

Cumbria Care

North Cumbria Domiciliary Support Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This announced inspection took place on 9th January. 2015. The provider was given 48 hours' notice because the location provides a supported living service for people with a variety of needs including, learning disabilities, mental health conditions, physical disabilities and sensory impairments; The people using this service often accessed community services and we needed to be sure that someone would be in.

During our previous inspection visit on the 10th October 2013 we found the service met all the national standards we looked at. Since then there had been no incidents or concerns raised that needed investigation.

There was a registered manager in post on the day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection team consisted of one adult social care inspector.

At the time of our inspection the service provided support to 23 people who lived in eight properties in the Carlisle area. During our inspection we spoke with 5 people who lived in two different properties. We spoke to three support staff, two supervisors and the administrative assistant. We spoke to the registered manager following her return from annual leave.

We found that people who used this service were safe. The support workers knew how to protect people from harm. All staff had completed training in safety of vulnerable adults and knew the signs to look for and how to and report any areas of concern. There were good systems to ensure people knew the staff that supported them.

Cumbria Care, the registered provider, had put in place robust recruitment procedures to ensure only suitable people worked in this service. We saw that staffing levels were good throughout all areas of the service. Staff training was up to date. All staff were supported by the management team through regular staff supervision and appraisals.

The service worked well with external agencies such as social services, other care providers and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

Observations during our inspection evidenced people were given choices about how they wanted to be supported and live their lives. Opportunities were given to people to go out into the community visit their families and go on holiday.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves.

Healthcare needs were met through close working relationships with the GPs and district nursing service. Access to external mental health professional services was available.

Support staff knew the people they supported well. They provided a caring environment for people to live in. We saw people being treated in a dignified manner with their privacy upheld at all times.

Personalised care plans were in place in a format that was suitable through pictures and symbols as well as writing. People who used the service had a voice through regular tenants meetings held in each of the houses.

There was an appropriate internal quality monitoring procedure in place. This ensured people were cared for and supported in the way they wanted to be.

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?

The Service was safe. The support workers knew how to protect people from harm. There were good systems to ensure people knew the staff that supported them.

There were robust systems in place to ensure only suitable people were employed to work in North Cumbria Support Services.

People told us they felt safe, at home and in the community. They were encouraged to go out and on holiday independently, if appropriate, They knew who to contact and what to do if they were worried about anything.

Good



Is the service effective?

This service was effective. People received high quality of care. They were supported to lead active lives and to follow a range of activities in their homes and in the local community.

There were good systems in place to ensure that people received support from staff that had the training and skills to provide the care they needed.

People received the support they needed to maintain their health and to see their doctor when they needed. External health and social care professionals were consulted when necessary.

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

Good



Is the service caring?

This service was caring. People were supported in a warm caring manner. Staff were patient and understanding when assisting people.

People were treated with respect and their independence was encouraged at all times. People's privacy and dignity were protected and promoted.

People were involved in their care plans and staff were knowledgeable about the support people required to meet their individual needs.

Good



Is the service responsive?

Care plans were in place outlining people's care and support needs. These were in a format that was easily understood. Staff were knowledgeable about people's support needs, their interests, likes and dislikes.

Staff supported people to access the community and taking part in activities outings and holidays.

People who used the service and their relatives felt the staff and management were approachable and there were opportunities to feedback about the service.

Good



Is the service well-led?

This service was well-led. There was a registered manager in post. Staff felt well supported by their manager and were given opportunities to discuss any suggestions or concerns they may have.

Good



Summary of findings

There were good systems in place to identify and reports any untoward incidents that would affect the support provided with records kept of action taken.

The registered provider had systems in place to monitor the quality of support provided. People who used the service, staff and relatives were asked for their opinion about the service.

North Cumbria Domiciliary Support Services

Detailed findings

Background to this inspection

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

This unannounced inspection took place over two days, 9/10 January 2015. The inspection team consisted of one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our

inspection visit we had received a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

The inspector visited the offices on the 9 January to look at records around how people were cared for and supported. We looked at five care plans, two staff recruitment files, spoke to the supervisor and the administrative assistant. The registered manager was on annual leave at the time of our inspection.

On 10th January the inspector visited two of the houses where people who were supported by this service lived and spoke to five people who used this service. We also spoke to the supervisor who was on call and three support workers. We asked people what they thought about the service and where verbal communication was limited we observed the interaction between the staff and the people they supported.

Is the service safe?

Our findings

In one of the houses we visited the people who lived there had limited or no verbal communication so we spent time observing the interaction between the staff and the people they supported. We saw that the support workers knew the people who used the service extremely well. The interaction was warm and encouraging with consideration given to safety and welfare.

All the staff we spoke to showed that they knew how to assist people to make and communicate their choices. We saw that people were given choices about their daily lives including where and how they spent their time and the meals they had. Sometimes this was through body language and facial expression and at other times it was through limited speech. We saw that people were relaxed and happy in their environment.

From the care plans we read we saw that staffing levels in each of the houses were assessed according to the levels of support required to meet the assessed needs of the people the service supported. In one house we visited the people had highly complex needs which meant there was always two support workers on duty during the day to support the three people who lived there.

While we were in the office we looked at the care plans for four people and saw they contained an in-depth assessment of their needs. They also contained up to date risk assessments covering all aspects of life in the house and activities in the community. The registered manager had recently introduced Evolve, an on-line risk assessment tool for planning and managing risks when people visit other parts of the United Kingdom and abroad. If any incident occurred when people and support staff were away on holiday the information held on computer meant that assistance would be available from another local authority. Previously this had been used when people who used this service went on holiday in England but more recently when one person visited, with the assistance of staff, their sister who lived abroad. This will be used again very shortly as two people were being supported to take a short Mediterranean cruise.

The staff we spoke to had all completed training in recognising and reporting abuse and showed good knowledge of the different forms of abuse. One support

worker said, "I would always report anything I saw that I felt troubled about and I am confident the supervisors and registered manager would listen to me and do something about it".

We looked at the staff rosters and saw there was a three week rolling programme so support staff knew well in advance what their duties were. Any staff shortages for holidays or illness were covered by existing or relief staff.

The registered provider, Cumbria Care, had robust procedures in place for the recruitment of staff. This service had a very low turnover of staff the last contracted member of staff being employed in 2011. The last relief support worker was employed early in 2014. The staffing records we looked at showed that staff had previous experience of working in health and social care settings, a contract of employment and full details of past employment history. All staff were required to complete an induction programme which was in line with the policies and procedures of Cumbria Care.

Some of the people who were supported by North Cumbria Support Services could display behaviour that could challenge the service, staff and other people who lived in the various houses. Staff told us they all had to complete 'Team Teach' training. Completion of this training and updates help staff to develop acceptable responses to disruptive and aggressive behaviours in a manner that maintains positive safety for all the people affected by such incidents. When we spoke to the supervisor about this they said all the staff completed this course and regular updates were also available for all staff. The supervisor said, "It is a very important course to undertake as it shows all staff what to do to de-escalate any difficult situation".

When we visited the houses we looked at medication records and found these to be up to date and completed correctly. We saw that daily checks were completed by staff when they came on duty. Supervisors audited the medicines records every month and noted the date on each record sheet. Medicines were kept in secure facilities in each house.

We saw the houses were well maintained by housing corporations and any equipment used was serviced under annual agreements. Electricity, water and gas were the responsibility of the landlord as was the annual testing of small electrical appliances.

Is the service effective?

Our findings

During our inspection visit we found that staff had the necessary experience and skills required to ensure all the assessed needs were met in the most appropriate way. We were given a copy of the training plan evidencing staff training was up to date. The supervisors on duty who assisted with the inspection said, "There have been problems accessing staff training in the past but it has been much better of late" and "All our staff are qualified in a recognised social care qualification to levels two and three. Those staff with level two were being given the opportunity to advance to level three". Training had been completed or was being accessed in subjects such as moving and handling, challenging behaviour, dementia awareness, dignity crossing the line, infection control, Mental Capacity Act 2005 awareness, safeguarding alert and referral and person centred care planning.

Staff told us they received regular supervision and appraisals from their line managers who also completed unannounced visits to each of the houses to observe staff interaction with the people they supported. The manager was introducing a system of matching staff to the people they supported according to their assessed needs and personal preferences.

The registered manager and all the supervisors had recently completed training in the Mental Capacity Act 2005 (MCA) and arrangements were being put in place to cascade this down to all the support staff. Whilst those we spoke to had an awareness of the importance of the MCA to people who were not always able to make important decisions by themselves they said they would welcome more in-depth training in this subject.

We saw records of best interest meetings that had been convened when these were required. These included one in respect of one person who had to attend hospital for a surgical procedure.

Nutritional needs were met through a healthy balanced diet. People chose what they wanted to eat and one supervisor told us one person said they would like 'chips with every meal' so they were encouraged to eat more fruit and vegetables. Weights were recorded in the health care plan that formed part of each person's support plan. Healthcare needs were met through regular GP visits, optical, dental and chiropody services. Staff also contacted the community learning disability nurses and social workers for help and advice. Consultants in mental health problems and community learning disability nurses were also involved in the health needs and care reviews. Each person had a hospital and dental passport and those we looked at were all up to date. Health checklists were in place for all the people who used this service.

We saw, on the support plans there were protocols in place to assist staff to deal with specific aspects of people's care such as epileptic seizures, behaviour that may challenge the service and other complex needs. Staff told us this type of information enabled them to know exactly what to do in any 'out of the ordinary' situation.

We saw, throughout our visits to the houses, staff always asked people what they wanted to do, what they wanted to eat and if they wanted to go out or stay in. We also saw they always asked for consent before any kind of care or support was offered.

Is the service caring?

Our findings

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. We saw people appreciated the care given to them by their support workers. We observed staff providing care in a way that promoted each person's individuality and dignity. We also saw a lot of good natured interaction between the staff and people who were living their lives in the way they wanted to.

During our visit to the office we were able to read some of the comments families had made about the service in recently completed questionnaires. These included, "The Staff are all excellent and caring" and "This home, as far as we are concerned does everything well. Nothing could be better".

We asked the supervisor if anyone who was supported by this service needed an advocate. We were told that no one who used the service at the time of our inspection had been identified as needing a formal advocate to help them

to express their wishes about their care. However, one could be accessed if required. An advocate is an independent person who supports people to make and communicate their wishes.

We looked in detail at four people's care records and other relevant documentation. We saw evidence that people who used this service, and/or their family members had been involved with and were at the centre of developing the people's care plan. This demonstrated that people were encouraged to express their views about how their care was delivered. We saw the care and support plans were in a format that people could understand through the use of pictures and symbols.

People were encouraged to remain as independent as possible and those who were able were supported to go out into the community. Two people were being supported to go on a short cruise holiday later in the year and one person had already travelled to Spain to spend time with their family.

We saw that staff had built up caring relationships with the people they supported by listening to them, learning the art of good communication and providing continuity of care.

Is the service responsive?

Our findings

We saw, from peoples' care plans and our visits to the houses that, wherever possible, family members were involved in the care planning process. Invitations to the regular reviews were sent to peoples' family members and the supervisors all confirmed these were usually accepted. One supervisor told us, "We get really good support from family members and some who live nearby are always popping in to the house".

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. Staff said to us, "We all know when there are times when people don't want to get up at their normal time. If we go into their rooms and they turn over and snuggle down we leave them in bed and go back later when they are usually ready to get up".

Staff knew the people they supported very well as they had worked for the service for a long time. One support worker told us, "I have been in this house for about seven years and I know the people very well. You get to know what they like and what they don't like. Because of this knowledge I believe we provide a very effective service". We saw that the staff were knowledgeable about the support people required and the choices they had made about their care.

We looked at the care plans for the two people who had been supported for less than a year. We saw that a full assessment of needs had been made by Cumbria Adult and Cultural Services. This information determined whether or not the service was able to meet the assessed needs. Any person who was going to move in to one of the eight houses operated by North Cumbria Support Service had a phased admission. This started with a very short visit to look around and meet the staff, followed by longer visits

for one meal, a half day visit then a full day. An overnight stay was then arranged before the person eventually moved in. All placements were under constant review to ensure it remained appropriate.

We saw, from the care plans we looked at during our inspection visit that regular, formal reviews were completed. The supervisor on duty told us that, in all but one of the houses, people were able to take part in their care plan reviews. We saw evidence of this involvement in the care plans we looked at. If peoples' needs changed new assessments were completed and the care plan was updated as soon as the changes were noted. This could be for a change in medication or a change in mobility when a new moving and handling risk assessment would be completed.

We saw when we visited the different house there was plenty of materials that were used for activities in the house. People had their own televisions and/or CD players and there were games and books in the lounges. Most of the people supported by this service go out to centres during the week and also out into the community. Individual one to one support was provided by other organisations. This can be going out for coffee, to the shops or out for a walk. People were supported to go away on holiday on a regular basis.

We looked at the environmental standards and found these to be of a good standard. Where moving and handling equipment was required we saw that it was maintained through an annual maintenance agreement. Other environment issues were dealt with by the relevant housing corporation.

Each care plan contained a service user guide, a tenancy contract and a copy of the complaints procedure in a format that was easily understood through pictures and symbols. Complaints and concerns from people are dealt with during tenants' meetings and the recently introduced communications book now in each house. The Care Quality Commission had not received any complaints about this service since the last inspection In October 2013.

Is the service well-led?

Our findings

A registered manager was in post in this service at the time of this inspection. They were also responsible for a similar Cumbria Care service that operated in West Cumbria.

The registered manager was on annual leave at the time of our inspection but we were able to speak to her on her return to work following our visit. We asked the supervisors if they felt well supported by the registered manager and they said they really did. They told us, "The manager is very good and really committed to providing a good service. If she asks us to do anything or try something new she likes it done as soon as possible" and "We can make suggestions about the running of the houses and she will always listen and act on our suggestions if it is good for the people we support".

Each supervisor was responsible for different houses within the service. All the staff we spoke to told us they knew the supervisor who oversaw the property they worked in. They told us they had regular supervision and appraisal meetings with their supervisors and were always given opportunities to make suggestions about improving things for the people they supported. The service had an on call service provided by the supervisors and the registered manager on a roster basis. This was generally well received by the support workers but some of the comments recorded on the staff survey questionnaires said it could be a problem if the supervisor lived in a different part of the county.

We found, throughout our visit, the culture in the service was open and relaxed. Staff told us they had regular staff meetings when opportunities were given to make suggestions or raise concerns. The staff we spoke to were confident they would be listened to.

Tenants meetings were held in each house with records kept written in accessible language and pictorial formats.

As part of the quality monitoring of the service the supervisors and registered manager carried out regular audits/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. Support staff checked the medicines records daily at the start of each shift to make sure the records were up to date and completed correctly. The manager audited these records monthly and noted the date on each sheet.

Peoples' financial records and receipts were checked each time there was a financial transaction and the supervisor also audited these records.

People who used the service, relatives and staff completed annual questionnaires that asked for their opinion of the quality of support provided. The administrative assistant showed us a copy of the 2104 report they had just completed and we saw the comments made were very positive.

T Cumbria Care, 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. A copy of the requirements and recommendations made was sent to The Care Quality Commission for information.