

Cumbria County Council

# North Cumbria Domiciliary Support Service

## Inspection report

Cumbria House  
117 Botchergate  
Carlisle  
Cumbria  
CA1 1RD

Tel: 01228227177

Date of inspection visit:

09 January 2020

15 January 2020

16 January 2020

Date of publication:

17 February 2020

## 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

North Cumbria Domiciliary Support Service runs two different types of service to people with learning disabilities/and or autism. One is a supported living service that supports people to live in their own home as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 24 people at the time of our inspection across eight houses.

The other service is a Shared Lives Scheme (SLS) which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. At the time of our inspection there were 20 households with 21 people living with and supported by shared lives carers.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

### People's experience of using this service

People were very happy with the support from North Cumbria Domiciliary Support Service. They felt safe and were protected from the risk of harm. Staff supported people to be independent whilst also managing risks. People were supported by trained staff to manage their medicines safely. There were sufficient numbers of staff who were safely recruited.

Staff were knowledgeable of people's care needs and carried out regular assessment of their needs. Staff received training, supervision and appraisal to equip them for their role. People were supported by staff to access healthcare services and took action when they noticed a deterioration in their health.

Everyone told us staff were kind, caring and considerate and staff went to great lengths to help them live their lives to the full. People lived full lives and had control, choice and their independence was promoted. People were given opportunities to gain new skills and become more independent. Staff treated people with dignity and respect by promoting equality, diversity and protecting their human rights.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People were supported to be active citizens and to fully engage in the local community. They told us staff helped them to lead interesting lives of their choosing. 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.

The service was well led. There was an established senior management team of registered manager, shared

lives coordinator and a supervisor for each supported living setting. The provider had processes for monitoring the quality of the service and this included opportunities for people to give their opinions about the standard and quality of the service they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 4 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# North Cumbria Domiciliary Support Service

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

North Cumbria Domiciliary Support Service runs two different types of service; a supported living service and a shared lives scheme (SLS). The supported living service provides care and support to 24 people living in eight 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

In the shared lives scheme (SLS) they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection. We also needed information to help carry out

parts of the inspection.

Inspection activity started on 9 January and ended on 4 February 2020. We visited the office location on 9, 15 and 16 January 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We visited the service offices. We also made phone calls to relatives and shared lives carers. We spoke with five people who used the service, three shared lives carers and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, shared lives co-ordinator, supervisors, care workers and shared lives carers.

As this was an inspection to check whether the service had sustained its good rating, we reviewed a smaller number of records. This included people's care and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training overviews, checks and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Preventing and controlling infection

At the last inspection we recommended the service reviews how they support people in the least restrictive way with their medicines to promote their independence. The provider had made improvements.

- People's medication support needs were being managed safely. The provider had ensured they were following safe protocols for the receipt, storage, administration and disposal of medicines. Staff and supported living carers (SLCs) had received training and regular updates.
- Senior staff checked the accuracy of people's medication administration records (MAR) in their homes and carried out spot checks on staff and observed medicines being given.
- People spoke positively about the support they received with their medicines. Some people had chosen to keep their medicines in their own rooms in a locked cupboard.
- People were protected from the risks of infection. A range of policies and procedures were in place in relation to infection control and food hygiene, and staff had received infection control training which supported them in the delivery of care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we recommended the way risk assessments were maintained and kept up to date was reviewed across the service. The provider had made improvements.

- Risks to people's health and safety were now well managed and were being regularly reviewed and updated.
- People's needs were communicated to staff and SLCs and guidance on how to manage the risks posed to people. Staff and SLCs spoke knowledgeably about the positive risk-taking model of working that gave a balance between keeping people safe whilst promoting their independence. This was used effectively when promoting road safety, giving people 'space' to have more time on their own and with awareness of safe and healthy sexual relationships.
- Systems were in place which demonstrated incident and accidents were reported, investigated and actions taken as a result where required.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe. The service had safeguarding systems in place. Staff were familiar with the processes and knew how to keep people safe. Staff had received safeguarding training and had a good understanding about the ways they could raise concerns. The registered manager was proactive in

responding to any safeguarding concerns and took appropriate action, such as retraining of staff.

- People and relatives told us the service they received was safe and they had never had any concerns about the service or the support. One person said, "I can speak to all the staff. They make me feel safe. I have no worries at all."

#### Staffing and recruitment

- People were supported by sufficient numbers of staff to both keep them safe and to be supported to participate safely in the community. Safe recruitment processes were followed. The registered manager tried to match people with staff and SLCs depending on their needs and the skills of staff and SLCs. People living in SLS told us they felt like part of the family.



# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's rights were being protected. Senior staff assessed people's capacity to consent to and make decisions about their care. They ensured that where people lacked capacity to make specific decisions they followed best interest decision-making principles. People told us they had been involved in care planning and were supported to make decisions. The service involved health and social care professionals and other relevant parties, such as relatives in the best interest process when a person lacked capacity, and this was recorded.
- The registered managers had ensured staff received training updates on the MCA. Staff demonstrated a good understanding and were applying these principles in areas such as choice of healthcare treatments.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills needed to carry out their role effectively. People gave us positive feedback about how staff supported them. One person told us, "The staff help me to live my life how I want. They don't take over." A relative told us, "Prior to [relative] moving in the entire staff team completed in-depth training with relative's specialist diabetes nurse. Together they have developed a robust protocol for managing diabetes and emergency plans. This has given us great confidence in their ability to monitor their diabetes and ensure they remain well."
- Staff and SLCs were well supported by the registered manager, SLC co-ordinator and supervisors. They received regular supervision and annual appraisals of their performance. Staff and SLCs said they had opportunity to discuss any concerns, issues, work performance and development. The SLS had a separate

programme of training and support designed to be appropriate to a family setting.

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

- Staff knew people's individual needs and preferences well. Staff assessed people's needs regularly and involved them in care planning to ensure their choices, preferences, and needs were met.
- The registered managers used recognised tools to assess people's needs and referenced good practice guidance and legislation. The service was pro-active in contacting health and social care professionals when a reassessment of need was considered a priority, for example when people's mental health deteriorated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service empowered people to live healthier lives supporting them to access healthcare services. The service worked closely with services such as GPs and specialist teams, such as learning disability nurses and psychologists. Staff incorporated professional guidance into people's care plans. A relative told us, "The staff team have been brilliant in seeking support from specialist health professionals and chasing up referrals." And another relative told us, "If they have any concerns they immediately seek advice from the most appropriate health professional. They facilitate regular health checks for her and accompany her to all appointments."
- People's nutritional needs were assessed and met by the service where this was an identified need. Staff sought professional guidance where people were at risk, for example with difficulties in swallowing. People told us they were supported by staff to make healthy choices. One person in SLS said, "I've lost loads of weight and eat much better now. With [SLCs name] we use a Fitbit and walk 10,000 steps every day."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Staff supported people to make choices, to do what they could for themselves and to lead full lives of their choosing. One person told us, "The staff are here to help me but I always make my own choices."
- The service was committed to developing people's life skills. One staff member told us, "We are always looking at ways to raise people's self-esteem by helping them develop new skills or try out new things."
- People were clear that they were living in their own home and staff were there to offer support. People told us they were supported in a respectful and dignified manner.

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

- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals.
- Staff received training on equality and diversity. This helped ensure staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff completed training called 'Crossing the line' covering professional boundaries and challenging institutional practice. The service recruited staff using the key principles of respect, compassion, dignity in care and empowerment.
- Staff we spoke with and observed demonstrated caring qualities. We received a range of positive comments from people and relatives about how well people were treated. People told us they had formed good and trusting relationships with staff. One relative told us, "They [staff] are all very friendly, approachable and professional. They have a very caring attitude towards [relative] and I am sure that this has contributed to her settling in so well."

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own decisions about their care and support. A person said, "I always make my own decisions about everything every day." Another person told us, "I'm not staying out as much in the evening anymore. I still go out but not as late but now I'm a lot happier. Staff helped me to make the choice."
- Staff knew people's individual communication skills, abilities and preferences. There were a range of ways used to make sure people were able to say how they feel about the service. Staff knew they need to spend time with people to be caring and have concern for their wellbeing.
- The registered manager told us they would support people to access advocacy services if they wanted to. An external social care professional told us, "People used an advocate, and this worked well to ensure their

voice was heard."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we recommended the service reviews how they managed and learnt from complaints. The provider had made improvements.

- The registered manager had made sure all relatives and people using the service had an up to date copy of the complaint policy and procedure. This was available in an easy to read version. There had been no complaints in the past year. The registered manager discussed making the complaints procedure even more accessible to people by using CQC's #Declareyourcare campaign. This campaign is to empower people with a learning disability and/or autism to report discrimination they may experience with their care and treatment.
- People told us they felt happy to raise concerns and were confident they would be resolved. One person told us, "I know the manager [name] he comes to see us. I chat to him and can say anything I like. I can tell staff if I'm not happy and they always sort it for me."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.
- People's care plans were personalised and written with people's input as much as possible. The registered managers told us of plans to make the care plans more goal focused to included short and long-term goals with the actions for staff support. He discussed plans to ensure staff had skills to do this through training and developing champions roles to support people with a learning disability.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were leading fulfilling and active lives and were supported to engage as full citizens within the local and wider community. They were able to be flexible and chose what they wanted to do on a day to day basis. People followed their own hobbies and interests. One relative told us, "[Relative] can pursue her interests and access community facilities. She has a good social life and recently thoroughly enjoyed a weekend away."
- People were supported to maintain and develop relationships with friends and family. One person told us they were supported to see their boyfriend on a regular basis and another said staff helped them to make phone calls and with visits to family members.

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were explored and care plans contained instructions of how to ensure effective communication. Staff recognised the importance of giving people time to respond. Staff knew how best to communicate with people who may be anxious.
- The service had a collection of easy to read information booklets on health matters and support services. Staff used pictorial communication boards for people to help them know daily routines and which staff were on duty.

## End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible.
- Care plans included basic details about end of life plans, if people had expressed these wishes. Some people who had experienced a bereavement had been supported by staff and taken to the cemetery for important anniversaries.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the service reviews how they managed records to ensure they were kept up to date. The provider had made improvements.

- The service had introduced new documentation relating to the care and treatment of each person using the service. This documentation was now complete, accurate and up to date.
- The service was well-organised with clear staffing structures and a well-developed staff development programme. Staff told us they were well supported and the registered manager actively encouraged them to feel part of developing the service. Regular team meetings and drop-ins promoted engagement and a sense of belonging.
- The registered manager, shared lives co-ordinator and supported living 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 support staff and SLCs
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

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 management team were aware of their duty of candour responsibilities.
- Relatives confirmed they were kept up to date about anything significant that happened to their relative. They told us they were never left wondering or concerned about what had happened and the registered manager was pro-active in ensuring they had all the information about their relative.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People spoke positively about how the service was managed. They informed us the manager and senior staff were approachable and had a good understanding of people's needs and backgrounds. The organisation was proactive in developing person-centred care and increasing opportunities for people within their local and wider communities.
- The service worked in partnership with other organisations, followed external professionals advice to ensure people they supported were safe and received appropriate support. Staff contributed to networks

and internal working groups to improve the quality of social care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- The service supported and encouraged staff to promote equality in how people were treated by the service and the community at large. We saw examples where they had worked to ensure people had equal access to healthcare.
- The manager used relevant legislation and best practice guidelines to drive improvement. For example, using current good practice from the National Institute for Health and Care Excellence (NICE) in the use of health champions to tackle inequalities.
- The registered manager had increased and improved the ways for people to be engaged in both their support and in the running of the organisation. People, relatives and staff told us they had opportunities to give feedback about the service. Regular meetings were held for both staff and people using the service to give people a voice and a say in the running of the organisation.