Cumberland Complex Ltd

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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

Cumberland Complex provides a supported living service to people with a learning disability or mental health needs. A supported living service is where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection, the service provided prompting and support with medicines to 10 people.

Personal care was provided by an external domiciliary care agency who visited people in their own home, within the property on Braddons Hill Road East. We visited the supported living setting; people had their own rooms and shared other parts of the house including the lounge, kitchen, and dining room.

This announced inspection took place on 18 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and people are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection

At the last inspection, the service was rated Good overall. At this inspection, we found the service remained Good.

Why the service is rated good:

People received a service that was safe. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. There was enough staff to safely provide care and support to people.

The service was effective in meeting people's needs. People received effective care and support from staff that were well trained and competent. People's health and wellbeing was promoted and people were supported to eat a balanced healthy diet. The registered manager, provider, and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. People were cared for and supported by staff who knew them well. Staff were kind, caring and treated people with dignity and respect. People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

The service was responsive to people's needs. People were aware of how to make a complaint and felt able to raise concerns if something was not right. People received person centred care and support which promoted their health and wellbeing and enhanced their quality of life.

People benefitted from a service that was well led. The manager and provider were open and approachable. The vision and values of the service were clearly communicated to and understood by staff.

There was an open culture where people and staff were encouraged to provide feedback. Staff felt they received a good level of support and a comprehensive quality assurance system was in place.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Cumberland Complex

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.

This announced inspection took place on 18 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and people are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service for instance, what the service does well, as well as any improvements they plan to make.

At the time of the inspection, 36 people were using the service. We used a range of different methods to help us understand people's experience. We looked at care records for five people to check they were receiving their care as planned. We looked at how the service managed people's medicines, the quality of care provided, as well as records relating to the management of the service. These included three staff personnel files, staff training records, duty rotas, and quality assurance audits. We spoke with five people who received support from the service, three staff, the registered manager, and provider. Following the inspection, we received feedback from the local authority's quality team.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe in their own homes and had confidence in the staff supporting them. One person said, "I do feel safe and I'm happy, living here" Another person said, "I'm as safe as I can be, the staff are friendly and I can talk to them if I'm unhappy or have any worries."

People were protected from the risks of abuse and avoidable harm. Staff had received training in safeguarding adults and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm was accessible and the service had a whistle blowing policy and procedure. This policy protected staff against detrimental treatment because of reporting bad practice. Staff said they felt confident the registered manager would take appropriate action if they raised concerns.

Safe recruitment processes were in place. We looked at the recruitment files for three staff and found checks had been undertaken prior to their employment. For example, references from previous employers had been sought and Disclosure and barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services. People told us they were supported by regular staff and knew them well. Staff told us they had enough time to ensure they delivered care and support safely. There was an on call system for staff and people in the event of an emergency outside of office hours. Staff told us this system worked well and there was always a senior person available to provide support and advice.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. We found people received their prescribed medicines when they needed them and in a safe way. Medicines were stored safely and Medication administration records (MARs) were maintained accurately. People were able to manage their own medicines if they wished and had been assessed as safe to do so. Staff told us they had received training in the safe administration of medicines. Records showed their competency was assessed through regular spot checks and annually through competency assessments.

People were kept safe because risks associated with their support needs; lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce those risks. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely. For example, one person had risks associated with the management of their diabetes. Support plans contained guidance and protocols for staff to monitor this person for signs that may indicate they were unwell and advised staff seek advice from the person's GP if they had any concerns about their wellbeing.

Although the service was not directly responsible for people's premises and equipment, the registered manager and staff carried out risk assessments and checks to ensure the physical environment was safe.

The service had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan. This gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. This helped ensure visits to vulnerable people were prioritised. This included a list of emergency contact telephone numbers

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People told us the staff were kind, supportive and knew what they were doing. One person said, "You can trust them, they know what they're doing." Another person said, "they are all really switched on."

People were supported by well-trained, staff that knew them well and had the skills to meet their needs. Staff told us they had received an induction before working independently with people. This included training; reading people's support plans and shadowing experienced staff members. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support.

Records showed there was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, infection control, fire, moving, and handling, food hygiene, safeguarding adults. Other more specialists training included diabetes, dementia, and managing challenging behaviour. Staff were encouraged to undertake further qualifications such as Health and Social Care Diplomas. These are work based qualifications which are achieved through assessment and training. There was an effective system in place to ensure that staff were putting their learning into action. Staff received regular supervision and annual appraisals with a named person. Staff told us they felt supported and had received regular supervisions. One staff member said, "Supervision is really useful, it gives us time to talk about the people we support and it's a great opportunity for us to ask questions and seek advice."

Staff had received training in the Mental Capacity Act 2005 (MCA). Staff understood people had the right to make their own decisions. The registered manager explained that most people using the service had capacity to make their own decisions, but was fully aware of their responsibilities under the MCA where people lacked capacity. 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, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. At the time of this inspection, no one was having their freedom of movement restricted or were being were deprived of their liberty. Some people had a Court of Protection order in relation to their finances. The Court of Protection had appointed a person to make best interest decisions about people's finances.

People told us they were supported to see a range of health care professionals and were supported to access healthcare services when needed. Staff identified when people were unwell and contacted people's GP's and other health and social care professionals when required.

We saw staff worked closely with a variety of professionals to ensure people's needs were met. These included; District Nurses, GP's, Occupational Therapists, Social Workers, and Mental Health professionals. Most of these contacts were by phone, staff also provided practical support and assistance for people to attend healthcare appointments.

People were supported to maintain a balanced diet and staff were aware of the importance of people having enough to eat and drink. People support plans contained detailed guidance on people's preferences, nutritional needs as well as any allergies. People had a fridge, microwave oven and kettle in their room so they could make snacks and drinks. Staff told us if they had, concerns in relation to someone appetite or sudden weight loss or gain they would contact the person GP and followed any advice given.

Good

Is the service caring?

Our findings

The service continued to provide caring support to people. People who used the service told us the staff were very kind, friendly, and supportive. Comments included; "All the staff seem very nice," "They have always been very good to me you can rely on them.", "Very friendly" and "They're Ok."

People told us they felt reassured because they received support from regular staff that were familiar with their needs and knew them well. One person said, "They give me the opportunity to be me and face the day to day challenges that life brings." Another said they understand me and what I like."

Staff said they enjoyed working for the service. Staff spoke with compassion about the people they supported, and it was clear people had developed good relationships with the staff supporting them. When we asked people who used the service about their experiences, people consistently told they were happy with the way staff supported them.

People told us they were involved in making decisions about their support and planning their care. People said they were able to express their views and were fully involved in making decisions about their care and support and told us they made choices every day about what they wanted to do and how they spent their time. One person said, "I get up and go to bed when I want. I choose what clothes I wear and what I want to eat."

When planning the service the staff took account of the support, the person required, the preferred time for calls and where possible the care staff they liked to be supported by. People told us they had choice in how they spent their time. People were supported to be as independent as possible. Staff encouraged people to decide what activities they would like to do and supported them to carry out their own personal care and daily routines.

People told us they were treated with kindness and respect, and thought that staff cared about people's wellbeing. Staff we spoke with had a good understanding about people's likes and dislikes as well as important information about their past, interests, and relationships.

People's individuality was respected and encouraged. People were supported to maintain relationships with their families and friends and support plans contained information about dates and events, which were important to them. People had keys to their property and could come and go as they wished.

Staff were mindful of people's need for privacy and when staff spoke with us about people, they did so in a respectful manner. We saw staff knocked on people's doors before entering and when staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People received individualised support from staff who knew them well. The registered manager carried out an initial assessment of each person's needs to help ensure the service was able to meet their needs and expectations. This information was then used to develop a support plan to help enable people to live independently.

We looked at the care and support plans for five people. People's support plans were 'person centred' informative and provided staff with detailed information on people's likes, dislikes and personal preferences as well as people's personal care needs and medical history. Each area of the plan described the person's skills as well as the support needed from staff or other services.

People's support plans identified where they needed specific support to manage their mental health in a way that caused the least amount of distress to the person, should they deteriorate or suffer a relapse. Each person's support plan contained information on the signs and triggers that might indicate that the person's mental health was deteriorating and the action staff should take. Staff were given clear guidance on the best way to support people, and advised to seek support from the manager or mental health team if they were unsure. This helped ensure that people's mental health was closely monitored and people received the right care and support in a timely manner.

Some of the people supported by the service at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. People's support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times.

Staff knew people well and told us they had been asked to read each person's care and support plan to ensure they were fully aware of each person's needs before they started to provide care. They were guided to speak with a member of the management team if they had any questions or concerns regarding people's care. It was evident from our discussions with staff they knew people very well and provided personalised care in a way, which met people's individual preferences and care needs.

People's support plans were regularly reviewed and updated to help ensure they accurately reflected the person's current care needs. People told us they were involved in developing and reviewing their care needs. When a person's needs had changed, we saw this had been documented and additional guidance provided for staff.

People said they did not have any concerns about the care and support they received and felt able to make a complaint if something was not right. People knew who to contact if they needed to raise a concern or make a complaint. They had a copy of the service's complaints procedure and were confident their concerns would be taken seriously. Everyone we spoke with told us the registered manager and provider regularly encouraged them to share their views and raise concerns .

Good

Is the service well-led?

Our findings

The service continues to be well led. People and staff spoke positively about the leadership of the service and told us the service was well managed. Comments included; "I trust them" "The manager and provider always make time for me" and "Yes the service is well led."

The service had a registered manager in post. 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.

The service had a positive culture that was person-centred, open, and inclusive. The management team told us their vision for the service, which was to promote independence, empower people to make choices, and take control of as much of their lives as possible. Staff had a clear understanding of the values and vision of the service and told us they encouraged people to be as independent as possible.

People told us they were encouraged to share their views and were able to speak to the registered manager and provider when they needed to. The registered manager and provider took an active role within the running of the service and had good knowledge of the staff and people they supported. Staff were positive about the leadership and management of the service and told us they felt valued and supported. Staff and managers shared information in a variety of ways, such as face to face and more formally through team meetings. Recent team meetings showed staff were provided with the opportunity to discuss people's care needs, share information, and identify any training needs. Staff told us the registered manager was keen to listen to their views and to improve the service.

The management and staff structure provided clear lines of accountability and responsibility and staff knew who they needed to go to if they required help or support. The registered manager told us the service operated a 24 hour on call service, for people and staff to contact a senior person for advice, guidance, or support. People and staff told us this worked well, one person said, "There is always someone available if I need to speak to them."

We looked at the services' quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. We found there was an effective quality assurance system in place. This included a range of audits and spot checks, checks of the environment, medicines, care records, accidents and incidents. Records were well maintained and stored securely. The policies and procedures we looked at were regularly reviewed and staff we spoke with knew how to access them.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The registered manager and provider were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.