

Cumbria County Council

South Cumbria Domiciliary Support Service

Inspection report

Old Library
17-19 Cavendish Street
Ulverston
Cumbria
LA12 7AD

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10 August 2017
16 August 2017

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27 September 2017

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

We carried out this announced inspection between 10 and 16 August 2017.

The service was registered at its current address in February 2016. This was our first inspection of the service at this address.

The service was last inspected, at a previous address, in July 2014 and assessed as good. After that inspection we found that the provider for the service was not registered correctly. We discussed this with Cumbria County Council and they submitted an application to correct their registration details.

South Cumbria Domiciliary Support Service provides support to adults who have a learning disability. The service provides supported living services to people living in the South Lakeland and Furness districts of Cumbria. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission but the accommodation is not.

The service also operates a Shared Lives scheme. This part of the service recruits and supports Shared Lives carers. The Shared Lives carers are self-employed and provide support and accommodation to adults who have a disability and who are not able to live independently. People live in the Shared Lives carer's home as part of their family. The Shared Lives scheme provided short and long term accommodation for people.

At the time of our inspection 30 people received support from the supported living service and 13 people received support from the Shared Lives scheme.

There was a registered manager employed to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe receiving support from the service. There were enough support staff and Shared Lives carers to provide people's support.

People were protected from abuse. Robust procedures were used to check that people recruited to the service were suitable to care for individuals.

Hazards to people's safety had been identified and actions taken to manage risks. Risk assessments were used in a positive way to support people to gain greater independence. People received the guidance they needed to remain safe in their homes and in the local community.

Medicines were handled safely and people received their medicines as they required. People were

supported to manage their own medicines.

The support staff and Shared Lives carers had received training to give them the skills and knowledge to provide people's support. The service employed supervisors who gave support and guidance to the Shared Lives carers and support staff.

People received the support they required with preparing and enjoying their meals and drinks.

People were supported to have maximum choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated in a kind and caring way. The support staff and Shared Lives carers knew people they supported well.

Care was planned and provided to meet people's needs. People who used the service and those who knew them well were included in developing individuals' care plans.

People were supported to gain greater independence and to learn new skills. They were supported to follow activities that they enjoyed and to maintain relationships that were important to them.

The registered provider had a procedure for receiving and handling complaints about the service.

The registered manager was supported by a team of supervisors. People knew how they could contact a senior person in the service if they needed to. The registered manager and supervisors carried out checks on the service to ensure people received a good quality of support.

People who used the service, support staff and Shared Lives carers were asked for their views about the service provided.

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.

People were protected from abuse and hazards to their safety had been managed.

There were enough support staff and Shared Lives carers to provide the support people required.

Medicines were handled safely and people who were able to were supported to manage their own medicines.

Robust systems were used when new support staff and Shared Lives carers were recruited to ensure they were suitable to care for people.

Is the service effective?

Good ●

The service was effective.

The support staff employed by the service and Shared Lives carers were trained and supported to provide the care people required.

The principles of the Mental Capacity Act 2005 were followed and people's rights were protected.

People were supported to access appropriate health care services to maintain their health.

People received the support they needed to prepare and enjoy their meals.

Is the service caring?

Good ●

The service was effective.

The support staff employed by the service and Shared Lives carers were trained and supported to provide the care people required.

The principles of the Mental Capacity Act 2005 were followed and

people's rights were protected.

People were supported to access appropriate health care services to maintain their health.

People received the support they needed to prepare and enjoy their meals.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered to meet people's needs.

People followed a range of activities that they enjoyed.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was supported by a team of supervisors. There were suitable arrangements to ensure the effective management of the service.

People were asked for their views and knew how to contact a senior person in the service if they required.

The registered manager and supervisors checked the service to ensure people received a good quality support.

South Cumbria Domiciliary Support Service

Detailed findings

Background to this inspection

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

The inspection took place between 10 and 16 August 2017 and was announced. We gave the registered provider 48 hours' notice of our visit on the 10 August 2017 because the location provides services in the community and we needed to be sure that the registered manager, or another senior person in the service, would be available to speak with us at the time of our visit.

The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for people who required support in their own homes.

At our visits to the service offices on 10 and 16 August 2017 we looked at the care records for three people who lived in supported living properties and for two people supported by Shared Lives carers. We also looked at training and recruitment records of one Shared Lives carer and for two staff employed by the supported living service. We spoke with the registered manager of the service and three members of the service management team. We also looked at records related to how the service was managed.

We arranged to visit five people who used the supported living service in their homes and met three people at a day service they attended. During these visits we also spoke with three staff employed by the supported living service.

We spoke by telephone with three people who lived in supported living properties and five of their relatives.

We also spoke with one person supported by the Shared Lives scheme and with three Shared Lives carers.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we carried out the inspection. We also contacted local social work teams and local health care commissioners to obtain their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they were confident people were safe receiving support from this service. People who used the service told us they felt safe.

People who received support from the supported living service said the staff who worked in their homes helped them to feel safe. People who were able to live with a greater degree of independence told us the support staff had explained to them how to stay safe in their homes and in the community.

The person supported by the Shared Lives scheme told us they felt safe in the Shared Lives carer's home. They told us, "I feel safe with [Shared Lives carer]" and said, "[Shared Lives carer] keeps me safe."

The support staff and Shared Lives carers told us they were confident people were safe receiving support from the service. They said that they had completed training in how to ensure people in their care were safe. This was confirmed by the training records we looked at.

Providers of health and social care services are required to inform the Care Quality Commission of any allegations of abuse. The registered manager of the service had notified us of allegations as required. From the information we received we could see that the staff employed by the service and the registered manager took appropriate actions in response to concerns received to ensure people were protected against the risk of abuse.

People were protected because risks to their safety had been identified and managed. Some people who received support from the supported living service were able to live with greater independence and to access the community without support from staff. We saw thorough risk assessment were in place to help people to know how to remain safe in their homes and in the community.

Two people told us the support from the service had helped them to move to a property where they could have more independence. They told us they had been given clear information about how to maintain their safety. We saw that risk assessments had been used in a positive way to support people to gain greater independence.

Some of the Shared Lives carers provided full time support to people who lived as part of their families. Another Shared Lives carer provided respite support. The Shared Lives scheme also had support workers, who could go to a Shared Lives carer's home to support a person if the Shared Lives carer could not be available. This helped to ensure that people supported by the Shared Lives scheme received care from people they knew.

We asked people who received support from the supported living service if there were enough staff working in their homes to provide the support they needed. Everyone we asked confirmed there were enough staff to provide their care.

The staff employed in the supported living service told us staffing levels were suitable to meet people's needs. Some people required a higher level of care and their properties were staffed accordingly.

Relatives of people who used the supported living service told us they were confident there were enough staff to support people. One relative told us, "There are plenty of staff, there always seems to be someone about." Another relative told us, "We are happy [family member] is safe and there are plenty of staff."

People who required support taking their medicines said they received the assistance they required. A person who used the Shared Lives scheme told us, "I take my tablets [Shared Lives carer] helps me."

People who used the supported living service told us they received the support they needed to manage and take their medicines.

People who were able to were supported to manage their own medicines. This was in line with best practice in promoting people's independence. The service had systems in place to check that people understood how to take their medicines and were managing their medicines safely.

The registered provider followed robust systems when new support staff and Shared Lives carers were recruited. These included checking on candidates' good character and against records held by the Disclosure and Barring Service. Checks against the Disclosure and Barring Service records ensured that people were not barred from working in a care service and did not have any criminal convictions that would make them unsuitable to care for people. People were protected because robust checks were completed before support staff and Shared Lives carers were recruited.

Is the service effective?

Our findings

People who received support from the supported living service told us the staff who supported them provided a good quality of service. One person who used the service told us, "The staff are very good, I think they are trained." Another person said "He [staff member] is good at his job."

The staff who worked for the supported living service and the Shared Lives carers we spoke with told us they had completed training to give them the skills to provide the support individuals required. The records we looked at showed that the support staff and Shared Lives carers had completed training appropriate to their roles.

One staff member from the supported living service told us, "The training has been really good, you need good training and skills to support people who live in this house." One Shared Lives carer we spoke with told us, "I did all the training and I think there is more coming" and another said, "We did a lot of training."

The staff employed in the supported living service told us they felt well supported by the registered manager and the supervisors in the service. They said they were always able to contact a senior person if they needed guidance or advice. The staff told us supervisors in the service carried out checks as the support staff provided people's care to assess that they were competent and to offer guidance if they needed. They also told us that the supervisors regularly worked alongside them in properties providing support to individuals. This meant the supervisors were available to support the staff team and to observe how people were cared for.

One Shared Lives carer we spoke with told us they had not always felt well supported. They said they had not received clear information about the payments people who lived with them would make towards their support. They told us they had raised this concern with the supervisor who was responsible for overseeing the Shared Lives scheme but this had not been resolved. We shared this concern with the registered manager of the service for them to address. The other Shared Lives carers told us they felt well supported and knew how to contact a senior person in the service if they required advice.

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. Where people live in their own homes, applications to deprive them of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All of the support staff we spoke with were aware of their responsibilities under the MCA. They knew how people communicated their wishes and how they showed they consented to their support. Some people who used the service had complex needs and could not express their wishes verbally. The support staff showed they understood how a person's body language or behaviour would show if they agreed to their

planned care being provided. People who could share their views with us told us the support staff always asked for their agreement before providing their care.

Where the registered manager had assessed that an individual needed to be deprived of their liberty in order to maintain their safety the local authority had applied to the Court of Protection for authorisation. This helped to ensure people's rights were protected.

Everyone we spoke with told us that they were provided with meals and drinks that they enjoyed. One person who lived with a Shared Lives carer told us, "[Name of Shared Lives carer] makes me nice food, I like it."

People were supported to make meals and drinks for themselves. Some people were able to do this independently and other people were assisted by staff members. One person who used the supported living service told us, "I do all the cooking. I'm a good cook and make a 'mean' roast dinner." Another person told us, "I do cooking, I make meals myself, they [support staff] showed me."

Some people required support from staff to enjoy their meals and to maintain their safety while they were eating. Where people were at risk of choking advice had been taken from appropriate services such as the Speech and Language Therapist. There were also detailed risk assessments and guidance in place for staff to follow to ensure people remained safe and could enjoy their meals. People were supported to eat and drink enough and were supported to enjoy their meals and remain safe.

People who used the service told us they received the support they required to access appropriate health care services. Some people required a member of staff or the Shared Lives carer they lived with to arrange medical appointments and to assist them to attend them. People told us they received the support they needed to see their doctor if they were unwell. One person said, "[Name of staff member] telephones the doctor if I'm not well."

Relatives we spoke with told us they were confident the support staff assisted their family members to maintain their health. They said the staff supported their relatives to make and attend medical appointments as they required. One relative told us, "They [staff] help him with all his medical needs, [seeing] the doctor and the dentist and things." Another relative told us, "[Family member] gets support for their medical care, we have no concerns about that at all." People received the support they required to access medical care and to maintain their health.

Is the service caring?

Our findings

People who received support from the service told us they were treated in a kind and friendly way by the support staff and Shared Lives carers.

The person we spoke with who was supported by the Shared Lives scheme told us, "[Shared Lives carer] is kind to me."

People who received support from the supported living scheme and their relatives told us the staff treated people with kindness and provided a high quality of care. One person told us, "They [support staff] are nice to me" and a relative said, "I haven't a single worry, it's marvellous. They [support staff] care for [family member] so well." The relative also told us, "They [support staff] are like your own family, they are our friends as well as looking after [family member]." This showed that the support staff treated people who used the service and their families in a friendly and kind way.

The support staff employed by the service all told us that people were well cared for. They told us they had the time they needed to provide individuals' support. One staff member said, "I think we care for people really well. People are cared for how I'd want my own relative to be cared for."

During our visits to people's homes we saw that the staff treated people with kindness and respect. People who used the service were comfortable and relaxed with the staff who were supporting them. We saw the staff knew individuals well and knew the things that were important to them in their lives. People enjoyed spending time with the staff who supported them and we heard them sharing jokes and laughing with the staff in their homes.

We saw that the staff took appropriate actions to maintain people's privacy and dignity. They ensured personal care was carried out in private and knocked on bedroom and bathroom doors before entering. People who used the service confirmed that the staff respected their privacy. A person who received care from the Shared Lives scheme told us, "[Shared Lives carer] knocks on the [bedroom] door." People who were supported by the supported living service told us the staff treated their homes with respect and knocked on the front door before entering. We also observed this during our visits to people.

People told us the staff in the supported living service helped them to gain greater independence. Two people told us they required minimal care and carried out most tasks for themselves. They said they enjoyed being able to live with greater independence. Relatives of people who used the service also told us the support provided had helped their family members to gain independence and to develop skills. One relative told us, "[Family member] has grown in confidence and can do so much more for himself." Another told us, "[Family member] has her own life now."

The senior staff in the service had links with local advocacy services that could be contacted if a person required support to express their wishes about their care or lives. Advocates are people who are independent of the service who can support people to make and to express important decisions about their

lives.

Is the service responsive?

Our findings

People who used the service told us they were included in planning and agreeing to the support they received. One person told us a staff member had sat with them and talked to them about the support they wanted. They said this had then been used to develop their care plan to guide other staff on how to support them.

Each person supported by the service had a care plan that detailed the support they required. The support staff and Shared Lives carers we spoke with told us the care plans for people gave them the information they needed to provide people's care.

The Shared Lives carers told us they were involved in developing the care plans for people who had lived with them for some time. They said the supervisors in the service recognised that they knew the individuals well and were knowledgeable about the support they required. One Shared Lives carer told us "[Individual] has a support plan. We were included it sorting it out." A Shared Lives carer who provided respite care said, "I have a single person at a time and they do have support plans but I have a meeting beforehand to make sure everything is suitable, so that I am fully aware of what a person needs before they come."

A staff member who worked in the supported living service told us, "Each person has a care plan that guides us on how to support them."

At our visits to the service offices we looked at five people's care plans. We saw these gave detailed information about the support individuals required. The care plans also detailed people's preferences about their support and the things that were important to them in their daily lives. This meant the support staff and Shared Lives carers had information about the person they supported and their interests, not just about the support they needed.

We saw that the care plans were written in a positive and respectful way. They included the tasks people could carry out for themselves as well as those they required assistance with.

Relatives of people who were supported by the supported living service told us they had been included in developing the care plans for their family members. They said they were also regularly included in meetings where their family member's support was reviewed. One relative told us, "We go to all the care reviews." Another relative said, "I go to the reviews." This meant people who knew individuals well were included in reviewing their support.

Everyone we spoke with told us that people who used the service were supported to follow activities of their choice and to maintain relationships that were important to them. People told us about a range of activities they enjoyed including holidays, seeing their friends and attending social activities. One person who was supported by the Shared Lives scheme told us, "I love staying with [Shared Lives carer] we go for walks." People who received support from the supported living service told us, "I do all sorts, I go out" and said, "I see my family."

Relatives of people who used the supported living service told us their family members enjoyed active social lives and enjoyed a range of activities. One relative said, "[Family member] has a better social life than we have." Another relative told us, "[Family member] has more to do than we do. She is always having fun, it's marvellous to see."

The registered provider had a procedure that people could use to raise any concerns about the service they or their family member received. No one we spoke with said they had raised a formal complaint. People told us that, if they had any concerns, about the service they would speak to a staff member or to a senior person in the service.

Is the service well-led?

Our findings

People who used the service and the relatives we spoke with told us this was a good service and said they would recommend it to other people. A person who used the service told us, "I'd tell people it [the service] is good." One relative we spoke with said "We would recommend them [the service] to anyone. I just don't have to think about it at all, it's taken all the worry from us." Another relative told us, "I would recommend them [the service] to anyone they have been simply wonderful."

There was a registered manager employed who was responsible for the day-to-day management of the service. The registered manager was supported by a team of supervisors, each responsible for oversight of specific areas of the service.

The supported living staff we spoke with told us the supervisors worked with them supporting people in their own homes. This helped the supervisors to monitor the quality of the service and also meant people who used the supported living service knew the supervisors well. During our visits to people's homes we saw they were comfortable around the supervisors responsible for overseeing their service. People who used the service told us they knew the members of the service management team and how they could contact them if they wished to.

The registered manager and supervisors in the service carried out checks to ensure people received safe care that met their needs. They carried out regular visits to the supported living properties and checked that care records were up to date and that staff had completed records properly. They also carried out checks on people's medicines and on the medication administration records care staff completed. These checks helped the registered manager to monitor if people were receiving the support they required.

The Shared Lives carers we spoke with told us they knew the supervisor who was responsible for overseeing the Shared Lives scheme. They said the supervisor contacted them regularly and they attended regular meetings where they could share their views of the service. One Shared Lives carer told us, "I feel very supported [Supervisor] rings me and she pops in on a Friday on her way to the office." Another Shared Lives carer said, "I feel very supported by the service, very much so, we have meetings and [supervisor] rings regularly." This helped to ensure a senior person in the service maintained oversight of the Shared Lives scheme.

People who used the supported living service and their relatives had been asked to complete a quality survey to share their views of the service provided. We saw that the staff working with people also asked for their views and if they were happy with the support provided.

Relatives of people who used the service said they could share their views during meetings to review their family members care. They told us the staff in the service contacted them regularly and gave them opportunities to share their views of the service.

People who used the supported living service told us they were included in decisions about how their

service was provided. People who used the service were tenants, living in their own properties. People who shared a property told us the staff who supported them helped them to hold "house meetings" where they could discuss things that were important to them. People living in one property said they had chosen to buy a summer house for their garden. They said this had been discussed at a house meeting and they had chosen the summer house they wanted. Other people told us they had been asked about how they wanted their home to be decorated and staff had helped them to arrange this.

People who could live with a greater degree of independence told us they had chosen to move to a new property where they were able to live with greater independence. One person told us that this had been their suggestion. They said the supervisor who was responsible for overseeing their service had listened to them and supported them to arrange to move to the new property.

Providers of health and social care services are required to inform the Care Quality Commission of important events such as serious injuries to people who use the service and any allegations of abuse. The registered manager was experienced and aware of the notifications she needed to submit to us. She had submitted notifications of incidents as required. This meant we could check that appropriate action had been taken in response to significant events.