

Cumbria County Council

# South Cumbria Domiciliary Support Services (Kendal)

## 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 ●

# Summary of findings

## Overall summary

About the service: South Cumbria Domiciliary Support Services (Kendal) provides personal care and support to people with learning disabilities in their own homes. People using the service lived in a variety of ordinary flats and houses some in multi-occupation shared by other people in the town of Kendal. At the time of the inspection there were 24 people receiving the service.

People's experience of using this service:

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The purpose of the service is to enable people to live as independently as possible in the community.

At the last inspection in November 2017 we found the service required improvement in three of the key questions and we made a recommendation to the provider that they developed the processes used in the quality of their auditing systems. At this inspection we found the service had improved and the processes used for monitoring the safety and quality of the service provided had been improved.

There were sufficient numbers of suitable staff to meet people's needs and at times that allowed people to be flexible with their daily routines. Staff had received training was applicable to people's needs and was on going. Staff were supported by the registered manager and their team supervisors through regular staff meetings, supervision and appraisals.

Support provided to people respected their privacy, dignity and promoted their independence. It was clear from our observations that staff knew people's needs well. We observed kind, caring and friendly interactions taking place.

Hazards to people's safety both in their homes and in the community, had been identified and appropriately managed. People received the right level of support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

People we spoke with made very positive comments about the service provided and the staff who supported them and told us they were very happy.

People were supported to have maximum 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.

More information is in the full report

Rating at last inspection:

Requires Improvement (The date last report published was 15 January 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has improved to Good.

## 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 has improved and was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service has improved and was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service has improved and was well-led

Details are in our Well-Led findings below.

# South Cumbria Domiciliary Support Services (Kendal)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

This service provides care and support to people living in 'supported living' settings including flats and houses with multiple occupation, so that they can live in their own home as independently as possible. In multiple occupation are properties where no more than five people in more than one household share communal areas. There are also facilities for staff to sleep in at night.

People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises that are used for this inspection we looked at people's personal care and support. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be

in. We visited the office location to see the manager and to review care records and policies and procedures

What we did:

- With the permission of people who used the service we visited and spoke with seven of them in their own homes.
- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We contacted three relatives and two social and healthcare professionals and spoke with two staff.
- We reviewed eight people's care records, staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with told us they were happy and felt safe with the service being provided. One person told us, "I do feel safe, very safe the staff make sure we are safe." Staff had received appropriate training in recognising and reporting any safeguarding concerns.
- Policies and procedures were available to guide staff on how to identify and report concerns. We saw, where necessary, appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

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

- Risks to people's safety had been identified and managed. People's care records had improved since the last inspection and risk assessments were more person-centred.
- Care records gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting.
- The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm.
- Records of the accidents and incidents that had occurred showed the necessary appropriate treatment had been sought and the actions that had been taken to prevent reoccurrence and any lessons that had been learned had been recorded.
- Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by the provider's operational managers who monitored for any themes or patterns to take preventative actions.

Staffing and recruitment:

- Rotas we saw showed there were enough care workers to flexibly cover the needs of people who used the service.
- We observed the flexibility of the staffing when someone changed their daily plan at short notice.
- Staff confirmed they knew the people they supported extremely well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.
- People who used the service had been involved in the interview process of people being recruited.
- When employing fit and proper persons the recruitment process had included all of the required checks of suitability. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can decide about employing or not employing the individual.

#### Using medicines safely:

- Staff had completed training in safe handling of medicines. We saw there were records for the management of people's medications including the application of prescribed creams. Competency checks were completed on staff handling medicines in people's homes to check they were administering the medicines safely and were competent to support people as they needed.
- At the last inspection we noted that records used across the supported living sites were not consistent. During this inspection we found improvements had been made and that practises were standardised across the sites

#### Preventing and controlling infection:

- The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 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.
- We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity to make complex decisions staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.
- Where necessary best interest meetings were held and recorded to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority.

Staff support: induction, training, skills and experience:

- Staff told us and records we saw showed they had completed a range of training to give them the skills to provide people's care and support. We saw new employees completed an intensive induction training programme before working with people. New staff also worked with a more experienced staff member to gain practical experience and to give them confidence to work with the specific needs of people.
- People we spoke with told us staff were appropriately trained. One person said, "They [staff] do a lot of training days. I think they have the right training."
- We saw staff attended regular meetings and could contact the registered or team supervisors to discuss any issues they might have. We saw there was an on-call system to provide support to staff when working out of office hours if they needed advice about a person they were supporting.
- Records showed that staff were regularly supervised or appraised.

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

- Some people who used the service required support to prepare their meals and drinks. We saw that the staff gave them choices about the meals they prepared. We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician.

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

- We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.
- Some people who used the service were also supported by specialist health care services such as community learning disability team. We saw that people's care records included guidance from the specialist services who supported them. This helped to ensure their support was planned and provided to meet their needs.
- One person who had recently been unwell told us about how they had been supported to access their doctor's appointment and some recent health tests.
- Two people we spoke with told us about how they were supported by staff in attending a weekly national weight loss programme.

# 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

People were supported and treated with dignity and respect and involved as partners in their care.

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

- People we spoke with told us were kind and caring. One person said, "They [staff] are brilliant." And "They look after me very well."
- We looked at the arrangements in place to ensure equality and diversity was promoted. We saw support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and in following the religions of their choice.
- We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their preferences and needs.

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

- The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.
- We saw from the records that people had been included in planning and agreeing to the support they received. People we spoke with told us staff always asked them what they wanted to happen. One person said about their care plan, "I did this with [staff name] it's about me and what I like to do."
- Staff were knowledgeable about the individuals they supported and about what was important to them in their lives. All the people we spoke with said the staff were patient and listen to them when they wanted to tell them something. One person said, "If I'm upset I just tell [staff name] and they help me."

Respecting and promoting people's privacy, dignity and independence:

- We saw staff treated people with respect and ensured their privacy and dignity were maintained. All the staff we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way and we also saw that the care records the staff completed were written a respectful way.
- We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. One person said "I do like to keep my house clean and tidy. I can ask for help with some jobs."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- Each person had a care plan to guide staff on the level of support and care required and how they preferred this to be provided. We saw that they had a copy of their care plan in their home.
- People told us they had been asked about their care needs and been involved in regular discussions and reviews. On our visits to people homes everyone was keen to show us their care plans and told us how they had been involved in developing it.
- We saw that records had been produced in different formats that were applicable to people's needs to ensure they could understand their care plan.
- We saw care records had been improved since the last inspection across the service and that regular meaningful reviews of the care plans had taken place.
- Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.
- The service was responsible for supporting people in accessing their daily and social activities. We saw where people could they engaged independently in activities of their choice and spending time in the local community.

Improving care quality in response to complaints or concerns:

- There was a formal process in place for receiving and responding to concerns and complaints about the service provided. Records of complaints we saw showed they were taken seriously and where action was required to resolve issues this had been acted on.
- The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. Everyone we spoke with said they would feel comfortable raising a complaint. One person said, "We have had no problems." Another person told us, "If something is wrong I just tell staff. They sort it out."

End of life care and support:

- No person using the service at the time of the inspection was receiving end of life care. Records were reviewed showed there were arrangements to ensure people were offered the opportunity to discuss their end of life preferences. Some people had set out their choices.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The culture of the service was caring and focused on ensuring people received person-centred care and support that met their needs. It was evident staff knew people well and put these values into practice.
- The service regularly sought the views of people who used the service and their relatives. We saw from the survey results that 100% of those who took the survey were happy with all aspects of the service they received. Relatives who took part in the survey made positive comments such as describing the service as, "Exceptional standard from the top to the bottom." And said that staff were, "Very good, reliable and keep us informed."
- We saw that suggestions made by people during the last survey on how to improve the service had been acted upon. For example, altering the rota to give more flexibility to ensure people could access personal activities.
- Staff we spoke with were happy with how the service was managed and felt supported.

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

- At the last inspection we recommended that the service developed the auditing processes used in the to improve the quality of the care records. During this inspection we saw the quality assurance systems in place had been improved to ensure the safety, quality and improvement of the service was consistently monitored. Records had improved they were current and accurate.
- There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned.
- Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. A notification is information about important events that the service is required to send us by law and these had been submitted in a timely way.

Working in partnership with others:

- The registered provider worked in partnership with a variety of other organisations to ensure people received the right support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the right care they required.

