitment to their role within the organisation. They said each month a staff member was awarded and an employee of the month award which recognised the good work of the staff. The service asked for regular feedback from visiting professionals about their experiences of the service provided to people.

The provider demonstrated a proactive approach to their inspection planning. This was because we saw files containing copies of evidence collated by the service in preparation for the inspection including,

employers liability, a copy of the last inspection report. There was evidence that the provider worked in partnership with other organisations for example records confirmed staff took part in the north Lancashire learning disability forum. We also saw a copy of a gold certificate from Investors In People. Investors in People is a development framework designed to help organisations achieve real improvement through its people. This demonstrates the quality of the service that is provided for people.

We looked at audits taking place in the service we saw these had been completed regularly and actions to be taken were identified as a result of the finding. Topics covered included, accidents, care plans, risk assessments, finance, medicines, health and safety and staff training. The registered manager provided copies of a new audits system that had been introduced recently where senior managements undertook detailed reviews of services. We looked at these and saw they had been structured around the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This would ensure standards and quality provided by the service was monitored against the requirements of the regulation.