

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Supported Living and Domiciliary Support Service

19 Church Road, Lytham, FY8 5LH

Tel: 01253795648

Date of Inspection: 26 February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Fylde Community Link Limited
Registered Managers	Miss Gail Elizabeth Addison Ms. Karen Armstrong Ms. Suzanne Joy Higgins
Overview of the service	Supported Living and Domiciliary Support Service is a part of Fylde Community Link. The service is a community based non-profit making agency that offers support services for adults with learning disabilities within Blackpool, Fylde and Wyre. The agency can also provide a service for people who in addition have physical disabilities and/or sensory impairments. The agency provides personal care and support to people in their own home and to people living in supported living services.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Management of medicines	7
Supporting workers	8
Complaints	9
<hr/>	
<b>About CQC Inspections</b>	10
<hr/>	
<b>How we define our judgements</b>	11
<hr/>	
<b>Glossary of terms we use in this report</b>	13
<hr/>	
<b>Contact us</b>	15

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

We spoke with a range of people about the agency. They included the registered manager, staff members, volunteers and people who use the service.

People who use the service told us they were happy with the support they received. One person said, "I am very happy with my carers." People told us their needs had been discussed and they had agreed to the support to be provided. They told us their carers provided sensitive and flexible personal care support and they felt well cared for.

We visited one of the houses where the agency provided a supported living service. This helped us to observe the daily routines and gain an insight into how people's care and support was being managed. We observed staff treated people with respect and dignity.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

---

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the agency acted in accordance with legal requirements.

---

### Reasons for our judgement

---

We looked at the care plan arrangements the agency had in place. We found they had recorded information to ensure the people they support were receiving the appropriate level of care. The care plans had documented how people had been involved in their assessment. We saw evidence that people were being consulted about the care being provided and changes were only being made with their agreement.

People we spoke with told us they were consulted about their needs. They told us they felt at the centre of planning and decision making about their care. They said they had been consulted and agreed with the level of support being provided.

Discussion with the manager confirmed most staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This should enable them to assess peoples' mental capacity should there be concerns about their ability to make decisions for themselves. Where people were unable to give consent, records demonstrated that the agency had followed appropriate systems to ensure a best interest decision was made.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People who received a service experienced appropriate, effective care and support to ensure their needs were met and their rights protected.

---

**Reasons for our judgement**

---

On the day of our visit, there were planned activities taking place at the centre. We were able to spend time in the arts and crafts session. This helped us to observe how people's care and support was being managed. We saw that people were actively engaging in the programme of activities and responding positively.

We spoke with people about their experiences being supported by the agency. All of the people we spoke to told us they were happy with the care and support they received. They told us the staff and management provided sensitive and flexible support. One person told us, "I like the staff a lot."

We also visited one of the houses where the agency provided a supported living service. This helped us to observe the daily routines and gain an insight into how people's care and support was being managed. People using the service appeared comfortable in their surroundings. We saw that specialist equipment had been sought to support people who needed it. We observed staff treated people with respect and dignity.

We looked at the care records of four people supported by the agency to see how their needs were being met and monitored. The agency had person centred planning and approaches in place, which reflected the individual needs of the people they support.

We saw risk assessments had been carried out when any risks to a person's safety or well being had been identified. These included guidelines as to how to manage risks or prevent the risks from occurring. Care records and risk assessments were up to date and reviewed on a regular basis. This meant staff had the knowledge and understanding of the support people required.

We spoke with three staff members. They told us that they were given time to be introduced to new clients and they would be able to look through the care plans and ask any questions. One person told us, "Sometimes people's communication is quite limited, so we take time to get to know them, to learn through their body language and gestures how they want to be cared for." Staff told us that care plans were easy to follow so they always knew what people's needs were. Staff members we spoke with were knowledgeable about people's individual needs and how they were being met.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

There were systems in place to manage people's medication.

---

## **Reasons for our judgement**

---

The agency had a policy and procedures in place for dealing with managing people's medication. These included staff and management's roles and responsibilities.

We visited one of the houses where the agency provided a supported living service. We looked at medication administration records to see how people's medication was being managed. Medicines were safely kept. We saw appropriate arrangements for managing medicines stocks. We saw medicines were efficiently ordered to help make sure a continuous supply was kept.

Records we looked at showed all medication during the day had been signed for. We checked this against individual medication stocks which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We saw evidence the management undertook regular spot checks of medication to make sure it was being managed accurately as prescribed. Records we looked at showed the audits were being undertaken regularly. This meant medication was being monitored to ensure safety.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

### **Our judgement**

---

The provider was meeting this standard.

People were supported by a well trained and competent staff team.

---

### **Reasons for our judgement**

---

The staff members we spoke with confirmed they had access to a structured training and development programme. These included mandatory training covering health and safety, manual handling techniques, food hygiene, safeguarding, and emergency aid. Staff told us that specialist training is also available to ensure staff can meet people's individual needs. This meant people in their care were being supported by a well trained and competent staff team.

We saw that staff had regular supervision meetings with their manager. The staff we spoke with confirmed supervision meetings took place, and said they were able to approach their manager at any time if they wanted an additional meeting. The staff members we spoke with told us they were happy with the support structure in place.



## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

People were confident their comments and complaints would be listened to and acted upon.

---

### Reasons for our judgement

---

The agency had a complaints procedure which was being made available to people they were supporting. The people we spoke with told us they were aware of how to make a complaint and felt these would be listened to and acted upon. One person said, "I am very happy, I have no complaints, but I know I could speak to the staff if anything was bothering me".

At the time of this inspection no complaints had been referred to the Care Quality Commission.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us at:  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---