

Potensial Limited

Northwest Domiciliary Agency

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

Northwest domiciliary agency is a domiciliary care agency, which provides personal care and support for adults who live in the community and who have mental health issues, a learning disability or autistic spectrum disorder. The agency office is based in a residential area of Ormskirk. At the time of our inspection the service supported five people who lived in a supported living setting and six people who lived in their own houses in the community. Twenty four care staff were appointed.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were safe using the services of Northwest domiciliary agency. Recruitment practices and safeguarding policies helped to protect people from harm. Detailed assessments provided good guidance for staff about how health care risks could be minimised and we found medicines were being well managed. This helped to ensure people were kept safe.

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 of the service supported this practice.

Personal development for staff was an important aspect of the organisations ethos. This was supported by detailed induction programmes, regular supervisions, annual appraisals and a varied training schedule for all those who were employed. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support which people needed.

Staff members were kind and caring towards those who used the service. People's privacy, dignity and independence were consistently promoted. The staff team had received training in relation to equality and diversity. This helped to ensure that everyone was treated equally and were afforded the same opportunities.

Medicines and complaints were being well managed and people were offered appropriate choices at all times. The plans of care were person centred; providing staff with clear guidance about people's assessed needs and how these needs were to be best met. This helped to ensure people received the care and support relevant to their individual health and social care needs.

Regular audits, surveys and risk assessments had been conducted, so that the quality of service could be closely monitored. This helped to ensure people were receiving the care and support they required. Meetings for staff and service users were held at regular intervals. This enabled people to be involved in decisions about how the service was run.

We always ask the following five questions of services.

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.

Northwest Domiciliary Agency

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 comprehensive inspection was conducted on 03 November 2017 and it was announced. We gave the service 48 hours' notice of the inspection visit. This was because the location provides a small domiciliary care service and we needed someone to be at the agency office who could provide us with the information we needed to see.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

This service also provides care and support to people living in a 'supported living' setting, 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.

The inspection team consisted of one Adult Social Care Inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience was supporting a family member who had a learning disability and autism.

Prior to this inspection we looked at all the information we held about this service, including information the provider had told us about, such as significant events. We listened to what people had to tell us, such as those who used the service, relatives and staff members. We also asked for feedback from local commissioners and community professionals about the services provided by Northwest domiciliary agency.

The provider had sent us their Provider Information Return [PIR] within the timeframes requested. A PIR gives us key information about the service and tells us about improvements they intend to make.

The methods we used for gathering evidence included speaking with six people who used the service and a family member. We also visited four people who lived in the community, interviewed staff and pathway tracked the care and support of four people who used the service. Pathway tracking enables us to establish if people are receiving the care and support they need.

We looked at a wide range of records, including a variety of policies and procedures, medication records, quality monitoring systems and the personnel files of four staff members.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe using the service.

A wide range of detailed assessments were in place to ensure health care risks had been identified and strategies implemented, in order to protect people from harm. Action plans had been developed in response to potential risks and clear guidance was provided for staff around how these risks could be best mitigated.

A fire procedure, individual fire risk assessments and centralised detailed Personal Emergency Evacuation Plans (PEEPs) had been developed for those who used the service. These described how people should be evacuated from properties in the event of an emergency situation. This would help staff and the emergency services to assist people to safety in the most effective way. A disaster box was available in the supported living service. This contained everything that would be needed in the event of an environmental emergency and would therefore help to protect people in an emergency situation.

Accidents and incidents had been recorded appropriately, in line with data protection guidelines and business continuity plan had been developed, which provided staff with actions they needed to take in the event of environmental emergency.

Records showed that in the supported living scheme a variety of internal routine safety checks were conducted regularly in order to protect people from harm. These included fire doors, fire escape routes, emergency lights and fire extinguishers. Evidence was available to highlight any defects reported and the action taken was recorded. Certificates were also available to show that external contractors had also serviced systems and equipment to ensure it was safe for use, in accordance with manufacturers' recommendations.

Fire drills were also held monthly. It was clear that on one occasion during the night some people did not respond within an acceptable time frame. As a result a debrief was held and recorded to ensure people were aware of the need to react immediately when the fire alarm sounded. This was also discussed at a meeting held for those involved and additional instructions were added to each PEEP about action to take when fire alarm sounds during the night.

The policies of the agency provided clear guidance about safeguarding procedures. These were also produced in picture format. This helped to support people who had difficulty accessing the written safeguarding policies. Staff we spoke with had good knowledge of the action they needed to take should they be concerned about the safety of someone in their care. Systems were in place for reporting any potential safeguarding issues through the correct channels, although none had been reported since our last inspection. However, this would help to protect people from future harm.

Medicines were being managed well. The Medication Administration Records (MARs) were completely appropriately and no missing signatures were evident. Staff responsible for the administration of medicines

had received training in this area.

Evidence was available to show that disciplinary procedures were implemented when required. The policies of the agency showed that appropriate action would be taken in response to staff misconduct, as required. This helped to ensure people who used the service were kept safe.

Recruitment practices adopted by the agency were satisfactory. Application forms had been completed and Disclosure and Barring Service (DBS) checks had been completed. These are police checks, which must be conducted before prospective employees are appointed to work with vulnerable people. This highlights any criminal convictions and therefore enables the provider to make a decision about staff employment. Two written references had been sought for prospective employees. This helped to make sure people who had applied to work for the agency were of good character and had the qualifications, skills and experience to do the job for which they had applied.

Is the service effective?

Our findings

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 the 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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at the care files of four people who used the service and found mental capacity assessments had been conducted, as needed. Applications had been made to the Court of Protection, when necessary.

People had given their consent in a wide range of areas, including the provision of personal care and assistance with medication. The consent forms were produced in picture format, which made it easier for those with learning disabilities to understand. The consent forms for entering bedrooms also told staff that if they needed to enter a bedroom in an emergency it must only be done in the individual's best interests.

One person was due to undergo planned surgery and records showed they had understood the implications of the procedure and had given their consent for it to take place. They had been supported to visit the hospital ward and to meet the staff, in an attempt to alleviate any fears. Care files contained 'Hospital Passports', which held important information about each person. This helped to ensure any relevant details were passed to the hospital team in a timely manner, should hospital treatment be necessary.

Records we saw demonstrated a variety of community professionals were involved in the care and support of those who used the service. This helped to ensure people's health and social care needs were being appropriately met.

We looked at the personnel records of three members of staff, which showed relevant information was provided to new employees. Interview records were detailed and once they commenced employment they were assisted through an induction programme. Staff we spoke with gave us some good examples of training modules they had completed and certificates we saw confirmed this information as being accurate.

Records we saw and care workers we spoke with confirmed that they received regular supervision and annual appraisals. This helped to improve their personal development, highlight any concerns they may have and identify any additional training needed.

Staff were able to discuss people's needs well. They regularly monitored food and fluid intake to ensure everyone received a nutritious diet. People were regularly consulted about the type of menu they preferred and staff supported them to ensure foods were available to meet peoples' diverse needs. One person told us, "The food is very good. We can have whatever we want to eat."

Is the service caring?

Our findings

We asked people we spoke with if they were happy with the care and support they received. They all told us they were. One person said, "The carers are fabulous. They will do anything for me. I just need to ask" and another told us, "I am really happy. I don't want to go anywhere else. All the staff are really nice. I'm very settled. The staff support me with things I cannot do." People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Good information was available for people in the form of a service user's guide and statement of purpose, which outlined the facilities and services available.

Everyone we spoke with was fully aware of their care plans and the information contained in the folders within their homes, such as the complaints procedure, contact details for the agency and the daily logs by the care workers.

The consent forms to allow staff to enter people's bedrooms also stated, 'Staff must always knock and wait to be invited in before entering.' This helped to promote people's privacy and dignity. We observed some good interactions between staff members and those who used the service. Staff approached people in a gentle and caring manner. People looked comfortable in the presence of staff and they enjoyed sharing a joke or two with them.

The policies of the agency and the plans of care we saw highlighted the importance of promoting people's independence and protecting people's privacy and dignity, particularly during the provision of personal care.

It was evident that people were supported to maintain good relationships with friends and family. We were told that people enjoyed community life on a daily basis and it was clear, through training and supervision, that the staff team considered the importance of equality and diversity, in order to support people's human rights.

Records showed that people were involved in a range of activities and decision making, such as planning their own care and support, choosing décor and furnishings, planning menus and participating in the running of the service.

Is the service responsive?

Our findings

One person who shared a house with four other people told us, "I don't want to move from here. I like it and we all get on well together."

We looked at the care files of four people who used the service. We found that information about people's health and social care needs and their medical history had been gathered before a package of care was arranged. This helped to ensure the staff team were confident in meeting individual needs.

The plans of care we saw were very well written, person centred documents and provided staff with clear guidance about people's needs and how these were to be best met. They had been reviewed and updated regularly and any changes in need had been recorded well. The risk assessments were linked to the care plans, so that all information was consistent. This helped to ensure those who used the service received the care and support they required. The plans of care had been developed with those who used the service and their relatives, as appropriate. This helped people to make decisions about how they wished their care and support to be delivered.

We visited a group of five people, who shared a house under a supported living scheme. This meant that staff were present at all times, in order to support them. We saw individualised activity programmes had been drawn up for each person and found people enjoyed an enriched and fulfilled life around social activities and leisure interests. For example, one person had gone to a friend's house for coffee; another was getting ready to visit a relative, who lived in a local nursing home. All five people had arranged to meet up for lunch in the community and in the evening they were having a movie night with pizza and garlic bread. Three of the people were busy knitting dolls for Christmas and had already knitted woollen hats for refugees. A PAT dog was a regular visitor to the house and craft sessions were often enjoyed by all.

Some people who used the service were supported to gain work, either voluntary or paid employment. Those who lived in the shared house were responsible for some domestic duties and meal preparation, supported by the staff team. Two people were eager to show us their bedrooms, which we found to be pleasantly decorated in their own individual styles. They told us that they had chosen the décor and furnishings themselves, with the help of staff.

One person had recently enjoyed a Mediterranean cruise with a family member and everyone in the house was looking forward to Christmas shopping followed by a meal in a hotel in the sea side town of Southport. Another person enjoyed attending church each Sunday and taking part in the weekly luncheon club, as well as occasional visits to the local gym.

Those who lived in the shared house accessed the community by public transport or taxi. A bus stop was located near-by, which made regular visits by family and friends easier.

A system had been established for the recording of complaints and a procedure was in place, which contained clear guidance and was easily accessible to those who used the service and their relatives. This

information was retained in people's own homes for easy reference. People we spoke with said they would know how to make a complaint if they were unhappy and would tell their care workers or the agency manager.

Is the service well-led?

Our findings

A relative we spoke with told us, "I have nothing but praise. I think they [the staff] are wonderful. There is a lovely, lovely atmosphere. I don't have anything negative to say. The registered manager works very, very hard. She works seven days a week."

We noted feedback was regularly sought from those who used the service or their relatives. People expressed their satisfaction about the service received. Surveys for the staff team had also been conducted. Obtaining feedback from those with an interest in the service allowed people to express their views and opinions about the quality of service provided. Staff we spoke with described the registered manager as 'approachable' and told us they felt well supported by her and were confident in reporting any concerns.

Systems were in place to effectively assess and monitor the staff team and the quality of service provided. A monthly quality audit was conducted and recorded by the area managers. These covered areas, such as service user experiences, record keeping, finances and medicines management. Evidence was available to show action plans were subsequently developed and changes had been made in response to the findings of the auditing systems. A budget forecast was completed each month, which helped to ensure financial consistency of the service. The agency worked well with other agencies, such as community professionals and commissioners.

We noted key worker summaries covered monthly topics and registered managers cross checked services for the topic of the month. This helped to ensure staff members were maintaining a consistent approach to care and support.

Management meetings were held every month followed by team meetings, so any relevant information could be disseminated throughout the workforce. Lessons learnt were then discussed in response to these meetings to look at better ways of working. The registered manager compiled a monthly report, which included the occurrence of accidents and incidents. These were then passed to the area manager, so that a good audit trail was being maintained.

Regular meetings for service users were an important aspect for those using the services of Northwest domiciliary agency. This enabled people to discuss topics of their choice. Minutes of the meetings were produced in a picture format, which helped everyone to access the information provided.

Records we saw demonstrated an open and honest approach towards those who used the service. For example, it was clear in one person's care file that changes needed to be made to the support worker who was providing their care. This change was discussed with the person and an agreement made about the support worker who would provide future care and support. This helped to keep people informed and updated about any changes in circumstances.

A wide range of updated policies and procedures were in place at the agency office. This helped to ensure that the staff team were kept abreast of current guidelines and any changes in legislation.