

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: 29 May 2014

Date of Publication: June 2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	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	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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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 29 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask: -

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

Is the service safe?

We observed people being supported by staff in a safe, caring and respectful manner. People told us they felt safe and comfortable when they received support from Fylde Community Link. One person told us, "The staff are very kind and helpful. I am very confident that they will support me in the way I need them to".

We saw evidence that people were supported with their medication appropriately. Medication practices undertaken by staff followed the service's policy and we observed staff were trained in related principles. This meant people were protected against the risks of unsafe management of medicines because appropriate protocols were in place. One person told us, "I'm completely confident that the staff know what they're doing with medication. I trust them to do this properly".

Is the service effective?

We observed that staff respected people and enabled them to make basic, day-to-day decisions. The service held people's recorded consent to care and staff were able to demonstrate a good understanding of related principals. One person told us, "The staff never take over and help me to make my basic decisions. That way I still feel in control".

People's social, health and support needs were assessed and regularly reviewed. Support plans were individualised and risk assessments were in place. This meant people were protected against ineffective care provision because people's changing needs were monitored.

Is the service caring?

We spoke with seven people to gain an understanding of their experiences of the support they received. Their response was very positive. One person told us, "The staff are really helpful. They don't talk down to me and really help me". Another person said, "My worker is brilliant, he really looks after me".

Staff explained that they worked in a caring and friendly manner. They described being respectful to and working with people to understand their needs. One staff member told us, "A consistent approach is key in the work we do. It's about taking small steps, which often leads to better care for people". This meant people were safeguarded against inappropriate care provision because staff understood people's individual needs.

Is the service responsive?

People's needs were properly assessed, monitored and reviewed. This meant the provider had continuously assessed whether the service was able to maintain people's care levels. One person told us, "If I feel panicky about anything I ring up the office and they are great. They help me to calm down and to understand what is going on".

We saw that the service responded appropriately to complaints received. This followed Fylde Community Link's complaints policy. Responses to issues raised and actions undertaken were recorded. This meant the provider had minimised the risks of unsafe care because complaints had been acted upon.

Is the service well-led?

Fylde Community Link had a range of quality audits in place. Other regular processes underpinned this, such as staff supervision and team meetings. People who accessed the service were given the opportunity to feedback about the service. This meant people were protected against inappropriate care because the manager had systems to check the quality of care.

Managers and staff had a good understanding of the appropriate handling of complaints. We were shown evidence of complaints that had been handled correctly and in a timely fashion. This meant the service was well-led because people were enabled to make complaints, which managers acted upon.

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

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.

Reasons for our judgement

We spoke with the provider, manager and staff who worked at the service. We spoke with seven people who received support from Fylde Community Link to gain an understanding of their experiences. We additionally reviewed care records to check how the service ensured consent to care was in place.

Staff had a good understanding of what consent means. They told us they obtained consent for people's overall care, as well as on a day-to-day basis. One staff member explained, "It's about knowing and understanding the people I work with. This helps me to understand their needs and how to gain their consent in anything we support them with".

We observed staff consistently asking people what they needed throughout our inspection. The staff supported people to make basic decisions. This included what to drink/eat and what they wanted to do. Another staff member said, "I am there for people when they need support, but the client is the leader. I always follow what they want and need".

All the people we spoke with confirmed that staff consistently sought consent from them prior to care provision. One person told us, "They always support me to make decisions about anything. For example, they ask me what I want to wear and what I want to eat. They always give me options and then I decide what I want to do".

We looked at six care records the service held, which contained formal evidence of consent. Where people were unable to provide this, staff had obtained written consent to care from relatives. This included people's life history and preferences to, for example, socialising and food. This meant the provider had suitable arrangements in place to ensure people's consent was gained and recorded.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) with staff. The MCA and DoLs provide legal safeguards for people who may be unable to make decisions about their care. Staff had a good understanding of related

principals and confirmed they had received training. This showed the provider had underpinned its consent processes through the provision of appropriate training.

Important aspects of capacity were contained in related policies, which staff had signed to verify their awareness. Up-to-date information was also made available to staff. This meant the provider had in place procedures to strengthen its practices in relation to consent.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records of six people who received support from Fylde Community Link. We discussed with seven people about their experiences of engaging with the service. We talked with the provider, managers and five staff to check their understanding of care provision.

People we spoke with said they were happy with the support they received. They spoke highly of the staff and managers. One person told us, "The service is right for me. It's the best company and I'm always recommending it to other people". Another person said, "It's a great service and they're very caring and respectful".

The care files we reviewed were consistent and personalised. Information was recorded about people's social, family, educational/employment and emotional and physical health needs. For those people who had a learning disability, all information was available in pictorial format. This meant the provider had ensured people were enabled to fully understand their support planning and care records.

Care planning was in-depth, individualised and person-centred. Records we reviewed additionally held risk assessments. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, injury, medical conditions, mobility and the general environment. This showed the service had appropriate measures to minimise the potential risks of receiving care to people it supported.

Records were regularly reviewed, signed and dated by staff. This meant people's care files were appropriately managed because national guidance on record-keeping had been followed.

Fylde Community Link had systems in place to ensure continuity of care was maintained. One person told us, "I get the same staff every day. This is important as it helps me to get to know the staff. They become like my family. I trust them".

Staff demonstrated they had a good understanding of the needs of the people they

supported. One staff member told us, "Care files have information about people, such as their routines and individual needs. These plans are continuously changed to match people's changing needs". This showed respect and understanding of people's needs.

We discussed culture, identity and people's diverse needs with staff. They demonstrated a good understanding of working with and supporting people's individual needs. One staff member explained, "Recent training I had has helped me to understand more about people's individual needs around their sexual orientation. I want to support someone to explore and meet their needs in a positive and helpful way. It's not easy to recognise visually someone's orientation, so it's about observing, checking and supporting them".

We found people to be occupied and stimulated throughout our inspection. People were supported to engage in activities, holidays, education and employment. One person told us, "The service helped me to get a job. I feel very grateful and well supported. It helps me to feel useful".

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.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Following recent statutory notifications submitted by Fylde Community Link about medication errors, we looked at the service's related practice. We observed the service had followed their procedures thoroughly. In addition, new procedures were introduced to limit the reoccurrence of errors.

New measures included training, administration procedures and management of errors. One staff member told us, "We work very hard to ensure our medication processes are safe. This is audited by our managers and we get picked up on any mistakes that occur. This is good in making sure we're doing this properly". This meant Fylde Community Link had learnt from incidents and introduced measures to limit associated risks to people they supported.

We discussed medication procedures with staff who demonstrated safe, discrete and appropriate processes. One staff member explained, "One person is allocated the task. That staff member fully focuses on administering medication, whilst the other staff support the clients. This helps us to concentrate and not get distracted".

We were informed that staff tried to explain to people what their medication was for. We were told that this was to ensure people with learning disabilities, for example, understood their medication. Where people refused, the GP was requested to review. One staff member told us, "I would never force someone to take their medication. If they refused I would inform my manager and seek GP advice". This meant people were protected against unsafe management of medication because the provider had promoted understanding and monitored changes effectively.

All actions were recorded accurately and securely. Where medication was administered on an as required basis, this was done in a safe manner. There was a clear process from ordering to receipt, storage, stock check and disposal of medicines. Lines of management and responsibilities were apparent.

We looked at Fylde Community Link's medication policy and procedures. This document, which was up-to-date, referred to appropriate legislation and national guidance. The

procedures outlined all the relevant tasks such as staff training, record-keeping and medication review with the GP. This meant the service had strengthened its medication practices by having in place in-depth procedures.

The service's policy covered principals related to the management of controlled drugs, which reflected current legislation. The storage, use and recording of controlled drugs were appropriate and safe.

We looked at the care and medication records of four people. These were properly recorded and contained risk assessments to manage risks associated with medication administration. People told us they felt supported by the staff. One person said, "They help me with medication, which I'm really glad about. This helps me feel safe and less panicky about my medication". This meant the provider had protected people against the risks associated with medication by ensuring record-keeping was properly managed.

We talked with staff who told us they were given appropriate training. They confirmed medicines were only administered by trained, designated people. The service undertook a medicines auditing system. This was an effective way of identifying any errors, assessing record-keeping practices and checking stock. This showed the service checked the effectiveness of its medication processes in order to ensure these were safe.

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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with the provider, managers and five staff at Fylde Community Link to check how service quality was monitored. We discussed with seven people accessing the service how they were enabled to give feedback about support they received. We also reviewed policies, procedures and audits that were undertaken by the service.

The service regularly carried out a range of quality audits. These ensured the service provided remained consistent. Audits included checks of fire safety, medication procedures, infection control, accidents and environmental safety. This meant the provider checked whether it was providing an effective service.

We were told service quality was also measured through staff meetings and supervision. External checks of service effectiveness had been completed by Investors in People and the Quality Guild. One manager told us, "We have a quality group with the individuals we support once a month. This is where people will come along and discuss any feedback about the company".

People we spoke with confirmed they were given the opportunity to feedback about the support they received. One person told us, "I fill out a survey every year. It is important for me to let them know how they're doing as I think it's a great service". We saw evidence of Fylde Community Link's recent survey, the majority of which contained positive feedback. This meant the provider had systems in place to ensure people's views about service provision were actively sought.

We spoke with Fylde Community Link's Quality Auditor. Her responsibilities included the monitoring of services provided and the provision of feedback to managers about any outcomes. We were told that managers were then responsible for undertaking an action plan to implement any improvements. This meant the provider had ensured standards were maintained because feedback was acted upon and improvement was monitored.

There were a range of policies and procedures in place at the service. These were signed by staff to confirm their understanding. Policies included staff, environmental and care

related protocols. There was an up-to-date, in-depth business plan in place. This meant the provider had ensured safe care provision because procedures were in place to underpin care practice.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Fylde Community Link provided a variety of formats to enable people to make a complaint. This included posters, information leaflets and pictorial leaflets for the benefit of people who may have a learning disability. This meant the provider had reduced the risks of unsafe care because people were enabled to make formal complaint.

This was underpinned by a robust complaints policy. However, the provider might like to note the policy referred to complaining to the Care Quality Commission (CQC). CQC no longer has the power to investigate complaints. This meant people, staff and members of the public were given out-of-date information.

The people we spoke with told us they were aware of how to make a complaint. One person told us, "I'm happy here, if I wasn't the staff have explained how I can make a complaint". Another person said, "I never have to complain as it's a great service, but I would know how to".

We checked through the processes for two complaints Fylde Community Link had received. We found the service had completed appropriate actions within the timeframes set. Complaints had been responded to in a clear, factual and in-depth manner. Acknowledgement of responsibility was given to the complainant, where applicable, and follow-up actions were recorded. This meant the provider had an effective system in place for the identification, handling and management of complaints.

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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