

Cumberland Complex Ltd

Cumberland Complex

Inspection report

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Date of inspection visit:
12 March 2020

Date of publication:
30 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Cumberland complex is a supported living service that can support up to 38 people. At the time of our inspection it was only providing a regulated activity to three people using the service.

People lived in a building that was originally a hotel. The building had been adapted for supported living services and was registered with the local authority as a house of multiple occupancy (HMO). The building was in the seaside town of Torquay close to local shops and the sea. People had their own rooms and there were shared dining and communal lounge facilities. There was an office on site with staff available for support 24/7 if needed.

Not everyone who used the service received personal care. 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

During this inspection we found two breaches of regulation around the safe management of medicines, risk documents being kept up to date and a lack of effective quality assurance and governance systems. Nobody had been harmed because of these concerns but they were placed at risk of potential harm through a lack of quality checking and records that were not always up to date.

We signposted the registered manager and provider to our website and recent best practise guidance on how to support people with personal care as we felt they needed a refresher in this area. Most people using the service were not having support with a regulated activity, the concerns we found applied to a small minority of people having support with personal care and medicines.

People told us they were happy living in the service and felt safe. We heard how the service had supported people to change their lives and feel more confident and have greater self-worth.

Care plans were person focussed, written from the perspective of people using the service, and reviewed regularly by people. People said staff were caring and patient and listened to them.

Staff felt supported through supervision, appraisal and regular meetings. Staff training was up to date and staff had completed training relevant to the support needs of people using the service.

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.

People were supported to live healthier lifestyles and access health services where required. People were

supported to improve and maintain their wellbeing, so they no longer needed the support of some community services.

There were enough staff to meet the needs of people. Staff were experienced and knew people well. New staff were recruited using a thorough recruitment system.

People were safeguarded from abuse by staff who knew how to identify and report concerns.

Where needed people were supported to link in with activities or events in the local community and make new friends.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 05 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines, risk assessing and governance. 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 for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Cumberland Complex

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 team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that 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.

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

This inspection was announced on the morning of the inspection to check the registered manager was available to meet with us.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two out of the three people who used the service and were receiving support with a regulated activity. We spoke with the registered manager and met an assistant manager.

We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We requested further training data and asked for feedback from support staff and professionals who worked with the service. We received feedback from four staff.

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 has now deteriorated to 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.

Using medicines safely; Assessing risk, safety monitoring and management

- For the three people in receipt of a regulated activity medicines were usually provided in a dosette box, where a pharmacy pre-prepares which medicines to take at which times of the day. However, one person had recently been discharged from hospital and staff were administering their medicines from packets in boxes and bottles. The registered manager was in the process of arranging for these medicines to be dispensed in dosette boxes from the pharmacist again.
- We found medicines were not always managed safely. Medicine Administration Records (MAR) had some gaps with no explanation whether the medicines had been offered, taken or refused. One MAR had a gap for six medicines on one day. We asked the registered manager what had happened, they said they did not know. It was not clear if this person had been administered their prescribed medicines or not. This placed the person at risk of harm.
- Stocks for a blood thinning medicine and a treatment for a chronic disease did not add up to recorded amounts. It was unclear from records where these missing medicines were. This meant this person may not have had their prescribed medicines, placing them at risk of becoming unwell.
- During our visit one person was unwell and had recently been discharged from hospital after major surgery. Staff were gathering information on their changed needs and how best to support them to mitigate risks. Their care plan and risk assessment did not contain accurate information about their care needs and what risks they faced and how to mitigate or manage them. This placed them at risk of improper care and treatment.

We found no evidence that people had been harmed however, medicines were not always managed safely, and risk information was not current. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff we received feedback from demonstrated a good knowledge of the risks people faced and how to best support them.
- Risk assessments were in place for other people and reviewed regularly with them.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure.
- People told us they felt safe. One person said, "I feel safe here."
- Staff had completed mandatory safeguarding adults training. One staff member said, "All Staff are aware of signs of abuse and have built in trusting relationships with clients, so if any abuse was to occur, they would feel safe in telling us."

Staffing and recruitment

- There were enough staff to meet the needs of people.
- Some staff had worked in the service for several years and had built up strong relationships with people using the service. One person said, "I have mostly the same staff. I know him and trust him."
- Staff were recruited using a robust system that included several stages such as application, interview, DBS (police background) checks, shadowing and a probation review. This meant the service had made a concerted effort to recruit staff who were suitable to work with people who might be vulnerable.

Learning lessons when things go wrong

- The registered manager was able to explain how people had been supported over time and staff had learned what approaches worked best with each person.
- However, when we asked the registered manager if there was any learning from incidents or accidents, they explained they did not record any analysis of incidents or have a formal system in place to learn from them. We discussed with the registered manager the benefits of reviewing on a regular basis incidents and other occurrences the service might learn from.

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.

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

- There was a holistic assessment of each person's needs including mental, emotional, social and physical aspects.
- There was best practise guidance for staff to refer to in the staff area of the service.
- People were supported to achieve effective outcomes and some people had been discharged from mental health services as they had sustained a period of feeling well.

Staff support: induction, training, skills and experience

- Staff told us they felt supported, and were supported with supervision and staff meetings.
- Staff had completed mandatory training and were encouraged to feed back to the registered manager if they required any additional support with training.
- Staff told us, "I get the training I need to do my job to the best of my ability" and, "I feel that I am given all the training and information that I need to do my job well. If and when we have any new clients with needs that we currently do not have training with, then we would be provided with the relevant training courses."

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

- People were supported to have a balanced diet. One person said, "The food is nice."
- People had kettles and microwaves in their rooms, so they could make their own hot drinks and snacks.
- Where people required particular support around their diet, for example with diabetes, they were supported to make healthier choices and sugar free options were available.

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

- The service supported people who were increasingly independent and required less support of other agencies.
- Where people did become unwell there were good links with local mental health services and the GP. The registered manager supported people to access the crisis team if they needed to.
- One person said, "I get help to go to the doctors and other appointments."

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.

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.

- There were robust policies and procedures around the MCA and consent
- People had signed consent documents in care files.

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.

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

- People told us staff were kind and caring. One person said, "They say kind things and make me feel better," and "I was nery when I first came here and I now I don't feel like that because it's a friendly atmosphere."
- The provider said, "We have strong trusting relationships with people and staff. We are a family run business and we treat everyone like family."
- Staff told us how they visited one person in hospital in their own time when they were unwell as they felt this person was like a family member and did not want them to feel scared or alone.
- The service assessed people's equality needs. We discussed with the manager taking into further consideration whether people required support with relationships. They gave examples of how in the past they had supported people to feel more confident about expressing their sexual identity.

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

- People said, "We talk about my support plan a lot" and "We have a voice."
- People were involved in reviewing the care and support they were provided with. One staff member said, "All clients are involved in the process of support planning and risk assessment, (personal centred care) they tell us where they feel they need the support, and we work with them to do so. They are always offered a copy to keep in their rooms (but most of them refuse)."
- Staff supported people to identify goals and aspirations and worked with people at their pace to achieve them.
- Staff arranged meetings with people using the service and asked for feedback either as a group or encouraged it one to one.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain or develop their independent living skills. We heard how staff had supported one person to go from isolating themselves to being able to interact with shopkeepers and make purchases. This was a big step for this person and showed how staff had taken time to support this person at their own pace to be more confident and independent.
- Care records containing personal information were kept securely locked in a cabinet in a lockable office.
- People told us they were treated with dignity and respect. One staff member said, "I treat the clients how I would want my family or myself to be treated."

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 has remained the same. 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

- Care plans were personalised and contained some preferences such as food likes and dislikes and communication preferences.
- Care plans were written from the perspective of people using the service and contained their relevant life history. People told us they contributed to care plans.
- We discussed with the registered manager recording further detail for those people receiving support with a regulated activity around how they liked their personal care to be provided.

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 assessed.
- Staff understood people had differing communication needs and styles. Some people required time to process information and some people required a reduced range of options, so they were able to make choices.

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 supported to use their staff support hours as they wished at any time they wished. So, if they wanted to go to the shops or for a walk and needed staff support on that day, staff could be there with them.
- For the people whose care and support we looked at during our inspection, the registered manager told us there were no close relatives to contact. However, we heard how people were supported to maintain community links and feel less isolated by being encouraged to socialise.
- Staff encouraged people to pursue their interests where required. Most people using the service were very independent and did not require support in this area.

Improving care quality in response to complaints or concerns

- There was a complaints process for people to refer to and it was visible in communal areas of the building.
- People told us they would complain if they needed to. They said they would go to the registered manager. One person said, "If I wanted to complain I would go down and see the manager."

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 has now deteriorated to 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, person-centred care.

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

- The registered manager understood risk management and knew people and their service well. However, not all risk assessments were up to date with information on diabetes and health conditions. Instructions to staff needed updating for one person who was at risk of becoming unwell and needing hospital treatment.
- The registered manager and provider told us they regularly met and talked about the service and areas for development. They said, "We work alongside our staff team witnessing their competency daily, ensuring that our organisational policies and principles are followed." However, they also told us, "We do have meetings, but we don't write it down."
- There were gaps in medicines records and some inconsistencies in how support hours were recorded. One person did not have an entry of support since June 2019. Records did not demonstrate what support was being provided and were not up to date.
- The provider was visible in the service and worked as part of the staff team. However, there was no evidence of systems to check that care plans, risk assessments, medicines, supervision and staff training were monitored and checked as part of a robust quality assurance system. This meant people were placed at risk of potential harm. For example, through the unsafe management of medicines not being picked up in quality checks.

We found no evidence that people had been harmed. However, records and systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

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

- There was a positive person focussed culture in the service. People felt supported and happy and staff enjoyed working there.
- People were supported to achieve good outcomes and improve their sense of wellbeing.
- The registered manager understood the duty of candour and key stakeholders were informed when things went wrong.

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

- People were asked for their feedback. The provider said, "We listen to people and act on their feedback."
- One person said, "They did listen to me. I said could we have some healthy options on the menu and chilli con carne, three days later it was on the menu."
- Staff opinion was valued, and their ideas were listened to.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they really cared about the welfare of people using the service and wanted to provide the best possible support.
- The service worked in partnership with key professionals to support people to improve their mental wellbeing and have a period of stability so health services could discharge them.
- We signposted the registered manager to our website to refer them to the regulatory framework we inspect against and to the NICE website to refresh their knowledge of best practise in managing medicines.
- Staff showed they were passionate about providing the best possible care and support for people. One staff member said, "The Cumberland always strives to improve wherever possible."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe medicines management and risks were not fully assessed and mitigated.</p> <p>Regulation 12 (1) (2) (a) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in the service used to check risk management and quality assurance were not robust and records were not always complete.</p> <p>Regulation 17</p>