Cumbria County Council

South Cumbria Domiciliary Support Services (Kendal)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 7 and 14 November 2017. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we wanted to make sure that the registered manager was available.

This was our first inspection of this service since it registered with us.

The service provides personal care and support to people living with learning disabilities in their own homes. People using the service lived in a variety of ordinary flats and houses some in multi-occupation shared by other people in the town of Kendal. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises that are used for this inspection we looked at people's personal care and support.

The care service has 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 purpose of the service is to enable people to live as independently as possible in the community. At the time of the inspection there were 23 people receiving the service.

There was a registered manager in post. 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.

Medicines were being administered appropriately but records relating to their management were not consistent across the service. However we did not see that it had impacted on people receiving their medications as they were prescribed.

Staff had received training on safeguarding and understood how to protect people from harm and abuse.

We saw that risk assessments had been completed covering aspects in protecting people in their own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice. However some of the assessments we looked at were not entirely person centred and care records had not always been reviewed in line with the provider's policies.

We found that the service worked well with a variety of external agencies such as social services and health care professionals to provide appropriate care and support to meet people's physical and emotional needs.

People received support from a regular team of staff who they knew well and who understood the care and

support they required. We saw that people were treated with kindness, dignity and respect and they made positive comments about the staff who supported them in their homes.

Support was provided in a manner to people to promote their independence for example supporting them to join in with activities in the community.

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

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged if required.

Systems that were in place for monitoring of the quality of the service had not always been effective in identifying the issues we found in some of the care records during the inspection.

We made recommendation that the service develops the processes used in the quality of their auditing systems of care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People received their medicines as prescribed but records were not consistent in the service.

Some people risk assessments were not always applicable.

People told us they felt safe receiving this service.

Is the service effective?

Good

The service was effective

People received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring

People told us staff were caring and kind.

Care and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive

Staff took into account the needs and preferences of the people they supported and knew them well.

Care plans had not always been reviewed on a regular basis.

There was a system to receive and handle complaints or concerns

Is the service well-led?

Requires Improvement

The service was not always well-led

There were areas of the records in the service that need to improve to ensure the quality of care planning was consistent across the service.

Systems in place to monitor the quality of the service provided needed to be developed.

People told us they thought the service was managed well.

The staff were well supported by the registered manager.

South Cumbria Domiciliary Support Services (Kendal)

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 first rated comprehensive inspection took place on 7 and 14 November and was unannounced. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff and we needed to be sure that they would be in.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults living with a disability.

This service provides care and support to people living in 10'supported living settings, so that they can live in their own home as independently as possible. 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.

The inspection was carried out by a lead adult social care inspector and an expert by experience that made contact with some people who used the service and relatives to ask for their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time.

The inspector visited the main office on both days to look at records of how people were cared for and on day one we visited two of the properties used to check that the records kept in people's homes reflected their care. We looked at five care plans, three staff recruitment files, spoke to the registered manager, the provider's operations manager, four care workers, two people who received services and four relatives. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

We asked people what they thought about the service and checked to see that care records kept in their homes accurately reflected people's needs.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "Yes I feel safe." Another person said, "I'm happy here and I get on with all my neighbours." Relatives also told us they thought it was a safe service. One relative did raise a concern that related to the level of staffing in one of the properties. We spoke to the registered manager and operations manager who reassured us that procedures they had in place, including the on call system, would provide support should an emergency situation arise if staff were lone working.

We saw that risk assessments had been completed covering aspects in protecting people in their own home and their activities in the community. However we saw some of those assessments were not always person centred and applicable to the individual and some had not been reviewed to reflect changes to people's care needs or personal situation. For example all people in the service had the same risk assessment in place for the manegment of their monies but we found that some of the risks identified were not actually applicable to every individual.

The provider was in the process of reviewing and improving the care records used in the service. The registered manager took immediate action in reviewing some of the risk assessments during the period of the inspection. On our second visit we saw that some of the risk assessments had been reviewed and were reflective of people's current needs. We saw an example of the improved care plans being implemented and they included improved records that would be used for managing people's medications.

We saw that when accidents and incidents had occurred these had been investigated and any actions from lessons learned had been implemented. Where relevant these had reported to the relevant authorities. For example when concerns had been raised about keeping people safe information had been shared with the local authority safeguarding adults team and via statutory notification to us.

Staff we spoke with told us and training records we looked at confirmed that they had completed training in the safe handling of medicines. This helped to ensure that staff were knowledgeable about the management of medications for people using the service. People were also supported where appropriate to manage their own medications. We saw that there were some inconsistencies in how records were managed in different properties. For example the recording of as when required medications (PRN) were given. However we did not see that it had impacted on people receiving their medications as they were prescribed. We were also reassured by the registered manager that the new care records would standardise practises across the service.

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults.

We looked at the staffing rotas and saw that each of the properties had a structured team of staff and a

designated supervisor (team leader) that provided 24 hour cover. At the time of the inspection we saw that there were sufficient numbers of suitable staff to meet people's assessed needs and promote their safety. Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at three staff files for recruitment and saw that the necessary checks on employment had been completed. Checks of suitability had been made to ensure that fit and proper persons were employed. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Good

Is the service effective?

Our findings

People we spoke with made positive comments in relation to the service being effective. Relatives we spoke with felt that their loved ones health needs were well cared for and they were kept informed about any changes. Records showed people were encouraged to maintain or achieve good health. People had been supported in seeing health professionals including dentists and opticians whenever they required to. This meant their health needs were effectively managed.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We have lots of training planned." Another care worker said, "I feel we have a good wide range of training available and we are actively encouraged to carry on learning. We have access to an online training suite that means we can refresh or look at other areas like the Care Act etc. whenever we want to." We saw new employees completed an induction training programme before working in people's homes.

The care staff we spoke with told us that they had regular meetings and could contact the registered manager to discuss their practice. Staff said that they knew how they could contact their supervisors if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised.

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. We saw 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. People had been protected through applications made by the service to The Court of Protection. This is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

Some people who used the service were supported with the use of technology including the use of devices to access the internet for shopping and keeping in touch with family members.

Good

Is the service caring?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being caring. One person said, "I like all the staff they are caring and look after us. Another person said, "I like all the staff here I have nothing to worry about here and if I do I speak to them." A relative told us, "On the whole staff are very caring, kind and well trained from what I can tell."

People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. The service had commenced updating and improving the quality of the care records. The new records we looked at would evidence better where people could they had been included in their care planning agreeing to the level support they received.

Staff were knowledgeable about the individuals they supported and about what was important to them in their lives. People received care and support when they needed it and in a way that took account of their expressed wishes and preferences. A care worker we spoke with said, "We give personal care and have to support each person individually, as they all have different care needs and more importantly different like and dislikes." Another told us, "All our staff are caring, we have a standard and we all work to that standard. It's important we make sure our service users have as good a life as possible."

The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

The service provided to individuals was focussed on supporting them to maintain their independence as long as possible and supporting them to achieve positive outcomes in their lives depending on their needs and their abilities. A care worker we spoke with said, "We encourage all of the people we support to be as independent as they can, for some that looks different to others. For example we have good churches in Kendal and the church offer a pick service on a Sunday, we actively encourage people, if they want to, to go with other parishioners to church and this gives them a sense of being part of that community."

We looked at the arrangements in place to ensure equality and diversity in the service and it supported people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. We saw some people on a regular basis were able to spend time including overnight stays at their relatives homes.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us felt they were part of planning the care plans when their relatives first went into the service. However one relative said they hadn't had a planning session for a long time. Another relative said they were involved in their relatives review every year and that they were actively involved in the care planning. Records we looked at showed that some people had not had their care plans reviewed in line with the provider's policies and procedures. We saw that some information was no longer relevant to individuals.

We were made aware during the inspection that the service was updating and improving the care records in use. The registered manager showed us some of those new records and information in those was current and accurate. The new records were more reflective of being person centred and evidenced people using the service had been involved where appropriate. Despite the care records not being regularly reviewed people told us that the care staff who supported them knew the support they required and how they wanted their care to be provided. One person told us, "The staff know, understand and work really well with my relative."

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint. A relative told us, "I've never needed to complain about the place in six years they are amazing, they should be held up as a centre of excellence." Another relative said, "I have no complaint about this service they are so good at supporting my relative."

We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities. People were fully supported to engage in a variety of activities of their choice and to go about their daily activities. One person told us, "I go to work five days a week, I've been doing photocopying today, I like going to work." Another person we spoke with said, "I go shopping on Saturday with staff and get things I need."

At the time of our visit there was no one approaching the end of their life. We saw that the service had not addressed this topic with people who used the service and told us they would further develop care planning for supporting people as they approached the end of life in the new care records being implemented. This would mean the staff would then have the necessary knowledge to support people in a way that they preferred.

Requires Improvement

Is the service well-led?

Our findings

Most people we spoke with felt that the organisation was running well. We were told it had improved and everyone was happy with how it was being managed. The service had a registered manager who had only been in post a few months and comments we received were all positive about the changes being made by her. A relative told us, "The new manager seems to be putting a bit of life back into the organisation. You now get to know what's going on."

Since being post the registered manager told us about the work she had already completed to improve the service which included some recent recruitment of new staff. She also recognised that there still needed to be improvements to be made in how people's care records could be more informative and how this would help in achieving the delivery of a higher quality of care and support in promoting a more person centred service.

We saw that senior staff were available in each housing scheme for people who used the service both day and night. People we spoke with said they could speak with the registered manager and staff whenever they required. A member of staff told us, "We had a staff meeting yesterday with the manager and we talked about ways of improving the service and how we can make those changes." We were also told by relatives that they were invited to regular meetings to discuss the service.

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. Staff also said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

The service worked in partnership with other professionals and had a very strong connection with the local GPs and community health professionals to ensure people received the appropriate care and support to meet their needs.

Systems in place for monitoring of the quality and safety of the service had not always been effective in identifying the issues we found in some of the care records during the inspection.

We recommended that the service develops the processes used in the quality of their auditing systems of care records.

People who used the service were given opportunities to share their views about the care and support they received. There were systems in place to monitor the safety of the facilities provided. Regular staff and team meeting were held, these helped people to recognise where improvements could be made or identify what the service did well.

We saw that staff supervision was completed and gave the staff opportunities to discuss their training needs and discuss the running of the service. The staff we spoke to said that they would be confident to speak to any senior person in the organisation if they had any concerns about the conduct of any other staff

members. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.