

Cumbria Care

# South Cumbria Domiciliary Support Services

## Inspection report

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Date of inspection visit: 17 July 2014  
Date of publication: 21/11/2014

### 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 

### Overall summary

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 and to look at the overall quality of the service.

We last inspected this service in January 2014. At that inspection we found the service was meeting all of the regulations that we assessed.

South Cumbria Domiciliary Support Services is carried on by Cumbria Care, a part of Cumbria County Council. It provides support to adults who have a learning disability who live in their own homes. The agency provides supported living services to people living in the South

# Summary of findings

Lakeland and Furness districts of Cumbria. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not.

This was an announced inspection, carried out between 17 July and 25 July 2014. We announced this inspection at short notice because we needed to check that the registered manager, or another senior person in the service, would be available to speak with us at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the time of our inspection the service provided support to 43 people who lived in 14 properties in Kendal, Ulverston, Barrow-in-Furness and the surrounding areas. During our inspection we spoke with 16 people who lived in eight different properties. With their agreement, we visited 13 people in their own homes and met another three people at an activity they attended in the local community.

We asked people who used this service and the staff who supported them for their views of the service and we observed how the support staff interacted with people. During our visit to the service we spoke with three of the supervisors of the service and with the registered manager. We also looked at the care records for seven people and looked at records that related to how the service was managed.

People who used this service were safe. The staff who supported them knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. Staff were well trained and competent to meet individuals' needs.

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.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided. The decisions people made were respected. People were supported to maintain their independence and control over their lives. People were encouraged and supported to follow meaningful activities including work placements and hobbies in and away from their homes.

People were treated with kindness and respect. People we spoke with told us, "I have the best support workers" and said, "This is a good service, we get good care". We saw that the staff took time to engage with the people they were supporting. We saw that care was focussed on each individual and what they could do, as well as providing support with tasks that they couldn't manage on their own.

People were able to see their friends and families as they wanted. People were supported to develop relationships that were important to them.

People received a choice of meals and drinks, which they told us they enjoyed. People who needed support to eat and drink received this. People who wanted to make their own meals were supported to do so. This promoted people's independence.

The service had safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service.

There were sufficient staff, with appropriate experience, training and qualifications to meet people's needs. The service was well managed, the registered manager set high standards and took appropriate action if these were not met. This ensured people received a safe service that promoted their rights and independence.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe. There were enough staff to provide the support people needed, at the time they required it. The staff knew how to recognise and report abuse. The registered manager of the service took appropriate action in response to concerns raised.

People made choices about their lives and the decisions they made were respected. People were given the information and support they needed to remain safe in their homes and in their communities.

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

Good



### Is the service effective?

This service was effective. People received a high quality of care. They were supported to lead active lives, in the way they chose. People had a choice of meals which they enjoyed. Individuals who required support to eat and drink received this in a patient and kind way.

People received the support they needed to maintain their health and to see their doctor when they needed.

The staff were qualified, trained and competent to provide the support individuals required. The staff knew the people they were supporting and the care they needed.

Good



### Is the service caring?

This service was caring. People were treated in a caring and kind way. Staff were friendly and patient when providing support to people.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People were treated with respect and their independence, privacy and dignity were protected and promoted. They were included in making decisions about their care. The staff were knowledgeable about the support people required and about their preferences about how they wanted their care to be provided.

Good



### Is the service responsive?

The service was responsive to the needs and preferences of people who used it. The staff knew how each person communicated their wishes and gave individuals the time they needed to make and express their decisions.

People were supported to maintain relationships which were important to them.

There was a good system to receive and handle complaints or concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a registered manager employed to oversee the service. The registered manager set high standards and took appropriate action if these were not met. People who used the service knew the registered manager and were confident to raise any concerns with them.

The staff were well supported by the registered manager. The service had good systems in place for staff to identify and report incidents or concerns and for these to be investigated and action taken. There were systems to monitor incidents and to use these to improve the service provided to people.

The registered provider had systems to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on.

**Good**



# South Cumbria Domiciliary Support Services

## Detailed findings

### Background to this inspection

We carried out this inspection between 17 and 25 July 2014. The inspection team consisted of an inspector and an expert by experience who had experience of services that support people who have a learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience was accompanied by their own support worker.

The inspector visited the service on 17 and 25 July to look at records around how people were cared for and how the service was managed. On 18 July the inspector, expert by experience and their support worker met seven people who used the service. We visited four people in their homes and met three people at an activity in the local community. We also visited the agency offices to speak with the supervisor in charge and to give initial feedback of our findings from our meetings with people. The inspector visited another nine people who use the service on 22 and 23 July 2014.

During our inspection we spoke with 16 people who used this service, six support staff, three of the service supervisors and the registered manager. We asked people for their views on the service and observed interactions

between people who used the service and the staff who were supporting them. We looked at the care records for seven people and also looked at records that related to how the service was managed.

The registered manager of the agency had 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted local commissioners of the service and social work teams to obtain their views.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe with the support they received from this service. We saw that they felt comfortable and were relaxed with the staff who were supporting them. During our visits we saw that people looked to the staff for reassurance if they felt anxious. People appeared confident when the staff were there to support them.

The staff we spoke with told us that they had completed training in recognising and reporting abuse. They said they had never witnessed any ill treatment of people and would not tolerate any form of abuse or discrimination. All the staff said they would be confident reporting any concerns to a senior person in the service. We saw that the support staff were aware of their responsibility to protect people from harm or abuse.

Some people who used this service also received support from other service providers. We spoke with two staff who were employed by other services that people used. They said they had never had any concerns about how people were supported by South Cumbria Domiciliary Support Services. They told us that they believed people were safe receiving support from this agency.

The registered manager and supervisors of the service showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. They had a good understanding of the Mental Capacity Act 2005, (MCA). The care records we looked at showed that the principles of the MCA were used when assessing an individual's ability to make a particular decision.

The staff told us that they knew how to protect people from risks because all hazards to an individual, and the actions they needed to take to protect people, were recorded in individuals' care records.

People who could speak with us told us that the support staff gave them advice about maintaining their safety in their homes and in the community. Some people who used the service required full time support and this was provided according to their needs. Other people required a lower

level of support and were able to live more independently in the community. They told us that the risks associated with having greater independence and choice had been explained to them.

One person had been assessed as being at risk when near traffic on their own. They told us that this did not stop them from being able to visit their family, as friends who they lived with went with them to help them remain safe. This had been agreed with the friends they shared a property with and enabled them to visit their family safely without support from the staff. Another person volunteered at a local kennels. We saw that they had a pictorial risk assessment to remind them about how to stay safe around the animals. People were supported to take appropriate risks with safeguards in place to manage the identified hazards to their safety.

People told us that they received the support they needed because there were enough staff available to assist them. People in different properties required different levels of support. The staffing levels in each property were assessed to ensure that there were sufficient staff to meet individuals' needs and preferences about their care and lives. Some people required support for a few hours each week, other people needed full time support. We saw that the staffing levels in each property were based on the needs of the people who lived there and were sufficient to promote individual choice and people's independence.

The service had a stable staff team and no new staff had been employed in the two years before this inspection. We looked at the provider's recruitment procedure and saw that a safe procedure was in place. We saw that all the checks and information required by law had to be obtained before new staff could be offered employment in the service. Some of the checks were carried out by the registered provider and staff could not be employed until these were all completed.

Cumbria Care, the registered provider for the service, had robust procedures in place to address issues around staff performance or behaviour. We saw that appropriate action had been taken where concerns were raised about a member of staff and their suitability to work in people's homes. The disciplinary procedures ensured that people were only supported by staff who were suitable to work in their homes and who were able to meet their needs.

# Is the service effective?

## Our findings

People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice. People told us that they were very happy with the care they received and said this supported them to live in and be a part of the local community. People were supported to set themselves goals of what they wanted to achieve such as going on holiday, finding employment or developing their personal relationships. 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 told us that the staff were able to provide the support they needed. They said they liked the staff who worked with them and knew them well. They told us that the staff knew the support they required and provided this at the time they needed it.

We looked at the records around staff training. We saw that all staff had completed thorough induction training before working in people's homes. All of the staff we spoke with told us that they usually worked in the same properties, supporting people who they knew. They said that if they moved to support people in a different property, they worked with a more experienced staff member before working on their own. The staff told us that this helped to ensure they knew the support people needed and how they wanted this to be provided. One staff member told us this was important as they worked with people who could not easily communicate their wishes. They said that working with a more experienced staff member helped them to understand how each person communicated.

We saw that staff who worked with people who had complex needs had completed training to ensure they had the skills to meet those needs. The systems used to allocate staff to support people ensured staff were only deployed in a property if they had the skills and knowledge to meet the needs of the people who lived there.

All the staff we spoke with said they received good support from the supervisors and registered manager of the service. They said they had regular formal supervision meetings with their supervisor to discuss their work.

Some people who used this service received help from staff to prepare or eat their meals. Other people were able to

prepare their own meals with assistance from staff and some people were wholly independent, doing their own shopping and preparing and eating their meals as they chose.

People who received support with their meals said they enjoyed the food cooked by their support staff. Other people told us they liked to plan their own meals and then to assist the support staff to prepare them.

We saw that people who needed help to eat received this in a patient and kind way. We observed a mealtime in one property and saw the staff made this a pleasant and social occasion. The staff knew the support each person required and provided this in an appropriate manner.

We also observed that one person did not want to have the meal that the staff had prepared. They decided to make their own meal later and this decision was respected by the staff on duty. They told us, "The staff try to encourage me to eat healthy meals, but sometimes I want something different and that's fine".

Some people received support to meet their health care needs. They told us that the staff who supported them assisted them to arrange to see their doctor or other health care services as they required. One person said, "I can go to my doctor on my own, but sometimes I want a staff member to come, as they can help me to understand what the doctor says". Another person told us that the staff encouraged them to attend an annual health check with their doctor. They said, "The staff explain to me why it's important to go and then it's my choice. I usually do go, because they explain to me why it's important".

People told us that they received care from male and female support staff. They said they chose who to speak to if they needed advice about their health. One person told us, "I can talk to any of the staff if I have a problem, but if it's personal I like to speak to one of the female staff".

We looked at the care records for three people who had complex communication needs. We saw that a document had been developed called a hospital passport. This detailed how the person communicated and what was important to them in their care and their lives. The individual could take this with them if they had to go to hospital. This helped to ensure that the hospital staff had up to date information to help them communicate with the person and to provide care in line with their wishes. We also saw that one person had been supported by a staff

## Is the service effective?

member when they were in hospital. This support helped to ensure that they received continuity in their care and to reduce their anxiety about being away from their home. The service ensured people received the support they needed to maintain their health.



# Is the service caring?

## Our findings

People who could tell us about their care made many positive comments about the staff who supported them and about the quality of care they received. One person told us, “The staff are nice” and another person said, “I have the best support workers”. People told us that they liked living in their homes supported by the service staff.

People told us that they were supported by staff who they knew and who knew the support they needed. During our visits to people’s homes, we saw that the staff were able to communicate with the individuals they supported. We saw that the staff were caring and patient when supporting people.

The people we visited confirmed that the staff listened to them and included them in decisions about their care and lives. We saw positive interactions between the staff and people who used the service. People told us that they felt the staff wanted them to receive good care. One person told us, “This is a good service, we get good care”. During all of our visits to people we saw that the staff took time to speak with people and gave them time to communicate their wishes. Everyone we visited appeared comfortable with the staff who were supporting them. We saw that support was focussed on the individual and on providing the care they wanted.

From speaking to people who used the service and by looking at the care records, we observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We saw the staff were caring, compassionate and respectful. People who could speak with us confirmed that their support was always provided in a caring and respectful way.

Everyone we spoke with told us that they had been included in agreeing to the support they received. We saw

that, as well as people’s choices being recorded in their care records, people were given choices about their lives by the staff who were supporting them. We saw that staff knew how people liked to spend their time and provided support for them to follow the activities that they enjoyed.

Where people could not express their wishes about their care we saw that their relatives, or other people who knew them well, had been asked about what was important to them in their lives.

The service had good links with local advocacy services that supported people who had a learning disability. An advocate is an independent person who supports people to make and to communicate their wishes. We saw that the supervisors in the service had referred people to local advocates to support them to make decisions and to express their views. Two people told us that they had the email address for their advocates and were able to contact them as they wanted. People had appropriate support to express their wishes.

Everyone we spoke with said that the staff who supported them respected their privacy. One person said, “The staff knock on the door to my room if they want me”. Another person told us, “I have a lock on my bedroom door, so no one can go in, it’s my private space and I like that”.

During our visits to people we saw that the staff asked permission before going into people’s private accommodation.

We saw that people were encouraged to do as much for themselves as they were able to. People who used this service were supported to be as independent as possible with the staff assisting them as they needed. One person told us that the support they had received had increased their independence and reduced the level of assistance that they needed. They told us that they made choices about all aspects of their lives which the support staff respected.

# Is the service responsive?

## Our findings

People we spoke with told us the service provided was responsive to their needs and the decisions they made about their lives. They told us the support they received could be changed if they required this. One person told us, "If I'm ill and don't want to go to day services I don't go and the staff stay with me". Another person told us they received the support they needed as they requested. They told us, "Sometimes I have meetings to go to. The staff are flexible and do come and support me if I ask them to". One person had been in hospital and we saw from their records that staff from the service had supported them during their stay to help the hospital staff understand their needs and to provide continuity in their care. We saw that the service was responsive to individuals' needs and to the choices they made about their support.

People told us, and we saw during our visits, that they made choices about their lives. They said the staff who supported them respected the decisions they made. People told us that the staff who supported them knew what was important to them in their lives and their preferences about their care. We saw that the staff were knowledgeable about the support people required and the choices they had made about their care.

People told us that they had been included in developing their own care plans. They said they had a member of staff who knew them well and who discussed their care plans with them. They told us that the care plans were reviewed regularly and that they, or a person who was important to them, were involved in these reviews.

We looked at the care records for seven people who used the service. We saw that each person's needs had been assessed before they were offered support by the service. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. The needs assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet their identified needs. We saw that people used the service and their families had been included in developing the care plans. The care plans included information about the person's life, preferences and how they communicated their wishes. Some care plans were in pictorial format to help the individual to understand what was written about them. The information

in the care plans was written in a positive and respectful way, including what each individual could do and what tasks they required support with. The care records ensured that support staff had written information to tell them about each person and what was important to them.

People told us that the staff asked what support they required and only provided this with their agreement. They told us that they could refuse any part of their planned care if they wished. They said the staff helped them to understand why they needed support, but respected their choice if they wanted to refuse part of their care.

Some people who used the service could not easily express their wishes about their care. We saw that the staff who worked with them knew how they used non-verbal signs to express how they were feeling. We saw that the staff knew how people showed that they agreed to receive support and how they expressed that they did not consent to receiving care. We saw that people's decisions were respected.

Some people who used this service were not able to make important decisions about their care or lives. Where people needed to be supported in making major decisions about their lives this was recorded in their care plans. We saw clear records which showed that the individual's ability to make the decision had been assessed. The records showed the steps which had been taken to ensure appropriate people had been consulted to represent their views and to ensure decisions were made in their best interests. We saw that, where people needed support to make or express important decisions, the Independent Mental Capacity Advocate service had been contacted to support the individual. The role of the Independent Mental Capacity Advocate service is to support and represent people at times when important decisions are being made about their health or social care. They are involved when a person is not able to make the decision themselves and when they do not have family or friends who can represent them.

One person had required support to make a decision about the health care they received. Their care records showed that the service had arranged for a health advocate to support them in understanding why they needed the health care, the different choices they had and the risk of not attending a planned appointment. People gave consent to their care and received appropriate independent support to make and communicate important decisions. This helped to protect their rights.

## Is the service responsive?

During our visits to people we saw that they were placed at the centre of their care. The routines in each property we visited were responsive to the needs and preferences of the people who lived there. We saw that some planned activities were changed to take account of the choices of people who used the service. The staff supporting people were patient and gave individuals the time they needed to make and express their decisions. We saw that the staff understood how each individual communicated their wishes.

People told us that they followed a range of activities in their homes and in the local community. They said the staff supported them to follow activities of their choice either on their own or with other people who had the same interests. During our visits to people we saw that they were supported to be in control of their own lives. The staff in each house knew the preferences of the people they were supporting. Some people told us that they attended work during the week and said they enjoyed this. Other people, who had more complex needs, followed activities in their own homes or the community supported by staff. Some people, who were able to live more independently, followed activities with no support from staff. The level of support provided was based around the needs of each individual.

People told us that they were supported to maintain relationships which were important to them. They said they

could see their friends in their own homes, or visit them as they chose. Four people we spoke with were in long term relationships. They told us that the staff had supported them to understand and to express their choices about their relationships. Two people told us that they had chosen to go on holiday together. They said that the staff had supported them to make important decisions about their relationship. The records we looked at showed that the service had sought advice from the specialist learning disability nursing team to help the individuals to understand issues around consent in their relationship. We saw that people were supported to make informed choices about the relationships that were important to them.

Everyone we spoke with told us they would be confident speaking to their support workers, one of the service supervisors or the registered manager of the service if they had any complaints or concerns about the care they received. The registered provider had a formal procedure for receiving and handling concerns. People we spoke with confirmed that they had been given a copy of this procedure. The staff we spoke with told us they knew how people could raise a concern about the service and would be able to assist them if they required. One staff member said, "If the complaint was about another staff member, I'd ask the supervisor to come here to speak to them. If the complaint was about me, I'd ask another support worker or a supervisor to come and speak with the customer".

# Is the service well-led?

## Our findings

A registered manager was in post at the service. People who could speak with us told us that they thought this service was well managed. People told us that they knew how to contact the agency office if they needed to. They said they knew the registered manager of the service and how they could contact them. One person told us, “I would speak to [the supervisor] if I had any concerns or speak to my support worker or to the manager”.

Each supervisor in the service was responsible for different properties. All the people we spoke with told us they knew the supervisor who oversaw the property they lived in. They all told us that the supervisors asked for their views about the service they received and said they would be confident to speak to the supervisors if they had any concerns.

People we spoke with told us that they were involved in agreeing to how the service was provided in their homes. They said they were asked about and encouraged to share their views about the service they received. One person told us, “[The supervisor] asks if I’m happy when she comes here, I’d tell her if I wasn’t”.

Some people who used the service had chosen to have regular meetings with the people they shared a house with. They told us that they found this was a useful way for them to agree to changes or to be involved in making decisions that affected everyone living in the house. People told us that one of the support workers helped them to hold the meetings and to record notes about what had been discussed and what had been agreed. We saw some records of these meetings. We saw that they were in a format which suited the needs of people living in the different houses. Some were written in accessible language and others were in pictorial format to ensure people were able to understand them easily.

We saw that the topics discussed at the meetings included people telling the support worker how they wanted the service provided to them to be improved. People in one house had expressed concerns about their support staff being moved to work in other properties. We saw that this concern had been shared with the registered manager of the service and they had taken action to try to ensure regular staff teams always worked in the same properties. This showed that the registered manager listened to the views of people who used the service.

All the staff we spoke with said that they would be confident to speak to a senior person in the organisation if they had any concerns about another staff member. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.

Cumbria Care, the registered provider for the service, had a set of visions and values which staff had to work to and to demonstrate in their interactions with people they supported. These included staff being committed, compassionate, caring and competent. People we spoke with told us that the staff who supported them were caring and compassionate. They told us “The staff are kind and easy to get on with” and said, “This is a good service and all the staff are nice”.

The registered manager of the service had developed a business plan, which set out targets for the service to achieve to further improve the quality. We saw that the business plan included embedding the visions and values in staff behaviour.

The staff we spoke with showed that they were committed to providing people with the highest quality of care which would support them to have the best quality of life. One staff member told us “People deserve good care and we care for people how we’d want to be cared for”. Another member of staff said, “We work in people’s homes, this is their home, we’re here to make sure they can live as they choose”.

The staff we spoke with told us that they felt well supported by the registered manager and by their supervisors. One person said, “[The supervisor] is always there if we need her, and if she’s off we just phone the office and we can speak to any of the supervisors or the manager”. The staff we spoke with told us they that they enjoyed their jobs and said they had the support and resources they needed to carry out their roles.

We saw that the service had good systems in place for staff to identify and report incidents or concerns and for these to be investigated and action taken. We saw that where an incident highlighted a training need for an individual staff member additional training and supervision had been provided. Where an incident identified areas which could be used to improve the service the lessons learnt were shared with all staff.

## Is the service well-led?

The service had formal systems to assess the quality of the support provided to people. People who used the service were given opportunities to share their views about the care they received. As well as formal meetings in properties, people who used the service had been asked to complete a quality survey, to share their experiences of the service and to suggest how they would like the service to be improved. All the completed surveys that we saw were positive about the service provided.

As part of the quality monitoring of the service the supervisors and registered manager carried out regular checks on the quality of records held in the service office and in people's homes. These checks helped to ensure that records were up to date and gave staff the information they needed to support people. The registered provider also had a quality assessment team who carried out their own audits of the quality of the services it carried on. This ensured that the registered provider maintained oversight of the quality of the services it provided.