

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

Fylde Community Link Supported Living and Domiciliary Support

19 Church Road, Lytham St Annes, FY8 5LH

Tel: 01253795648

Date of Inspection: 30 October 2013

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November 2013

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Staffing | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Fylde Community Link Limited |
| Registered Managers | Miss Gail Elizabeth Addison Ms. K 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 |

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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'.

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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 announced 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 30 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with a range of people about the agency. They included the registered managers, staff members and service users. We also asked for the views of external agencies in order to gain a balanced overview of the service people received from Fylde Community Link. The Expert by Experience spoke to a number of service users and their carers by telephone.

People who used the service told us they were happy with the support they received. One person said, "Before I came here I couldn't read, write or cook. Now I can manage my own personal care." Another person told us, "I haven't been here long but I am really happy. They are good at getting me to do things." 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 looked at how the service was being staffed and reviewed staff training and supervision records. We saw there were sufficient staff with a range of skills and experience. Staff told us they felt supported, had regular meetings with the provider and their training was kept up to date.

There were a range of audits and systems in place to monitor the quality of the service being provided.

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 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

Care records we looked at demonstrated people's needs were assessed. We saw evidence that this was completed before they started to use the service. This ensured that care workers had up-to-date information to meet people's needs. We saw the agency matched staff to support people who had relevant skills and training. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people supported.

Care plans gave information about what support and care was required during each visit. One service user told us, "I choose what goes in my plan, I talk to my carer about it and then tell her what I want and she writes it for me. I tell her what I like and what I don't like." People told us care plans were being continuously monitored and reviewed by the agency. This meant the care being provided was relevant and meeting their needs.

We were shown one service user's plan of care that with his permission had been recorded on camera. This showed in his own words what his like and dislikes were and how he wanted to be cared for. The recording, with the person's consent had been shown to members of staff who supported him. This demonstrated the agency were looking at new and innovative ways to capture how a person wanted to be cared for.

We saw if people's needs changed their care plans would be updated. One person told us, "As I get to learn and do things we look at my plan to see what to remove and what to add to help me improve." People's care needs would be discussed monthly and reviewed formally every three months. This was to make sure people received the support they required. Service users told us they regularly had the opportunity to comment on the care they received.

Staff members we spoke with were knowledgeable about people's individual needs and how they were being met. This meant staff had the knowledge and understanding of the

support people required.

We spoke with carers of people who received support from the agency. One person commented, "When the people from Fylde Community Link come to pick him up, they always look pleased to see him and have a good rapport with him." They then went on to describe the standard of care and support as being very good. They felt staff members were helpful and supportive and this demonstrated the staff team had an understanding of the person's needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Safeguarding procedures were in place to protect people from abusive practices.

Reasons for our judgement

We looked at this outcome as there had been a number of safeguarding referrals the agency had notified to the Care Quality Commission (CQC).

The agency had procedures in place for dealing with allegations of abuse. Notifications had been raised with the appropriate authority. We saw these had been investigated and where appropriate, action taken. At the time of the inspection there were two safeguarding referrals still under investigation.

Staff members we spoke with confirmed they had access to the agency's safeguarding procedures and told us they had read and understood them. They told us they had received training in the protection of vulnerable adults.

Discussion with staff members confirmed they had a good understanding of the type of concern they should report, and how they should report it. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people they supported were protected from potential harm or abuse.

People using the service told us they felt comfortable with the care workers. They told us if they had any concerns they know who to talk to. One person told us, "I can talk to staff. I can also talk to my mum. We also have a post card with information on how to complain. I have never had to use it." One carer told us, "Yes we do feel he is safe. We would know if not but he comes with a big smile on his face and loves it."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People are supported and protected by robust recruitment procedures.

Reasons for our judgement

We looked at electronic personnel records for three recently recruited staff members. Checklists were also available to ensure all relevant documentation was in place.

We found that checks had been made before new staff members commenced their employment. This included requesting references and obtaining a satisfactory Disclosure and Barring Service (DBS) disclosure. This should ensure new staff were suitable and safe for the role of protecting the people in their care.

Staff members told us people who used the service had been involved in the recruitment/selection process. They told us service users were present at the second stage interviews. One person told us, 'It was nice that we met the service users at interview. It is good that they are actively involved and contribute to making decisions about who provides their support.'

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

The staffing levels deployed were sufficient to meet the needs of the people in their care.

Reasons for our judgement

We spoke with the managers and three staff members about arrangements the agency had in place for supporting people. We also looked at the care packages in place and how staff were being deployed to provide support.

The agency used an electronic system to calculate the number of staff hours required. The system is determined by the individual assessed needs of the people supported. Managers showed us how the system operated and explained additional support would be provided if a person's care needs changed.

The staff members we spoke with confirmed strategies were in place for dealing with unexpected emergencies. They told us adequate staff cover was available to ensure service users receive a consistent and well managed service. They said their visits were well planned allowing them sufficient time to attend to the needs of the people they were supporting.

People we spoke with said there was a stable staff team and staff were available when needed. They said staff were able to provide care in a timely unhurried way and that they were happy with their care. One person said, "All the staff are nice but my main carer is really good."

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 skilled 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, safe handling techniques, food hygiene, safeguarding, first aid and medication.

One person we spoke with said, "The training is excellent. Lots of opportunity to go on courses and the quality is very good." In addition there was a range of training taking place which reflected good care practices for people to continue their professional development. Staff told us that specialist training was also available to ensure staff can meet people's individual needs.

The staff members we spoke with told us they received regular formal supervision sessions with their manager. This meant staff were being supported in their roles as well as identifying their individual training needs. The staff members we spoke with told us they were happy with the support structure in place.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Appropriate systems were in place for monitoring the quality of the service people receive.

Reasons for our judgement

The provider had policies and procedures in place to monitor the quality of the service. These included seeking the views of the people they supported by way of surveys, care reviews and regular monitoring. This meant that those supported and their relatives had the opportunity to give their views about how the service was run.

Regular meetings to discuss the service and reviews of care were in place. We saw documented evidence that these had been held. The people we spoke with confirmed they were happy with the service being provided. They told us their views were listened to and they felt supported. One person told us, "They do listen to me and if we need to change my plan we talk about it and they write in what needs doing."

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people supported. Records reviewed showed that the service had a range of quality assurance systems in place, to help determine the quality of the service offered.

Staff spoken with said they attended staff meetings, which kept them informed of any developments or changes within the service. Staff told us that their views were considered and responded to.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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