



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Fylde Community Link

**27 Woodlands Road
Ansdell
Lytham St Annes
FY8 4EP**

Lead Inspector
Mrs Felicity Lacey

Unannounced Inspection
9th - 17th October 2006 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Fylde Community Link
Address	27 Woodlands Road Ansdell Lytham St Annes FY8 4EP
Telephone number	01253 795648
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Fylde Community Link
Name of registered manager (if applicable)	Mrs Irene Livesey
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. The agency shall at all times employ a suitably qualified and experienced manager who is registered with the National Care Standards Commission.
2. The agency may only provide care to the following categories of service user:
Adults with Learning Disabilities

Date of last inspection 26th September 2005

Brief Description of the Service:

The well-established voluntary organisation, Fylde Community Link Ltd is the registered provider of this domiciliary care agency.

The agency is registered with the Commission for Social Care Inspection to provide domiciliary care to adults with learning disabilities.

There is a range of models of support including; houses where the service users hold tenancies support to individuals who live alone, and support for individuals who live with their relatives. The range of the service includes support with leisure, employment and community activities as well as 24-hour support.

The service operates from an office base central to the Lytham St Annes area. The office is open 9am to 5pm Monday to Friday with, an out of hours on-call procedure then providing contact with a senior member of staff.

The agency has contractual arrangements with Lancashire County Council Social Services Directorate and private contracts are also established with service users as appropriate.

The staff team are supported by an experienced and established team of managers and an organisation, which has developed a variety of community based services for adults with learning disabilities

SUMMARY

This is an overview of what the inspector found during the inspection.

The agency was given short notice of this inspection. Time was spent at the office base examining records, policies and documents. 15 service users and 14 staff completed questionnaires, three relatives submitted comment cards. 14 service users were spoken with during this inspection, including some service users who were visited in their own homes. Information was also provided by a pre inspection questionnaire completed by the registered manager.

What the service does well:

Fylde Community Link is a well established community organisation that provides a range of services for people who have a learning disability. This includes personal support, employment and leisure opportunities. The comments received included;

'We've always said we want our own home-and now we've got it. It's great.'

'The staff are great, but don't interfere. They are there if I ever need them.'

'I enjoy coming to the art group and seeing my friends.'

'I have telephoned (staff member) when I was worried and he put me at ease. I think the staff are really very helpful and good.'

'The care and interest shown are the best we could ask for.'

'(Our relative) has now got many interests, and thanks to the care of the staff, and the other house mates, he enjoys his life far more now than ever before.'

One service user listed many areas that staff helped with including 'Socialising. Meeting people. Filling in forms. Advocacy. Accompanying me on short breaks and holidays. Listening to my problems when I phone up. Helping me with gardening.'

Staff members spoken with and who completed comment cards were also very positive about the agency, these included:

'Like the advert they are a 'Listening, Caring company'

'The company cares for both clients and staff, there is support there for everyone.'

The company 'Listens to acts on the needs of the clients.'

The general manager is 'always willing to make time if you need her, and does act on what is said if necessary.'

The responses from relatives and supporters were positive, and indicated that information was provided and that when needed they were consulted about the care of their relative or friend.

All service users have an individual plan, which is reviewed every three months with a senior manager. In this way the agency can continue to improve the support offered and make sure that the service user is satisfied.

The agency is responsive to individual needs and staffing is provided in a flexible way which makes sure that service users get the support they need when they require it. An example of this was seen when a couple were visited who were planning to sit down with their support staff to arrange a new rota to meet their needs as they had just moved to a new house.

A number of service users are supported in employment. The service users spoken with held a variety of jobs, including working in local shops, restaurants and one service user is a zoo attendant. The agency also operates local enterprises, including a recycling business, a café and a gardening project. The agency has a dedicated staff member whose remit is to secure employment opportunities. She has been very successful in supporting service users with their job finding skills and helping service users maintain the jobs they find.

The agency is committed to continual improvement. The domiciliary staff have recently undertaken some team planning days which helped decide the ways in which the service can improve and recognised the strengths of the service. A group of service users are also carrying out this exercise to ensure that the plans of the agency include the views of the service users. There is also an active advocacy group which includes 30 service users, this group meets regularly and currently is working on designing a survey about the quality of services, which will be administered and the findings collated by the group.

The agency is committed to making its services accessible to all people. Recently there have been some transport issues, and the company have purchased a further vehicle, which is full accessible for people who use wheelchairs.

What has improved since the last inspection?

The agency has been working on producing a booklet which contains useful information when moving into a new home. The booklet uses photos, symbols and words and will provide a handy reference guide for service users. The booklet has been designed with the help of current service users.

The person centred planning approach has been used successfully with service users, and has helped to identify dreams and aspirations and how these can be achieved. Service users use a variety of ways to represent their views, such as artwork and pictures, as well as written reports and attending meetings. The agency has 2 members of staff who organise and lead person centred planning with the service users and care co-ordinators.

All the policies and procedures of the agency have been reviewed and updated. A full policy manual is available and supervision is used to ensure that all staff understand the policies.

The success with NVQ training is excellent and continues to improve. Staff feel that this is an area that the agency excels in. There are regular training opportunities, current topics include, Person Centred Planning, Managing behaviour and Communication.

All staff records seen had the appropriate checks and references completed before employment commenced. The POVA first system is also used if needed.

There is now a system for recording contact with the on call that ensures that information relating to people using the service is individually maintained.

What they could do better:

There were no areas for improvement identified during this inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,6

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Service users are fully involved in the preparation and decision to use to the service, this ensures that the service can meet the needs of the service user.

EVIDENCE:

The Statement of Purpose and Service User Guide provide good information for people considering using the agency and other interested parties. Large text, photographs, pictures and symbols help make this information meaningful for people with a learning disability. The agency and service users are currently devising a further information booklet 'My Home, My Life' which will provide advise and guidance about having your own home.

All service users are involved in the assessment process before using the services offered by the agency. The assessment cover the day-to-day support needs of the individual and are reviewed regularly. Service users spoken with felt fully involved with the planning of their support, and in control of this. A number of service users commented that the agency offered flexible support, and this was clearly demonstrated in discussions led by service users about the rearranging of the support they needed. Some of the services provided by the agency are supported living settings where staff provide 24 hour cover, in these settings service users benefit from a stable and consistent staff team. All questionnaires and comments received indicate that staff are reliable and that if there are any changes to staff, service users are kept fully informed. Service users who live alone have the reassurance of a 24 hour on call service, which some service users have used.

Service users are supported by a care co-ordinator and are involved in the decisions as to who this will be. The agency makes efforts to match service users and key care co-ordinators with reference to interests and outlook. Service users are supported both at home and in their daily occupations, for example some service users have an allotment and go there regularly during the week, other service users have jobs in the local area, and some service users want to take part in the activities provided by the agency, such as the Art and Craft meeting, staff members provide support in all these settings. One service user spoke of the way in which his care co-ordinator had supported him through a very difficult time with a family member, he felt that his care co-ordinator was always willing to listen and helped him come to terms with his anxiety.

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

The quality in this outcome group is excellent. This judgement has been made using the available evidence including a visit to the agency. Fylde Community Link provides support based on a thorough understanding of service users needs.

EVIDENCE:

A person centred plan is devised where appropriate which helps service users express and identify their dreams and aspirations and their long term goals. There are a variety of creative ways in which service users are able to express their views, some have used video, digital photography and artwork. At present all people using the service have a full review at least once a year and every three months a senior member of staff reviews the on going plan with the service user. These meetings are recorded and any action needed agreed upon. Service users spoken with felt that they were always involved in planning their own services.

The personal care needs of people using the service vary greatly. Personal care and support information is provided in the care plan, with specific protocols and guidance for staff to follow when providing personal care. Feedback from relatives and people using the service confirmed that staff are always polite and respectful. The agency is committed to providing positive support based on respect and a sound value base. All staff undertake induction and further training which ensures they understand the importance of privacy and dignity. The service users spoken with felt that their wishes were respected and support was offered in a sensitive way.

Service users are encouraged to make their own decisions and take control of their lives. Where risk assessments are completed which may affect the independence of a service user, this is done in consultation with the service user and other agencies if appropriate. The agency works hard to balance independence and personal safety and all risk assessments are reviewed regularly. The risk assessment process is explained in the service user guide and the right of service users to express their views is also stressed.

All staff undergo training regarding medication and there is a clear written policy in place. Individuals or their representative sign a form consenting to staff assisting with medication. A medication form is completed detailing the assistance required and risk assessments address any associated risks. The agency works in partnership with the local community health and support services to ensure that service users access the support they may need. This approach has been successful in maintaining the independence of some service users and has enabled them to continue to live within the local community. The agency has been particularly successful in supporting people who are at times reluctant to engage and accept support. The agency has also worked hard to support people to remain in their own homes at times of illness and recognises the importance of comfort and security for service users whose health is deteriorating.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11,12,14

The quality in this outcome group is good. This judgement has been made using the available evidence including a visit to the agency. Fylde Community Link ensures that safe working practices are followed this ensures that independence is promoted within a risk assessment framework.

EVIDENCE:

All staff receive an employee safety handbook containing key policies and procedures and undergo food hygiene, health and safety, moving and handling, first aid and medication training as part of the induction programme. The organisation has a health and safety forum where new policies/issues are discussed. All the policies and procedures of the agency have recently been

reviewed. The agency is active in complying with health and safety requirements. Risk assessments are routinely reviewed and updated.

All staff are made aware of the company policies regarding; abuse, neglect, whistle blowing and challenging behaviour. Staff undergo training regarding Adult Protection. Specific training is arranged for staff working with service users who display challenging behaviour. FCL works in partnership with other health and social service agencies to ensure that risk assessments focus on enabling service users to maintain independence and that any planned intervention is based on a thorough understanding of a persons behaviour and needs.

There are arrangements in place to ensure the security of people's homes. All staff carry identity cards. There are clear protocols regarding key holding, with signed agreements in place on files. Individuals also confirmed these agreements during discussion. Staff have clear guidance regarding emergency situations.

The records kept in people's home vary. In the supported tenancies, where there is 24-hour support and a team of staff, records are more detailed to reflect the service provided. For others, living with relatives and receiving less intensive support, staff complete a record of each visit and these are then stored at the office base.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19, 20,21

The quality in this outcome group is excellent. This judgement has been made using the available evidence including a visit to the agency. Recruitment procedures are robust and safeguard service users. Fylde Community Link provides excellent training opportunities for staff and this ensures that staff are competent and work in ways that reflect an understanding of good practice.

EVIDENCE:

The recruitment process includes; application form, photo identification, references, health declaration and a record of the interview. People who use the service are involved in the interviews. All staff have CRB disclosures completed prior to commencing work. There is also a system in place to ensure that all CRB disclosures are renewed every 3 years.

The organisation places a great emphasis on the training and development of staff and continues to excel in this area. The survey forms completed by staff contained extremely positive feedback about the training provided.

There is a six-week induction programme, during which staff do not work alone, followed by foundation training and then staff register for an NVQ award. Each member of staff has their own training and development plan and training file. Staff working with individuals with specific needs and conditions, confirmed that they have undergone relevant specialist training. The company administrator manages the well-organised system for arranging the core and refresher training.

The service already exceeds the NVQ national targets set for 2008, with 79.9% of staff having achieved NVQ level 2 or above. 20 of the team are NVQ assessors, which ensures continual progress can be made.

The registered manager is a qualified social worker, has additional management qualifications, many years experience with this service user group and has completed the registered managers award.

New staff have a review of performance at six weeks, three months, 6 months and then an annual appraisal. Supervisions take place approximately every four to six weeks. Records show, that the staff groups based in the supported tenancies have regular meetings and opportunities to share experiences with colleagues. The domiciliary community based support staff also have regular meetings, but these are held in small groups to allow people to attend with a full meeting being held on a quarterly basis.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22,26,27

Quality in this outcome group is good. This judgement has been made using the available evidence including a visit to the agency. The service users supported by Fylde Community Link benefit from a well-managed and responsive service.

EVIDENCE:

Fylde Community Link provides a range of flexible and responsive community based services for adults with learning disabilities. These are managed from the office base which is accessible for service users. The company is planning to move to a new office which will provide better facilities. Risk assessments are in place, regarding any potential hazards in this work area. The administrator plays a key role in the efficient day-to-day running of the office.

A record is kept of any complaint received and the action taken to resolve this. The agency approaches complaints in a constructive manner, and maintains records of any investigation undertaken and the outcome. There is a complaints procedure is in place with a pictorial version to help people who use the service to understand the procedure. Each person also has a ready stamped post card, which they could use to raise a complaint or concern. The

surveys completed by people using the service also confirmed that individuals know who to approach if they are unhappy about anything. Service users spoken with were also aware of how to raise any concerns.

Fylde Community Link has developed a range of quality monitoring and quality assurance methods and continues to excel in this area. Feedback is actively sought from people who use the service. Everyone using the service has a quarterly review, with one of the senior managers. A monthly monitoring visit takes place at each of the supported tenancies. The excellent staff training programme ensures that the workforce are well equipped for their role.

The agency is committed to continual improvement. The domiciliary staff have recently undertaken some team planning days which helped decide the ways in which the service can improve and recognised the strengths of the service. A group of service users are also carrying out this exercise to ensure that the plans of the agency include the views of the service users.

External quality monitoring and accreditation includes gaining and maintaining the Investors in People Award and affiliation to the Quality Network, which bases its work on outcomes for service users. FCL has conducted quality audits in association with British Institute of Learning Disability and the local Learning Disability Partnership Board. These quality reviews have included focusing of service users with complex needs, and the forthcoming review will focus on the domiciliary service as a whole. An annual development plan, with targets, forms part of the annual report, which is shared with all stakeholders at the annual general meeting. People who use the service are fully involved in this event and were preparing for this during the time of this inspection.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
 “N/A” in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	4
2	3
3	X
4	X
5	X
6	4

Managers and Staff	
Standard No	Score
17	4
18	X
19	4
20	4
21	3

Personal Care	
Standard No	Score
7	4
8	3
9	4
10	4

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	X
26	3
27	4

Protection	
Standard No	Score
11	3
12	3
13	X
14	3
15	X
16	X

NO

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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