

Cumbria County Council

North Cumbria Domiciliary Support Service

Inspection report

Petteril House
Lightfoot Drive
Harraby
Cumbria
CA1 3BN

Tel: 01228227177

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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 announced inspection. We visited the provider's offices on the 5 and 12 April 2017 and made calls to people using the service, staff and Shared Lives Carers during the week commencing 1 May 2017. The provider was given notice of the inspection because they provide community services and we needed to be sure that someone would be in.

This was the first inspection of the service since their registration with CQC.

North Cumbria Domiciliary Support Service is a domiciliary care agency which is registered to provide personal care. The service provides support to people with varying disabilities (aged 18 and above), who live in a supported living setting in the community. The service operates 24 hours per day, seven days per week. The care packages are set up following an assessment of people's needs and support can be provided throughout the day and night. At the time of our inspection there were 8 supported living houses and 23 people used this part of the service.

North Cumbria Domiciliary Support Service also operates a Shared Lives Scheme. This part of the service recruits, assesses and supports paid carers. The carers provide support and accommodation to adults with disabilities who are unable to live independently. Placements are made on a short or longer term basis and the person lives with their carer in their home as part of the family. At the time of our inspection there were 14 households with 21 people living within these families.

There is a registered manager at the service. 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.

There were robust staff recruitment and assessment processes in place for both the Shared Lives Scheme and the supported living aspect of the service.

People who used the Supported Living Service told us that there were usually enough staff available to support them. People were provided with continuity of care because the same staff were usually allocated to work with the same people at the same house. People knew their support workers well and spoke positively about them.

People using the Shared Lives Scheme mostly stayed with their 'matched' carer. However, there were arrangements in place to help manage consistent support during holidays, for example.

The shared lives co-ordinator and supervisors were skilled and experienced. They were well supported in carrying out their roles. In turn, they monitored the placements and provided support and advice to the carers.

Shared lives carers and supported living workers were familiar with the safeguarding protocols in place to help keep people safe. They told us that they had received training in this matter and discussed the process with us, giving examples to back up their knowledge.

We checked whether the service was working within the principles of the Mental Capacity Act. People were supported to have 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 people using the services of this provider were encouraged and supported to make choices about their care, support and lifestyle. Where people were not able to make decisions about aspects of their life, the service worked with other professionals. This helped to ensure decisions were made appropriately and in the best interests of the person concerned.

People had individualised care plans and risk assessments in place. These helped to make sure people received the support they expected and needed, in a safe way. However, there were discrepancies with regards to the accuracy of information kept in people's own home and that maintained at the offices of the service.

We have made a recommendation about keeping records up to date.

Medicines were managed safely with administration records well maintained. However, people using the Supported Living Service were not always encouraged to be more independent and responsible for aspects of their medication needs.

We have made a recommendation about supporting people in the least restrictive way with their medicines.

People who used the services had access to health and social care professionals. Support workers and carers provided support to people when they needed to access services or attend appointments at the doctors or dentist, for example.

People who used the services told us that staff were kind and helpful and that they respected their privacy and dignity.

There were policies and procedures in place to help ensure the service operated effectively. Staff were supported and supervised in their work. Supervision of staff helps to make sure that they work safely and follow the policies and principles of the service.

There was a complaints process in place at the service. Records were kept about complaints although the details of actions taken, outcomes and learning points were not clearly documented.

We have made a recommendation about managing and monitoring complaints.

The provider had processes in place for monitoring the quality of the service. There were systems in place to support people using the services to give their opinions about the standard and quality of the service they received.

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.

The service had safeguarding systems in place. Staff were familiar with the processes and knew how to keep people safe.

Risk assessments had been carried out and were centred on the needs of the individual person. There were emergency plans in place for each individual who used this service. Organisational emergency plans were also in place to help ensure the continuity of service provision.

The staff recruitment protocols at both the Supported Living Service and Shared Lives Scheme were operated to a high standard to help ensure only appropriate people were employed.

We have made a recommendation about supporting people in the least restrictive way with their medicines.

Is the service effective?

Good ●

The service was effective.

Support workers and shared lives carers received support, training and supervision with regards to their role and work.

People who used the service were supported to make choices about their care needs and lifestyle.

The rights of people who were unable to give consent to their care were understood and protected.

Is the service caring?

Good ●

The service was caring.

People told us that their support workers treated them with respect and that they were encouraged to maintain their independence.

People were supported by staff that knew and understood their

life history, preferences, needs and wishes.

Staff spoke about the people they supported in a respectful manner. They were mindful of the importance of maintaining people's independence and well-being.

Is the service responsive?

Good ●

The service was responsive.

The service had a complaints process in place that was accessible to people who used this service. However, some of the outcomes of investigations into complaints could have been documented in more detail.

We have made a recommendation about managing and monitoring complaints.

People were supported to access other health and social care services where necessary. The provider followed good practice guidelines to help make sure the people they supported experienced smooth transitions between services.

People who used the service were supported to pursue their interests, find meaningful employment and maintain their social lives.

Is the service well-led?

Good ●

The service was well led.

Documents kept at people's own home were up to date and detailed but there were gaps in the records kept at the offices of the service.

We have made a recommendation about keeping records up to date.

The service had systems in place to help monitor and improve the quality of the service. People who used services were provided with opportunities to comment on the standard of the service they received.

There were policies and procedures in place to help ensure the service operated effectively and to a safe standard. Checks were in place to help ensure staff worked safely and in line with the policies of the service.

North Cumbria Domiciliary Support Service

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 checked 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.

The inspection took place on 5 and 12 April 2017 with follow up phone calls made during the week of 1 May 2017. The inspection was announced. We gave the provider 24 hours' because the location provides a Supported Living Service and operates a Shared Lives Scheme for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

We gathered and reviewed the information we held about the service before the inspection. This included notifications; (notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales) and the Provider Information Return (PIR) that had been completed by the provider. The PIR 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 planned our inspection using this information.

We spoke to two of the people who used the service, received comments from two of their relatives and five members of the staff team, including the registered manager. We also spoke to two carers from the Shared Lives Scheme and contacted six health and social care professionals for their views on the services.

During our visit to the offices we reviewed the care records of three people who used the Supported Living Service and four care records of people using the Shared Lives Service. We reviewed the recruitment,

training and supervision records (in detail) of three members of staff. We also reviewed the training records of all the staff employed by the service.

We reviewed a sample of the policies and procedures in place at the service including safeguarding, the Mental Capacity Act 2005, lone working, complaints and compliments and medications.

We looked at the systems in place for the management and oversight of quality improvement and auditing of the service.

Is the service safe?

Our findings

People who used services told us that they were "happy" and "felt safe" with their support workers. People knew who to speak to if they were worried or concerned about something. One person said; "If I was unhappy or someone had been unkind to me I would talk to (name) my support worker. They would listen and sort things out." Another person told us; "The staff are very kind to me. They are never abusive or cruel."

A health care professional told us; "The service responds to allegations of abuse and works to help keep the people they support safe. Any allegations of abusive practices are readily and swiftly dealt with."

The services had robust safeguarding processes in place. The staff that we spoke to confirmed that they had received training to help them recognise and report abusive practices. They were able to give us a good overview of their knowledge and the steps they would take to help make sure people were safe. From the information we held about the service we could see that the registered manager had reported any allegations appropriately and quickly. People who used this service were supported with their safety both at their home and when out in the community.

Domiciliary care agencies do not normally need to put measures into people's own homes such as personal evacuation plans (PEEPs) the care packages in place for some people meant they were with staff 24 hours a day. Therefore these risk reduction measures would be needed. We found, where appropriate, the service had emergency plans in place, including personal emergency evacuation plans for each person using the service to help ensure they could get out of their house quickly, with the right level of support, in an emergency. We saw that the fire evacuation processes had been discussed during 'tenants' meetings with the people who used the service. There were robust on-call systems in place so that staff and people who used the service could access advice or assistance when needed. The provider was also looking at developing their emergency contact systems including the use of an online risk assessment tool for use when people were away from home for trips, holidays or overnight stays. This system will be of benefit as it enables quicker access to a wide range of information in a case of an emergency.

Support workers and carers were aware of the individual risk assessments and strategies that were in place to help keep people safe. We reviewed a sample of individual risk assessment and management strategies during our inspection. We found the information maintained in the supported living risk assessments kept in the office, was not as accurate and up to date as those kept in people's homes. People's risk assessments and management plans had been regularly reviewed and updated in their home as their needs changed. This information had not always been transferred or included in the office copies. We also found a risk assessment belonging to one person in another's file. We spoke to the registered manager about these matters during our inspection. They told us that the provider had said that it was unnecessary to have all this information at the office. The lack of up to date risk assessments and management plans compromises the safety of the service and of people using it. Additionally, out of date information meant that the registered manager could not consistently maintain oversight of the safety of the service. On the second day of our inspection, the registered manager had started to address this matter.

We recommend that the service reviews the way in which risk assessments are maintained and kept up to date across the service.

We looked at a sample of the risk assessments for the Shared Lives Scheme. Risk assessments had been completed as part of the application assessment and placement processes. The documents covered the safety and risk aspects of the carers home and individual activities that took place in the community. One carer told us about the risk assessments and strategies that were in place for the person they supported. They told us; "It is sometimes a fine line between keeping (name) safe and maintaining their independence."

The shared lives co-ordinator told us that risk assessments were reviewed and updated at least annually and more frequently if necessary. Assessments were also reviewed if there were any changes to the carer's property (home) or the needs of the person using the service.

We reviewed the way in which support staff and shared lives carers were recruited. We found that there were robust systems and procedures in place. Appropriate checks had been carried out on prospective employees, including employment histories, personal profiles, references and criminal record checks (DBS). As part of the recruitment process, the shared lives co-ordinator produced a report for the panel to help them determine the suitability of each applicant. The reports included overviews of the applicant as well as information about their skills, knowledge and experience. The assessment and recruitment process could take up to three months, prior to the matching process.

People who used the Supported Living Service told us that there were usually enough support workers to help them with their daily needs. They told us that there were female and male staff available to support them. One person told us that there were "occasions" when they had to wait for staff to take them out. However, they did not raise this as a concern with us.

Shared Lives Scheme carers applied to become carers for individual people. They provided people with support as part of the family. This may not always be 24 hour care and could vary between day care and permanent placement of people seeking this type of support.

We reviewed the way in which the service managed and supported people with their medication requirements.

The carers at the Shared Lives Scheme told us that they did not support anyone with their medicines. However, they all told us that they had copies of the medication protocols and that they had been provided with training on this subject.

Support workers in the Supported Living Service had also received medication training and were aware of the policies and procedures. There was evidence to support that their competency had been checked to help ensure they handled medicines safely. The sample of medication administration records (MARs) that we reviewed had been accurately completed. The lists of medication contained in people's care records matched those on the MARs. Where people needed to use creams or ointments there were clear protocols in place. These included the reasons for use, the frequency of use and where the cream had to be applied. There were clear instructions for the use of 'when required' (PRN) medicines. These instructions also included the reasons when it should be used or offered, the side effects of the medicine and guidance about monitoring the effectiveness of the medicine.

We noted that one person we reviewed had been identified at risk from choking. There were clear plans and guidance for the safe use of food thickeners. The service had also obtained guidance and advice from the

person's doctor about strategies to aid the oral administration of some medicines. We found that the service had obtained similar advice for each person they supported with regards to 'homely medicines' use. This type of medication included the use of simple cough linctus and mild pain killers that people may normally have in their home. The guidance helped to make sure that people were not allergic to these medicines and that they did not react adversely with other prescribed medications.

At the time of our inspection there was no one managing their medicines independently. Medicines had been stored securely but communally, with the exception of topical medications, which had been kept in people's own rooms. The provider's medication policy stated that people using Supported Living Services must be encouraged to hold their medication securely and that provision should be made for a secure facility secure storage of medication.

We recommend that the provider reviews the medication practices to ensure they are in line with their own policies, procedures and current good practice guidelines. People who use services should be involved in the regular review and risk assessment of their medicines and supported to be as independent as possible.

Is the service effective?

Our findings

People who used the service, their relatives, support workers, carers and external professionals all thought that the services were effective.

One person who used the service told us; "The staff are lovely and help me out with things I need support with." Another person said; "I am pleased with my support workers. They help me to choose and eat healthy food."

An external professional commented; "It is refreshing and reassuring to be met with familiar and experienced staff." A relative also commented on the service. They said; "I am astounded how perfect (person's name) home was. The service is better than anyone could have envisaged for (person's name) when we had to look for care.

Shared lives carers told us that they felt "well supported" by the registered manager and co-ordinator. They told us about the training they had received and that further training was available. One person told us; "The communication is very good. We are kept up to date with everything via e-mail, phone calls and carers meetings."

Staff working at the Supported Living Service also felt that they were supported by the management team. One person told us that they were able to support people to make decisions and choices about their daily lifestyle, including trying out different things and activities. They added; "People's needs and abilities vary but everyone has their own meaningful little jobs they like to do around the house. For example, people are able to help with meal preparation or keeping the house tidy if they are able to." Another support worker spoke about their training and induction training and how well it had prepared them for their role.

We looked at the training and supervision provided to support workers and shared lives carers. We discussed this with the registered manager, shared lives co-ordinator and staff working in the service. We reviewed a sample of individual staff records as well as the training matrix for the service as a whole. Staff told us and records confirmed that appropriate training and regular supervision meetings were provided.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection one application had been made to the Court of Protection and this was being managed by the person's social worker.

Staff had a working knowledge of the MCA and respected people's human and legal rights. The registered manager was aware of the processes involved regarding MCA and applications to the Court of Protection. There were clear policies and procedures in place to help ensure staff understood that people using the service retained choice and control over their care as far as possible. However, people's individual social workers had the responsibility for making applications and carrying out best interests and mental capacity assessments. We found that the registered manager followed the instructions and guidance of the social work team with regards to these matters.

The registered manager told us that people who used services were supported and encouraged to be involved in the decision making processes and asked to consent to their support plans. We found that the service used alternative methods of communication where possible and sought advice from specialist health and social care professionals. One support worker told us; "Everyone we support is different. They have different needs and different risks. We have strategies in place to support people for example if they are going out alone or staying at home alone."

We found that where necessary, people were supported effectively with eating and drinking. The sample of care records that we reviewed contained nutritional assessments, details of likes, dislikes, food allergies and information about special diets. We could see from the records that where necessary, specialist advice had been sought from dietitians, learning disability nurses or the speech and language therapist. We noted that any special advice and instruction had been followed to help ensure the best outcomes for people needing support with their diet. Staff told us that not everyone they supported could help with cooking the meals because of the risks to their safety. However, people were encouraged to contribute to mealtimes and were able to carry out 'safe' tasks such as preparing their own packed lunches, laying the tables or helping with washing up.

We looked at how the service ensured the safety of the premises. General health and safety checks had regularly been carried out to help make sure the shared lives houses were maintained to a safe standard.

At the supported living homes, regular checks had been carried out by the supervisors at the service. Monthly visual hazard inspections included the safety of the flooring, lighting, cleanliness and infection control. Any actions required had been recorded as well as the date of completion. The people using the supported living houses were tenants and therefore the landlord was responsible for ensuring the upkeep and safety of the premises.

Is the service caring?

Our findings

One person told us; "The staff are very nice to me and help me out with things. I am very happy with my key worker." Another person said; They're (staff) are all great. I am very happy and I like it here."

We telephoned to speak to some of the people that used this service. Not everyone wished to speak to us. We heard staff knocking on people's doors and asking them if they would like to speak to us or not. People's decisions were respected.

An external professional commented; "I find the characters of several staff are ideally matched to meet the needs of people."

We found that staff spent time with the people they supported. They told us they had access to people's support plans and time to review or update them. The staff we spoke to during the inspection were very aware of people's individual needs and preferences. One member of staff told us; "Everyone in the house I work in is different. They (people using the service) all have different needs and interests. There are potentially different dangers depending on people's abilities and understanding of things." Another member of staff said; "I like to try out different things and activities with the people I support. It helps to motivate them and allows more choices with their lifestyle."

The shared lives co-ordinator and supervisors monitored people's care, support and their relationships with their carers. The shared lives carers we spoke to all felt they were well supported by the staff at the service. They also told us that they cared for people as part of their family and included them in everyday activities. One person said; "(Person's name) has lived with us since they were a child. They are part of the family."

During our discussions with support workers and carers, we found that they adopted a caring approach and showed concern for people's independence, safety and well-being.

Information and explanations about services were available in various formats to help meet the communication needs of people who used the services. Most of the people who received support had a social worker involved in their care. There were also systems in place for people to access advocacy services, via their social worker, if they wished.

The staff training programme for the 'Shared Lives Scheme' and Supported Living Service covered topics such as; promoting values; developing active listening skills and managing confidentiality. This helped to make sure staff understood and promoted people's rights, choices and independence.

We noted from the sample of care records reviewed during the inspection that people had been asked and supported about what they wanted to happen when they came towards the end of their life. Information about their wishes and details of the people that were important to them had been clearly recorded.

Is the service responsive?

Our findings

One of the people that used the service said; "I am pleased that everyone here is getting to know me. They encourage me to be independent and to go and visit my relative regularly. They help me make sure I keep in contact." Another person told us; "I am happy here, I am able to go out to work and the staff help me to go out into town on the bus or in the car. If I have any concerns or worries I can talk to (staff name) or (staff name). They will listen and help sort anything out."

One person who used this service commented on their support plans. They said; "I was asked questions and I could tell staff what I wanted with regards my support plan."

The staff that we spoke to told us of the plans and strategies that were in place in order to support people with their social life and activities. They explained that people were able to be as independent as possible and where risks had been identified, these were managed in the least restrictive way.

The sample of care and support plans that we reviewed during our inspection had been developed with each person. They contained detailed pen pictures of each person, which recorded individual likes, dislikes, wishes and instructions about communication needs. When we spoke to staff about the people who used services, they were knowledgeable about people's individual needs and expectations.

However, there were variances in the level of detail recorded in care and support plans maintained at the services office and those maintained in people's homes by the care staff. The records kept at the person's home were thorough and reflected people's needs, choices and preferences. The plans had been regularly reviewed to help ensure they reflected people's changing care needs. We found that these care plans focused on the person's wishes and included their goals, skills, abilities and how they preferred to be supported with their health.

We saw that people had 'Hospital' and 'Dental' Passports. The aim of these passports is to assist people with learning disabilities to provide hospital and medical staff with important information about them and their health when they are admitted to hospital or attend the dentist, for example. The passports are endorsed by the Department of Health and promoted by NHS England and are viewed as good practice.

We found that people who used services were well supported with their interests, social lives and health care.

People who used the service were able to raise concerns or complaints directly with the staff that supported them or with the management team directly. There was also a complaints policy in place. Details of how to raise a complaint and how it would be dealt with were also included in the 'easy read' service user guides provided by the organisation.

We reviewed the records that had been kept with regards to complaints and compliments and whilst the compliments far outweighed the complaints, we found that some concerns had been raised. The registered

manager had kept records about the complaints received. However, although they had been dealt with appropriately, the details of actions taken, outcomes and learning points had not clearly documented.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

Is the service well-led?

Our findings

People, relatives and external professionals told us that they thought the service was well-led. People said that the staff and the registered manager were approachable, friendly and supportive.

One person who used the service said; "The manager is lovely, she helps me out with lots of things and at any time."

A member of the care staff told us; "I am happy at my work. I feel listened to and can contact my line manager easily. I think the leadership at the service is very good." Another said; "I see the supervisor once or twice a week. The service is very good and seems to run itself. I think the managers would be responsive and listen if I had any concerns to raise."

The shared lives carers were also complimentary about the leadership at the service. One of them said; "The co-ordinator is very supportive and helpful. I am always treated with respect and courtesy." Another person told us; "We are relatively new to the scheme. The process of joining was absolutely fine. We were given very clear information and the co-ordinator was very open about it and told us how it was. We have found the input from the service very good." A third person commented; "They try their best to sort things out. The communication is very good and we are provided with training. Although the training is very interesting it is not always geared towards the type of service we provide."

The service provided various opportunities and options to enable people with an interest in the service to 'have their say.' Frequent meetings were held for staff, people who used the service and the shared lives carers. In addition, people were also offered the opportunity to comment on their satisfaction with the service via questionnaires.

The questionnaires for people who used the shared lives service were under review so that the service could obtain more accurate information about people's experiences. The current ones asked basic questions about their placement, their room, the support they received and their involvement with the development of the care plan. We reviewed the questionnaire responses that the service had received from shared lives carers. They were all very positive and commented on the training, response to queries and respect.

The Supported Living Service quality assurance processes were more developed, but this service had operated for much longer than the Shared Lives Scheme. A recent staff survey had taken place as well as one for relatives and people using the service. The surveys provided people with the opportunity to comment on what they thought the service did well and where improvement could be made. The sample of comments we saw were mostly positive. Staff commented on the 'excellent support' and training they received; relatives commented on the good continuity of service and people who used the service generally commented on their satisfaction with the help they received from staff with various aspects of their daily life.

The service had policies and procedures in place to help ensure the safe and effective operation of the service. Staff received training and supervision to help ensure they worked safely and in line with the

organisational policies. There was evidence to confirm that the registered manager carried out auditing of the service, this had also been supported by internal audits from senior managers within the organisation. Goals, objectives and actions plans had been developed to help ensure the service operated safely and quality improvements were made.

The registered manager at the service provided us with all of the information we requested. This included an updated action plan showing how and by when actions would be taken with regards to the discrepancies found in the personal care records. We had noted that the personal records kept at people's own home were up to date and detailed but there were gaps in the records kept at the Supported Living Service office. This meant that important information about people's care needs and the risks affecting those needs was missing.

We recommend that the service reviews and updates the records relating to the care and treatment of each person using the service to ensure they are complete, accurate, up to date and fit for purpose.