Cumberland Complex Ltd

Cumberland Complex

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

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 to 15 people. Personal care was provided by external domiciliary care agencies 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.

We carried out this unannounced inspection on 18 March 2015. The last inspection took place in November 2012 during which we found there were no breaches in the regulations.

There was 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.

Summary of findings

People were happy and relaxed on the day of our inspection visit. People felt safe and comfortable in their homes. People said "I'm happy living at Cumberland" and "It's a lovely place". Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People received support from skilled, trained, and experienced staff who knew them well. One person told us "They're good as gold". A visiting healthcare professional confirmed staff knew how to meet people's needs and wanted the best for people. There were enough staff to meet people's needs, enabling people to go out when they wanted to.

People were enabled through positive risk taking to progress, gain new skills, and increase their independence. People were encouraged to make their own healthcare appointments. Staff were available to support people to access appointments where required.

People were active members of their local community and took part in a range of activities. Staff supported people to achieve their ambitions.

People were involved in planning their support. Staff had an awareness of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us if people had been assessed to lack capacity, decisions would be made in the person's best interest and take into account the person's likes and dislikes. 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.

The service had an open culture, a clear vision and values, which were put into practice. People knew the registered manager well and found them to be approachable.

Staff felt well supported by the registered manager and staff team to fulfil their role. The registered manager worked alongside the staff in the home. Comments included "The management are brilliant, you could not ask for better" and "It's an open door environment, you feel free to talk". A visiting healthcare professional commented that the service was well-run.

The provider had systems in place to assess and monitor the quality of care and support provided. The service encouraged feedback and used this to drive improvements.

Summary of findings

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 safe.

People told us they felt safe in their home. They were encouraged to go out independently, if appropriate, and knew what to do if they were worried about anything.

People were enabled to take risks in order to lead more fulfilling lives and the service managed risk in positive ways.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People benefited from staff who were trained and knowledgeable in how to support them.

People were supported to access a range of healthcare services.

People were supported to maintain a balanced diet. They took part in food shopping and meal planning.

Good

Is the service caring?
The service was caring.

Staff knew people well and treated them with respect and kindness. Staff and people interacted in a friendly way.

People were involved in making decisions and planning their care and support.

People made choices about their day to day life.

Good

Is the service responsive?
The service was responsive.

People had access to a range of activities in their home and the local community.

People's support was based around their individual needs and aspirations.

There was a complaints procedure in place. People told us they would go to staff if they were unhappy.

Good

Is the service well-led?
The service was well-led.

The registered manager kept up to date with current best practice and was keen to develop and improve the service.

The service's vision and values were embedded in staff's everyday practice. The registered manager worked alongside staff to support people.

Good

Summary of findings

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

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 was 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 inspection visit took place on 18 March 2015 and was announced. 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.

On the day of our visit, 15 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with five people. We spoke with the registered provider, the registered manager and three staff who worked at the service. We received feedback from a healthcare professional who visited the service.

We looked at three care and support plans, medication records, two staff files, policies and records relating to the management of the agency.

Before our inspection we reviewed all the information we held about the service and spoke with the people who commissioned the service.

Good

Is the service safe?

Our findings

People told us they felt safe in their homes.

Staff had received training in safeguarding people and knew what to do if they suspected abuse was occurring. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. The registered provider had safeguarding policies and procedures in place. Information about how to contact the local authority safeguarding team was on display. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

People were enabled to lead more fulfilling lives by staff who supported them to take risks. For example, staff had supported one person to use their motorised scooter safely. Staff had worked with the person to reduce the risk and the person travelled independently. Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk.

People could display behaviours that may put themselves or others at risk. Staff knew how to manage each person's behaviour according to their individual assessment. Staff knew the triggers that may result in the behaviour, signs to look out for, and steps on how to manage the situation. Staff had completed training in managing behaviour that challenges others and managing aggression. They were familiar with appropriate distraction and breakaway techniques for people. Staff told us they did not use any form of restraint. Where one person's behaviour had escalated beyond safe management, staff had called the police.

Where accidents and incidents had taken place, the registered provider reviewed their practice to ensure the risk to people was minimised. For example, one person had opened a door when another person was behind it, causing them to fall. After the incident, people knew to check through the window in door before opening it.

People's support and care was provided by a stable staff team. Staff and management

told us staffing levels were sufficient to meet people's needs, enabling people to go out when they wanted to. Systems were in place to cover staff leave. The registered provider, registered manager, and staff team provided cover for each other. On the day of our inspection the registered provider and registered manager were available. There were six support staff and a cook. A visiting health care professional told us that although people had been funded to have a certain amount of support hours a day, the staff regularly provided more hours.

Safe staff recruitment procedures were in place. Appropriate checks had been undertaken to ensure staff were suitable to work with people.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff supported people to take their medicines. Staff had received medication training and were knowledgeable about people's medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health.

There were arrangements in place to deal with foreseeable emergencies. For example, first aid boxes were available in the property.

Good

Is the service effective?

Our findings

People received support from staff who knew them well. People said "I'm happy living at Cumberland"; "It's a lovely place", and "They're good as gold". A visiting healthcare professional confirmed staff knew how to meet people's needs and wanted the best for people.

Staff were trained to provide appropriate support to people. Staff told us they had completed an

induction programme and received regular training updates in areas relating to care practice, people's needs, and health and safety. Additional training which was specific to people's needs included how to manage behaviour that may challenge the service. One staff member told us they felt well supported during their induction. Another staff member said "I'm happy with the training, the more the better. I want to be the best I can be".

Staff told us they received regular one to one support and six monthly appraisals. They felt well supported by the registered provider and registered manager to fulfil their role. Records showed staff's training needs had been addressed and observations had been carried out to check understanding. One staff member said "It really boosts morale, is helpful and I know where I need to improve".

Staff had an awareness of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had received training on the MCA. There were policies and procedures in place.

The registered manager told us if people had been assessed to lack capacity, decisions would be made in the person's best interest and take into account the person's likes and dislikes. 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 were supported to maintain good health and had access to healthcare services. Staff told us if a person wasn't well they would let staff know. People were encouraged to make their own healthcare appointments. Staff were available to support people to access appointments where required. Records showed staff reassured one person whilst at a healthcare appointment. Another person was due to have an operation. Staff had read the information leaflet so they knew what would happen and how to support the person.

People were supported to maintain a balanced diet. Staff knew people's food preferences. The timing of meals was flexible so people could plan their day as they wished. People were involved in menu planning. People had a fridge, microwave oven and kettle in their room so they could make snacks and drinks. Staff supported one person to manage their diabetes. They encouraged the person to follow an appropriate diet and had diabetic recipes available.

Good

Is the service caring?

Our findings

People were happy and told us that staff were caring. One person said “They’ve always got a nice smile” and “Staff are very kind to me. A visiting healthcare professional said they always found staff to be very welcoming, polite, and warm in manner.

Staff treated people with respect and kindness. For example, we saw staff took time to greet people and ask them individually how they were. People responded to this by smiling and engaging with staff in a friendly way.

Staff demonstrated they knew the people they supported. They were able to tell us about people’s preferences and personal histories. A staff member said “It’s about taking the time to get to know people”.

People expressed their views and were involved in making decisions about their support. We looked at three support plans. The plans were personalised and contained a range of formats including symbols and words to help the person understand their plan. Staff and people confirmed they had been involved in their plan.

People told us they had choice in how they spent their time. For example, one person told us “I can get up when I want to”.

Several people were keen to show us around their homes. Staff gave people time to lead the way. People enjoyed this responsibility and proudly showed us their home. People’s rooms reflected their individual interests.

Staff maintained people's privacy and dignity. For example, staff talked about people’s personal needs out of earshot of others. Staff gently reminded one person to wear appropriate clothing to respect their dignity. People had their own door key so they could come and go as they wished. Staff said sometimes people didn’t want them to go into their room and they respected their wishes.

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 benefited from staff who showed compassion and took action to relieve distress. For example, a visiting healthcare professional said when a person suffered a bereavement, staff were excellent and offered support to the person through their grief.

Good

Is the service responsive?

Our findings

Support plans had been developed with the person, the staff who supported them, and senior staff. Support plans were reviewed every two months to ensure people's changing needs were identified and met.

Support plans described in detail the support people needed to manage their day to day needs. During our visit, staff responded to people's requests and met their needs appropriately.

People were supported to follow their interests. For example, one person was interested in animals. Staff supported them to visit the zoo and the donkey sanctuary. When the person said they would like to have their own pet, staff supported them to go and see a cat. They bought the equipment and the cat moved into the person's home. The person took responsibility for animal care including buying food and going to the vets.

People went out independently or were supported by staff to go out. On the day of our visit, one person went to the bank. Some people were chatting and enjoying each other's company. Other people were enjoying the sun in the garden; reading and gardening. People accessed local cafes, pubs, and shops. Other activities that people enjoyed included voluntary work placements. People were supported to take part in daily living tasks such as cleaning, laundry, baking, and food shopping.

People were supported to maintain contact and relationships with family and friends. People had been on holiday and visited family. Relatives came to visit people and went out together. People enjoyed going out locally with friends. A visiting healthcare professional said they were happy with the social environment. They felt in a different environment people would be at risk of social isolation which would have a negative impact upon their wellbeing. The registered manager said they tried to support and involve people as much as possible. They organised a regular group trip out to a local shopping centre which people enjoyed.

Staff supported people to achieve their ambitions. For example, one person had been anxious about going into town. Each week, staff walked down the road with the person and chatted. The person gradually got closer to town. They now go to town for coffee and to go shopping. One staff member said "Everyone has goals, if I can help someone to progress, I make sure they have the opportunity".

People were encouraged to give feedback during monthly meetings. During the meeting in February 2015, people talked about respect, and emergency procedures. People didn't raise any complaints. People had access to the complaints procedure. Staff told us people would come and tell them if they were unhappy. People confirmed if they were unhappy they would tell the staff. The service had not received any complaints in the past twelve months.

Is the service well-led?

Our findings

People told us the registered manager was approachable. People knew them well and were comfortable with them. Staff said there was an open and honest culture. They told us they could go to the registered manager for advice. Staff said "The management are brilliant, you could not ask for better" and "It's an open door environment, you feel free to talk". A visiting healthcare professional commented that the service was well-run.

The registered manager had completed national vocational qualifications (NVQs) in management. They accessed resources to help ensure they kept up to date with research and current best practice. For example, they had accessed information packs on the Social Care Institute for Excellence website.

Staff had worked at the service for some time and knew each other well. One staff member commented "We work really well as a team. We're very good at knowing staff strengths to manage situations, and who responds well to who". Staff felt listened to and told us about improvements that had been made to risk assessments. These were now written in a format that people were happy with.

The registered provider's vision and values for the service were to promote independence, empower people to make choices, and take control of as much of their lives as possible. Staff knew the registered provider's vision and this was reflected in their work. One staff member commented "It's about keeping people happy, well, and promoting independence as much as possible".

The registered manager monitored the quality of care and support and sought feedback from people on an on-going basis. For example, service satisfaction questionnaires were sent out to people. These asked people for their views of the support provided. The last questionnaire had been completed in May 2014. A total of 11 completed questionnaires had been received. All of the responses were positive and there were no suggestions for improvement.

The registered manager worked on the floor alongside staff. They monitored the quality of support being provided. For example, records of observations showed staff competency was checked on a regular basis.

The provider carried out weekly checks of the premises. Any issues that needed attention were recorded in a maintenance book. These were signed off when completed.