

Cumbria County Council

Cumbria County Council Extra Care Housing

Inspection report

Monkway Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cumbria County Council Extra Care Housing is an extra care housing service providing personal care. The service provides support to younger adults, older people, people living with a learning disability and/or autism and people living with physical disabilities. At the time of our inspection there were 64 people using the service.

Cumbria County Council Extra Care Housing supports people living across eight separate extra care housing schemes across the county at Appleby, Brampton, Kendal, Keswick, Kirkby Stephen, Whitehaven, Wigton and Windermere. Each housing scheme has adapted facilities and communal areas.

Not everyone who used the service received personal care. The Care Quality Commission (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 at risk as the provider did not have effective systems in place to monitor the quality and safety of the service and ensure all relevant records and checks were in place. The registered manager and provider had not identified the issues we found on inspection, including with recruitment checks and mental capacity records. The registered manager told us there were plans in place to develop and introduce a quality assurance policy to support the service to develop and identify areas for improvement. We have made a recommendation about data protection practices.

People were not always supported by staff who had been subject to robust recruitment checks. People's medicines records did not always contain directions to support their safe and proper use. Despite these shortfalls with records, people felt safe with the staff supporting them and confident they would respond promptly to any emergencies. Staff understood how to keep people safe and how to identify and raise any safeguarding concerns.

Staff understood people's needs and how to support them to achieve their preferred outcomes. People were confident staff had the skills needed to carry out their duties. It was not always clear what training the provider expected staff to have to support people. We have made a recommendation about this.

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. Records did not always reflect how people's capacity had been considered and any decisions made in their best interests.

People received kind, compassionate care. Staff worked to ensure people's independence was promoted. People had choice and control over their care and received person-centred care.

Staff regularly reviewed and monitored people's care to ensure it met their care needs. Any changes needed were addressed promptly. People were supported to participate in meaningful activities and to develop and maintain relationships. People felt part of their communities.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- People's care was personalised to their needs and preferred outcomes.
- Staff promoted people's independence.
- People were able to pursue their interests.

Right care

- Staff respected people's dignity, privacy and human rights.
- Staff provided kind, compassionate care.

Right culture

- People received good quality care.
- People's wishes and their wellbeing were at the centre of the service.

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 2 October 2020 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to governance and staff recruitment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cumbria County Council Extra Care Housing

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 two inspectors.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June and ended on 05 July 2022. We visited the location's office on 21 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives about their experiences of the care provided. We spoke with 12 members of staff including the registered manager, supervisors, seniors care workers, care workers and agency staff. We received feedback from four housing and social care professionals who regularly work with the service.

We reviewed a range of records. This included 10 people's care records and multiple medicine records. We looked at three staff files in relation to staff recruitment and six staff supervision records. A variety of documents relating to the management of the service were reviewed including medicine audits, training information, rotas and staff meeting minutes. We looked at a sample of the provider's policies and procedures.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not always supported by staff who had been recruited following a robust and safe recruitment system.
- The provider had not carried out full recruitment checks for new staff appointed. For example, three staff were employed without information about their employment history, reasons for leaving jobs and their qualifications being requested.
- The provider did not always ensure recruitment guidance was followed. For example, guidance relating staff starting work without full Disclosure and Barring Service (DBS) checks being completed. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.
- Robust checks were not always being carried out or recorded to support the safe use of agency staff. For example, agency staff inductions were not recorded to show how they had been supported to familiarise themselves with the service.

We found no evidence people had been harmed. However, the provider had failed to ensure all relevant information as part of staff recruitment and their procedures were operated effectively. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were introduced to new staff prior to them supporting them. This helped people feel confident in the staff assisting them.
- Care visits were planned so that staff had sufficient time to meet people's care and support needs.
- The registered manager advised they would review agency staff profiles and how this was shared with each of the housing schemes within the service.

Using medicines safely

- Medicines records and administration practices did not always support their effective use.
- Medicine records were not always in place or did not always contain sufficient information to support the safe and proper use of medicines. For example, 'as required' protocols were not in place. The registered manager advised plans were in place to introduce these protocols following a new medicines policy being introduced.
- Medicines administration records and practices did not always ensure specific directions were documented or followed. For example, where medicines were to be given prior to food. Supervisors and the

registered manager advised changes would be made to address this.

- Care staff received training and competency checks to equip them with the knowledge and skills to administer people's medicines safely.
- Senior staff carried out investigations following medicines errors to ensure appropriate action was taken and support wider staff learning.

We recommend that 'as and when required' protocols are put in place.

Assessing risk, safety monitoring and management

- People felt safe living at Cumbria County Council Extra Care Housing with the care and support staff provided. One person said, "I feel secure. You know that there's always someone available."
- Staff gave people information about risks to their safety to support them to make choices and have independence and control.
- Staff were knowledgeable about risks to people living in the service. This information was not always reflected in people's risk assessments. For example, risks linked to people's dietary needs, such as diabetes and choking were not always in place. The registered manager and supervisors told us they would update these records.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a safeguarding policy, which staff followed. Staff were trained to identify and respond to any safeguarding concerns.
- Staff appropriately reported concerns to the local authority to keep people safe. One staff member said, "Safeguarding is the most important thing we do, it's preventing people from avoidable harm."

Preventing and controlling infection

- Staff used PPE appropriately to protect people from catching and spreading infections.
- The provider's infection prevention and control policy was up to date and reflected current guidance.
- Staff carried out regular COVID-19 testing, which was monitored by supervisors.

Learning lessons when things go wrong

- People received appropriate care and support if they experienced an accident or incident.
- Staff responded swiftly to any emergencies. One person said, "When I broke my hip I got in touch with the care staff right away and they sent for an ambulance and told my family."
- Staff completed accidents, incidents and near miss records. The registered manager reviewed this information to check people have received appropriate support and action taken to prevent future occurrences.

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 requires improvement. This meant the effectiveness of people's care, treatment and support was not consistently planned for.

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 provider did not always understand their responsibilities under the MCA.
- The provider did not always follow the principles of the MCA. The provider had not carried out capacity assessments or best interest decisions for people that were unable to consent to aspects of their care. For example, a person's capacity had not been assessed prior to the provider putting in place sensors to monitor them at home. A best interest decision had not been completed to show how the decision to use these items had been reached.

We found no evidence people had been harmed. However, the provider had failed to take act in accordance with the MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People that were able to consent were involved in decisions about their care and their consent was recorded.

Staff support: induction, training, skills and experience

- People had confidence in the staff supporting them. One person said, "The staff know what they are doing."
- New staff completed an induction and shadowed more experienced staff to familiarise themselves with the service and needs of people they would be supporting.

- Staff received supervisions and appraisals to support their development and monitor their practice. Staff experiences of supervisions varied. The registered manager told us they would review this.
- The registered manager had identified shortfalls with the provider's training records as staff training was recorded across different systems. The registered manager planned to address it.
- It was not always clear what training staff were expected to complete. 13 out of 77 staff had completed training in the Mental Capacity Act 2005 awareness and 21 out of 77 staff had received first aid training.
- The registered manager had identified areas where staff would benefit from specialised training to support their knowledge and skills. For example, training in behaviours that challenge and training in learning disabilities and/or autism.

We recommend the provider identifies and reviews staff training requirements.

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

- People received effective support from staff to meet their needs. People's care plans contained information to guide staff in how to provide their care and support.
- Staff identified people's expected outcomes and supported them to achieve these. One person had recently moved into one of the housing schemes, the supervisor was working with them to identify their chosen outcomes and promote their quality of life.

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

- People chose what they wanted to eat and drink. Staff supported people's preferences. One person told us, "I am left with a drink when the care staff go."
- People were involved in planning their meals and preparing these where possible. This encouraged people to develop and maintain their independence in this area.
- People's dietary requirements were met. Records were maintained to provide staff with guidance on how to support these.

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

- People received effective, coordinated support for their health and wellbeing.
- Staff were knowledgeable about people's health conditions and how to support them. This information and details of risks linked to people's health needs was not always fully recorded.
- Staff made appropriately and timely referrals to relevant professionals and acted on any recommendations to ensure people's health needs were met. One staff member said, "[Person's] mobility has gone downhill a bit. We have had the occupational therapist out today, it's been dealt with quickly."
- Staff worked effectively within each of the housing schemes to ensure people received consistent support and any issues affecting people were communicated within the staff team. One of the housing managers said, "We work in partnership well, it's good to have that one team approach."

Is the service caring?

Our findings

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 formed relationships with staff supporting them based on kindness and respect. All the people and relatives we spoke with praised the caring attitude staff demonstrated.
- Staff had the right skills to make sure people received compassionate support. For example, one staff member provided emotional support to a person who had experienced a bereavement.

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

- People had choice and control over their daily routines.
- People received personalised care and were encouraged to provide ongoing feedback about their care. One person said, "If I said I don't like it done that way, care staff would say 'it's your house, we'll do it your way'."
- Staff were knowledgeable about people's likes, dislikes and interests and used this to plan people's care in partnership with them.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and respectful in how they spoke with and interacted with people. One relative said, "The carers are all so lovely and nice with [person]. [Person] loves a chat with them."
- Feedback from people and their relatives about how staff provided their care was very positive. One person described the staff approach as their favourite part of the service and said, "It's how they look after me, how they speak with me, how they joke with me. They're always in good humour."
- People's independence was promoted to enable them to retain and regain skills, including with their mobility. One relative told us, "[Family member] will have a walk around knowing the care staff will help if needed."
- People's privacy was respected. One person said, "The care staff give me time on my own in the shower."

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 and their families were involved in their assessments and developing person-centred care plans to guide staff in how to meet their care needs.
- People's care and support arrangements were reviewed and monitored to ensure it met their needs. For example, for one person staff had identified that a person would benefit from more regular, shorter care visits to meet their social needs and was changing their care arrangements accordingly.
- Any changes needed to people's care were made responsively. One person told us, "It has always worked smoothly when more care is needed, it's always been put in place."

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.

- People's communication needs had been assessed and care plans put in place. This guided staff on how to meet these.
- Staff understood people's communication needs and gave people time to express themselves.

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 encouraged and supported to maintain relationships with those that were significant to them, including friends and family members.
- People were supported to participate in a range of regular and meaningful activities of their choosing.
- Staff encouraged people to access activities arranged by external agencies, including themed evenings. This helped create a sense of community in the housing schemes.

Improving care quality in response to complaints or concerns

- People told us they had not needed to complain. They felt comfortable to raise any concerns with staff and confident these would be responded to. One person told us, "If I had a problem I could speak to any of the staff."
- The provider had a complaints procedure and encouraged feedback through surveys and regular informal discussions with people and their relatives.

End of life care and support

- The provider had systems in place to identify if a person required end of life care and to adapt their support to meet their needs at this time.
- Staff recorded some information in people's care records about their care and support approaching the end of their life. This included whether people had decided to refuse resuscitation should they require it. We spoke with the registered manager about improving how information on people's future care and end of life wishes were recorded, they advised there were plans in place to address this.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A system of quality assurance checks by the registered manager and provider were not in place.
- The registered manager and provider had not identified the issues we found, including with recruitment checks, medicines records, risk assessments, mental capacity records, staff training and staff supervisions and appraisals.
- The provider had not fully developed or implemented policies and procedures specifically for extra care housing. For example, a medicines policy had been developed but had yet to be applied in practice to ensure quality and safety in this area.

We found no evidence people had been harmed. However, the provider had failed to have established and have effective systems in place to assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and acted to address the issues raised.
- The registered manager had drafted a process for completing audits across the service.
- People and their relatives were not always able to identify who the registered manager was. The registered manager had sent out letters to introduce themselves.
- Staff found the registered manager approachable and regularly sought their advice.
- It was not clear the regulated activity of personal care was being organised and managed from the registered location in-line with the location's registration. This was discussed with the registered manager and addressed outside of the inspection process.
- The provider was not always acting in-line with data protection legislation. Senior care staff had unrestricted access to the local authority's computer database containing personal data for people the service was not providing personal care to.

We recommend that the provider reviews and follows data protection legislation.

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

- There was a person-centred culture within the service. Staff knew what was important to people and prioritised their needs.

- Staff were committed to ensuring people had a good quality of life and were empowered to achieve their outcomes. One staff member said, "I love it in care. People need to keep their independence and dignity as much as they can. As a care worker I enable people to keep this."

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 registered manager understood the importance of being open and honest with people and their relatives if things went wrong.
- The registered manager was transparent in reporting any issues. Statutory notifications were sent to CQC when legally required.

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

- People and staff had positive working relationships, which encouraged people and staff to engage on an ongoing dialogue about how their care was going and any improvements needed.
- The registered manager had arranged for surveys to be completed to gain staff feedback and look at ways to improve the service.
- Staff meetings were used to share information and gather feedback. Staff felt able to make suggestions to enhance the quality of the service.

Working in partnership with others

- The registered manager and supervisors had fostered positive working relationships with health and social care partner agencies. This ensured the service worked effectively in partnership to support people's care needs.
- The registered manager was looking at ways to relieve pressure on health services and ensure people received timely support following falls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005 where people were unable to consent and lacked capacity to do so.</p> <p>11(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records in respect of service users.</p> <p>17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure their recruitment procedures met requirements and was operated effectively.</p> <p>19(2)(a)(3)(a)</p>