

Cumbria County Council

North Cumbria Domiciliary Support Service (West)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection on 12 & 26 October 2018. This was the first inspection of this service since the provider, Cumbria County Council, restructured some of its services.

North Cumbria Domiciliary Support Service (West) provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. Supported was being offered to seven people at the time of the inspection.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using North Cumbria Domiciliary Support Service (West) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a new manager in post who was applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager of the service had responsibility for five other supported living houses in Carlisle.

People received the care they needed from care staff who they knew and who knew them well. The staff were friendly, kind and caring and people valued the service they received.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The care staff were well trained and supported to be able to provide the care people needed. Staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had robust disciplinary procedures in place.

People were protected against the risk of abuse or avoidable harm. Risk assessments were in place to protect people from risks but also enabled them to safely carry on their day to day lives. The care staff took prompt and appropriate action if they were concerned that a person was at risk.

Each person had a detailed and up to date support plan. People were central in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible.

We have made a recommendation about the use of technology to aid people's communication needs.

The service had developed good links with healthcare and social care professionals to support people with their health and well-being. Medicines were handled safely and people received support with their medicines as they needed. People received the support they needed to prepare meals and drinks.

The manager was knowledgeable about the Mental Capacity Act 2005 and responsibility to protect the rights of people who could not make or express their own decisions. The service demonstrated that they were aware of people's capacity and documented this in people's written records of care.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff and people who received support were satisfied with the way the service was led and with the culture promoted by management. People who used the services said they were involved and their opinions taken into account. Complaints were managed correctly.

We found there were effective systems in place to monitor the quality of the service provided to people which ensured good governance. The service operated from a separate office base which had good IT and telephone systems.

The culture of the service was positive, person centred, forward thinking and inclusive. There was a strong ethos centred on effective partnership and excellent working relationships had been forged with other community health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of their responsibilities in keeping people safe from harm and abuse.

Risks had been identified and managed to protect people from harm.

The service employed enough staff to deliver safe care.

People were appropriately supported with medicines.

Is the service effective?

Good 

The service was effective.

Staff were well trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People were supported to access healthcare services to promote their well-being. Staff offered support with meals and with nutritional planning if necessary.

People agreed to the support they received and their rights were protected.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were caring, kind and friendly. They were asked for their views and the choices they made were respected.

Staff were able to support people to have as much privacy and dignity as possible.

People were encouraged to be independent.

People had access to advocates.

Is the service responsive?

Good ●

The service was responsive.

Care and support was person-centred and delivered in accordance with people's preferences. People were leading lives of their own choosing and each had different hobbies and interests that staff supported them with.

People's care was regularly reviewed in conjunction with them, their relatives and relevant professionals.

The complaints process was robust.

Is the service well-led?

Good ●

The service was well-led.

A new manager was in place who was applying for registration.

Audit, quality assurance and questioning of practice was effective.

There was an open, inclusive and positive culture that focussed on people.

People's views were sought which helped to shape how services were delivered.

North Cumbria Domiciliary Support Service (West)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 & 26 October 2018 and was unannounced on the first day. We arranged visits to people's homes on the second day with their prior agreement. The inspection was conducted by an adult care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We spoke with three people who used the service and two people's relatives on the telephone. We visited both houses where supported living arrangement were in place.

We met with three support staff and two senior support staff, two supervisors and the manager. We looked at three staff files and we saw minutes of staff meetings.

We received a copy of the training matrix and the training plan. We saw evidence of training being completed. We also had evidence of recruitment processes. We looked at quality audits and at risk assessments. We saw both internal and external audits.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the

PIR, before we visited the service. We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We used a planning tool using this information.

Is the service safe?

Our findings

People told us that they felt safe being cared for by the service. They had never had any concerns about their safety. One person told us, "Yes the staff keep me safe. I have no worries. They know me well so know what to do to help me." Another person told us, "I feel very safe here with the staff. I can talk to any of them."

People told us there were enough staff to provide the support they required. They said they received care from a small team of care staff who they knew, liked and trusted. One person told us, "The same team of staff come to me...they have been the same for years. There's always enough staff to take me out and to do things I like."

We found measures in place to keep people safe. Staff were knowledgeable in how to recognise signs of abuse and how to report potential safeguarding issues. They told us that they would always report any concerns to the provider. Records we looked at confirmed staff had received training in the safeguarding of vulnerable adults. The service had informed the Local Authority promptly of all allegations, and reported these to CQC as required. This ensured appropriate action could be taken to protect the individual from harm.

The staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. We also had evidence to show that disciplinary procedures were managed well by the organisation. Management staff were skilled in managing investigations of disciplinary matters.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks and were in place for both the person and the home environment. These were reviewed and updated every six months or in response to changes. Where people were supported with moving and handling equipment, we saw the records provided details for staff about how to use the equipment and slings. Accidents and incidents were analysed and changes made to prevent further re-occurrence.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment. They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. People we spoke with said that staff always used gloves and aprons when carrying out personal care.

People who needed assistance with medicines received the support they required. Staff had received training and were assessed on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were completed to confirm that staff had given medicines as prescribed. We checked these in people's homes and found them to be in good order.

The provider had systems in place to regularly check MARs were fully and accurately completed.

Is the service effective?

Our findings

People told us the care staff who visited their homes provided a good standard of care. One person told us, "They always ask if it is okay to do things." Another person said, "The staff ask what I want to do and how I like things done."

All of the staff we spoke with told us they felt very well supported by the provider. New members of staff were always introduced to each person they were supporting. One staff member told us, "The training has been really helpful. I worked shadowing experienced staff before working on my own. I was given a full weeks training in the office and felt really well prepared before I started working on my own."

Staff were well supported to carry out their role effectively. Records confirmed staff had received formal supervision on a regular basis; with those staff whose records we examined having attended either three or four formal supervision meetings during the previous 12 months. Each member of staff was given a Code of Conduct handbook that set out what was expected from them by the provider, for example dress code and strict adherence to confidentiality.

The staff training records showed staff were kept up-to-date with safe working practices. Training included infection control, food hygiene, first aid and moving and handling techniques. More specialist training was also offered to support people with more complex needs. For example, staff were part of a multi-disciplinary approach with community nurses and psychologist to design training specific to the needs of individual people.

We saw that people were supported using the least restrictive options. The service had developed close working relationships with health and social care specialist that aimed to improved people's lives. One healthcare professionals told us, "The staff team never hesitate to summon my assistance when, if and/or required. The rare occasions when the need has arisen, always culminates in a positive and receptive staff response who invariably heed all advice offered. All Psychiatric/medication reviews are without fail, attended by the supervisor and usually the service manager. All relevant information is shared openly and appropriately."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. Some people who used the service were not able to make important decisions about their lives. We saw that the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The manager of the service was very knowledgeable about how to respect the rights of

people who did not have capacity to make important choices about their care. The care staff we spoke with also understood how to respect people's rights. We checked whether the service was working within the principles of the MCA, and at the time of our inspection people had applications through the court of protection granted to protect their finances and decision about their welfare the appropriate arrangements in place for them.

The service was developing ways of using technology to improve both the effectiveness of the running of the service and to enhance people's lives. The manager described how electronic tablets were being introduced so that all staff could access support plans and policies and procedures. This was described as providing an "agile work force". Staff also described using computers with some people to research interests, to buy items and look at holidays ideas.

We saw that some people had complex communication needs. Staff knew people well and understood how to communicate with them and this was documented in support plans. However, no one in the service was using technology to assist with communication or to aid independence.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to explore aids and technology that may support and advance people's ability to communicate.

People's nutrition and hydration needs were met. People were supported with meals and people who required support with special dietary needs were supported and staff followed guidance from the speech and language therapy team, who advised on matters such as swallowing and choking risks. This was recorded people's care plan and we saw food preparation instructions on display in the people's homes.

Records showed people were encouraged and supported to maintain or achieve good health. Where appropriate the service had contacted healthcare professionals for appointments and advice for people. People had in-depth records of their health needs and history as well as health passports to be used when they transfer to other services such as hospitals or to be used in other health care settings.

Is the service caring?

Our findings

Everyone we spoke with told us the care staff who supported them were kind and helpful "They are good girls and I enjoy having them look after me." "They are very good...we couldn't manage without them." "They are great...very nice to me." "They are very good at keeping me relaxed and calm whenever I get upset."

During our inspection we spoke with people who used the service and received positive feedback regarding staff being caring and considerate. One person told us, "They look after me, they treat with respect we laugh and have a joke. I do everything with them shopping, going to my favourite places and to see my family." One person told us that a staff member took them bird watching and to do volunteering in their own time and said how much they really enjoyed this activity. Another person told us, "Staff take me to my favourite chippy. They always ask me where I want to go."

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. Staff meeting minutes, supervision notes and staff training showed that staff were made aware of how important confidentiality was. No one we spoke to had any concerns about breaches in confidentiality. We saw how one person's behaviour meant that their dignity may be compromised and staff had worked on solutions to the environment that ensured that their dignity was maintained.

Independence was promoted and staff supported and encouraged people to be independent. For example, making choices as part of everyday life, with shopping and using public transport and when offering personal care. One person explained to us how the staff supported them to be able to do their own laundry and they had been pleased to get to this levels of independence. This had clearly helped to build this person's self esteem.

People were supported to have choice and control on a daily basis to make their own choices in all aspects of their lives. We saw this in their support plans and this was confirmed when we spoke with them. One person told us, "Staff help me to do what I want to do.I can chose what to do. They are great at knowing what I like and looking out for events and concerts to go to."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. Staff were passionate about ensuring people had equal rights and were not discriminated against. The service had recently supported a person to make a complaint about potential discriminatory practice in accessing healthcare.

Advocacy support was available to people if required to enable them to exercise their rights. The deputy manager told us. "We support people to attend regular self-advocacy groups." We saw that information and support was also available to people about one to one advocacy support. Staff had supported some people to attend a project to look at ways of being more innovative in helping people to express their views.

The care files we looked followed a person centred pathway and included information about any support people needed to be able to communicate their wishes. People we spoke with told us the staff, "Listen to me and provide the support I need." People said they were asked for their views about their support and included in all decisions about the care they received.

People told us, and we saw, that the staff gave people time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at included information about the tasks that people were able to carry out themselves and guidance for care staff about how to promote people's independence. One person told us, "The staff help to build my confidence to do things".

Is the service responsive?

Our findings

People were supported in a person centred way and their preferences were respected. One person told us, "They know what I'm like, they've worked with me a long time. I can look at my care plan whenever I want."

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We saw that people were leading lives of their own choosing and each had different hobbies and interests that staff supported them with.

People were supported to be involved in their local community and to have relationships with neighbours, friends, and their families that ensured that no one was socially isolated. Some people were supported to follow local sports teams and to go to local pubs and cafes and to take holidays across the year.

When we spoke with the local social work team they were positive about the level of person centred care provided for people and one social worker told us, "The staff meet my client's needs and are very person entered. The staff go over and above what is required." Another told us, "Without a doubt support is very person centred. You couldn't ask for more from a service regarding person centred values."

Support plans were developed with people and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into people's background and included a one page profile with photographs for quick reference. Support plans were reviewed regularly. They included the following information; 'All about me', 'What people admire about me most' and 'How to support me', 'What I like doing', and 'What makes me happy and what makes me upset'. People we spoke with were involved in their developing their support plans. One person was supported to run their own review meetings and take the lead in this, including who was invited.

Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting "A bit unsteady on their feet" and this had resulted in an occupational therapist assessing the person and aids put in the house to promote safe mobility while receiving personal care. We also saw how the agency was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff regularly attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs.

People's preferences were adhered to and staff knew how to respond if people didn't like something about the service. People knew how to complain if they needed to. We saw from looking at the records that concerns and complaints were recorded and responded to appropriately. Where people had raised concerns the manager had listened and then taken action.

People were supported to exercise their rights and were supported to register to vote and take part in local

and national elections if they chose to. Information could be made available in various formats on request. The manager told us how they could make care plans, or other relevant information in larger print for example or easy to read if needed. Each supported living scheme had an easy read information file that contained useful information for people to access. This included information about how to complain, advocacy information and guidance from the department of health.

People who used the service were very involved in the running of the service and were given a say for example in choosing their own staff. People had played a critical point in choosing staff and had been given the choice of which person they would prefer after being part of the interview process. One person told us, "I knew who would be best at supporting me when I was low or upset. I told the manger and that person got the job. They have been great."

No one at the service was receiving end of life care at the time of our inspection. However, the service had worked with some people on a document called "When I die". This was mostly about funeral plans. We discussed with the manager about also exploring with people their end of life treatment preferences. They agreed to research this area for people who had a learning disability so that this could be done in a meaningful and sensitive way.

Is the service well-led?

Our findings

The service had a new manager in post who was applying to become the registered manager. The manager had responsibility for another office location that supported another five supported living houses in Carlisle. He was attending an interview the week of the inspection with CQC to further the registration process. The manager was experienced in running care services for people with learning disabilities.

We asked for views on the management of the service and received positive feedback. One person told us, "I can speak to the manager, he is great and listens to me." People who used the service told us they were happy with the support they received. The relatives we contacted told us that they would highly recommend the service to other families.

Our discussions with people, the management team and staff, showed us there was an open, inclusive and positive culture that focussed on people. Staff told us they felt valued and supported by the registered manager and appreciated their style of leadership. Comments included, "The manager is great."; "Brilliant manager."; and, "I feel very supported and wouldn't hesitate to go to the manager with concerns or issues. The service is well run though."

We looked at how the manager and staff worked with other agencies. A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with community professionals from the NHS and internally within the council. Comments from professionals included, "The staff team attends joint health and social care meetings on a regular basis to develop and improve integrated working."

We looked at the minutes from various team meetings which had taken place. We saw actions had been set and then followed up at the next meeting with any progress that had been made. The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and on-going development.

All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider. People also said they were asked for their views at meetings to review their care. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested.

Support staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One support worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a service user."

The manager had carried out checks on how the service was provided and identified areas where the service could be further improved. We saw he had arranged for staff to receive further training and was working with the registered provider to oversee the quality of the service provided.

We saw that the records kept about incidents demonstrated that these were used by the organisation as learning opportunities and changes were implemented to keep people safe. We noted that audits of a number of processes were completed on a regular basis. The system of regular audits or checks ensured people were receiving safe and appropriate care.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.