

Westmorland and Furness Council

Support at Home

Inspection report

Bridge Mills
Stramongate
Kendal
Cumbria
LA9 4UB

Tel: 01539713089

Date of inspection visit:
20 December 2023
09 January 2024

Date of publication:
06 February 2024

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

About the service

Support at Home is a home care service providing support and personal care to people living in their own homes. The service provides short-term, structured reablement support to help people to regain their independence following an illness, injury, disability or loss of personal networks or social support. The service also provides short-term personal care following a period of reablement. The service is provided in the Eden, South Lakes and Furness districts of Cumbria. At the time of our inspection there were 63 people using the service.

The provider for the service changed to Westmorland and Furness Council following local government reorganisation in Cumbria and the creation of Cumberland Council and Westmorland and Furness Council. The service was previously carried on by Cumbria County Council.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were safe and protected from abuse and avoidable harm. Risks to people's safety had been identified and managed. There were enough staff to support people. People received the support they needed to take their medicines safely. People were supported to continue to manage their own medicines, to retain their independence. People were protected from the risk of infection.

People's needs were assessed before their support was agreed. This helped to ensure the service was suitable to meet their needs. Staff were trained to give them the skills to support people. People received support, as they needed, to maintain a balanced diet. Staff supported people, if required, to contact their doctors. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people in a kind and caring way. They supported people to regain their independence. Staff asked people for their views and included them in decisions about their support.

Support was planned and provided to meet people's needs. People were included in setting goals they wanted to achieve. Staff supported people to meet their goals and reviewed their support as the care they needed changed. Staff knew how people communicated and provided information in the way people needed. The provider had a procedure for responding to complaints about the service. Where people raised concerns, the registered manager took action to resolve issues they shared.

People knew the management team and how they could contact them. People valued the support provided and said they would recommend the service. Staff were well supported and able to provide good care to people. The provider and registered manager were aware of their responsibilities under the duty of candour. The service worked cooperatively with other services to ensure people received the support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2023 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good (published on 13 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Support at Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 20 December 2023 and ended on 9 January 2024. We visited the location's office on 20 December 2023. We contacted people who use the service and staff between 4 January 2024 and 9 January 2024.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 6 people who received support from the service and 2 people's relatives. We spoke with the registered manager, deputy manager and 3 members of staff. We contacted 6 staff for their feedback about the service.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe with the staff who visited their homes. One person said, "I do feel safe with the staff visiting me." Another person told us, "They [staff] made me feel safe."
- Staff were trained in how to identify and report abuse. They told us they would report any concerns to a member of the service management team or to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The aim of the service was to support people to regain their independence. Risk assessments were used positively to support people to carry out tasks themselves and regain their independence. One relative said, "Staff spent a great deal of time to help my [relative] to walk safely and shower safely."

Staffing and recruitment

- The provider ensured there were enough staff to provide people's support.
- People told us they received the care they needed and said there had never been an occasion when staff did not attend to provide their support. One person told us, "I haven't had a carer [staff member] not turn up nor had them come very late." Another person said, "Only one carer didn't turn up and I got a different carer sent out to me and a phone call to explain the change."
- Some people told us they felt more staff were needed. One person said, "I would say that the carers [staff] were over worked and very pushed for time ... However, they were adequate for my needs and just what I required."
- Staff told us their rotas were well organised and gave them the time they needed to provide people's planned support. One staff member said, "Adequate time and travel time is allocated to ensure the support worker has sufficient time to carry out their duties to meet the service user's needs."
- Staff also told us the managers in the agency monitored workloads and refused to agree to accept further support referrals if they did not have capacity to ensure care could be provided. One staff member said, "The service decreases capacity to ensure the safety of the service if we have long term absences."
- We shared people's feedback regarding staffing levels with the registered manager for them to look into.
- The provider operated safe recruitment processes when new staff were employed. New staff had to provide evidence of their good character and were checked against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were trained in how to manage people's medicines and how to record the support they gave to people. Staff told us the training provided ensured they had the skills to support people with their medicines safely.
- People were encouraged to continue to manage their own medicines to retain their independence. Most people did not need staff to support them with their medicines. One person had been supported with their medicines by staff. They told us, "They [staff] come in the evening to help me with my medication."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff were trained in infection prevention and control and how to use PPE to protect people from infection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager and provider monitored the service and learned lessons from any incidents. Learning from incidents was shared with the staff team to further improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People told us they had been included in their support assessments. One person told us, "They [staff] came to my house to assess me and arrange a care plan for the short period of 4 weeks." Another person said, "Someone came out to see me ... and assessed me for the amount of support I would need."
- People identified goals they wanted to achieve, to regain their independence. People's goals and support needs were recorded in their support plans to guide staff on how to support them.
- Staff monitored people's progress in achieving their goals and supported people to regain their independence.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People told us most staff who supported them were skilled and provided good care. One person said, "I have been very happy with all the carers [staff] and 2 were outstanding." Another person told us, "Most of the carers are skilled." One person said some staff were more skilled than others. They said, "Some [staff] were skilled and others, not so skilled."
- Staff said they had completed a range of training and were confident they could meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support, as they needed, to eat and drink enough to maintain a balanced diet.
- Most people did not need support from staff to prepare or enjoy their meals. Where people needed support with preparation of their meals and drinks, this was provided. One person told us, "They [staff] made all my meals and drinks." Another person said staff had supported them to make their own meals. They told us staff "advised me, and observed me, and 'helped out' where I had difficulties".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care and support.
- The service worked with other agencies to support people to return home after being in hospital. One person told us they had been anxious about returning home, but the support provided by the service had enabled them to do this safely.

- Most people did not need support from staff to arrange or attend healthcare appointments. Staff told us they would be confident supporting people to contact their doctor if they needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff were aware of their responsibilities under the MCA and people's rights were respected.
- The registered manager and staff were trained in the MCA. Staff sought people's consent before providing any support. People could refuse planned support if they wished.
- People's care records gave staff guidance about seeking consent and respecting the decisions people made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported.
- People said the staff who supported them were kind and said they liked the staff who visited their homes. One person said, "They [staff] are very kind and caring and I do get on well with the staff." Another person said, "They [staff] are kind and considerate and make me feel at home."
- Staff were patient with people and gave them time and support as they needed. One person told us, "I am very grateful for their [staff] patience with me."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity were respected, and their independence was promoted.
- Everyone told us the service had promoted their independence and said this had been important to them. One person told us, "I was supported to be confident in my ability to maintain my independence." Another person said, "The support was important to me to enable me to be able to do more things for myself."
- People were supported to express their views and make decisions about their care. One person said, "The staff have always asked what I wanted." Another person told us, "The staff know me by now so know what I need."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and abilities.
- The aim of the service was to support people to regain independence. People were included in identifying goals they wanted to achieve, and their support was planned to help them to achieve these.
- People's support plans gave guidance for staff on the support they needed. Staff monitored people's progress on achieving their goals and arranged for their support to be amended, as required, to achieve their goals.
- Where people requested changes to their planned support, the service arranged this where possible. One person told us, "I have changed call times, in fact I have done it several times." Another person said, "I have requested changes in call times."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- The registered manager assessed people's communication needs. Information about people's preferred means of communication was included in their support plans to guide staff.
- Staff knew how to share important information with people.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service.
- The registered manager listened to people's concerns and used these to improve the service.
- People told us, if they raised any concerns with the registered manager or staff, action was taken to resolve the issues raised. One person said, "I have spoken to the manager [registered manager] when I had concerns." Another person said, "I did know who to contact when I had concerns. Actions were taken when concerns were raised."
- Staff knew how people could complain about the service and said they would be confident to support people to do so.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The service did not routinely provide end of life care, as its aim was to provide short-term care to support people to regain their independence.
- Where people who were already receiving support were identified as nearing the end of life, the registered manager had arranged for their care to be adapted and extended so staff could provide the support they needed. This meant people continued to be cared for by staff they knew and were comfortable with.
- Staff who supported people at the end of their life received training and support to provide good care to people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The aim of the service was to support people to gain independence and people confirmed this had been achieved. People told us it was important to them to gain independence and confidence in carrying out tasks themselves.
- People told us they would recommend the service. One person said, "Everything we have had is good." Another person said, "I would [recommend the service] because the agency is very good." Another person said, "It's very good and it's for several weeks and quality was good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour.
- The provider and registered manager were open and honest with people when incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager reported to the provider's service manager and was supported by a deputy manager. People knew how they could contact the management team in the service and said the service was well-managed. 'One person told us, "I do think it is well managed. I have the agency contact number." Another person said, "I do think it's well managed. If I have had a query, I have mentioned it with the carer [care staff] and it's usually sorted."
- Staff felt well supported by their line managers. One staff member said, "The support I have from my manager is great."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider asked people for their feedback and used this to develop the service.
- The registered manager told us people were asked for their views of the service at regular reviews of their support and by completing a quality survey. Records we looked at confirmed this.
- Some people told us they had been asked for their views. One person said, "I completed a questionnaire

early on." Another person told us, "We have had a questionnaire and have completed it."

- Some people said they had not been asked for their views. One person said, "I haven't had a questionnaire to complete or any phone calls." We shared this with the registered manager for them to address.
- The provider and registered manager analysed people's feedback to identify areas of the service which could be further improved.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider, registered manager and staff were committed to providing people with good care and support which met their needs.
- The provider carried on a number of care homes and home care services throughout Westmorland and Furness. Learning was shared within and between services to improve the quality and safety of care and support.

Working in partnership with others

- The provider worked in partnership with others.
- Staff knew the other services which supported people and worked cooperatively with them to ensure people received the support they needed.
- Although it was not the aim of the service to provide long-term care to people, the service continued to support people who required long-term care until an alternative care provider could be arranged. This ensured people continued to receive the support they needed.