

Leonard Cheshire Disability

# Cobbett House - Supported Living Service

## 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

Cobbett House provides supported living for up to seven people who live in their own self contained flats. People have tenancy agreements with Selwood Housing, and care and support is provided by Leonard Cheshire Disability. At time of our inspection 7 people were using the service.

This inspection took place on 10 January 2017 and we returned on 11 January 2017 to complete the inspection. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a supported living service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The service had a registered manager in post, who was responsible for the day to day running of 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 who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included "They [staff] give you good emotional support, but also look after you when you're ill. There is always someone around", "Staff promotes independence" and "The best bit about living here, is the independence". Relatives said "I have no complaints. Staff are friendly and patient" and "X [family member] is well looked after. Since living here they seem to have more say in what they want."

Systems were in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew what actions they needed to take to ensure people were protected.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their roles and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

People's care records demonstrated that their care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

People had a range of activities they could be involved in and some people had opportunities to complete voluntary work. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation.

Staff felt supported by the registered manager who was approachable and available if needed. The registered manager regularly worked alongside staff and had a good understanding of the staff team and people who were being supported.

## 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.

Staff were aware of their responsibilities in protecting people, and worked alongside people to help them understand the importance of keeping safe.

Staff had been recruited following safe recruitment procedures. This ensured they were safe to work with people before they began their employment.

The provider had systems in place to ensure people received their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training, knowledge and skills relevant to their role. Staff were able to suggest further training they would like to undertake.

Staff were receiving support from the registered manager in the form of supervisions and daily discussions.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were caring towards them and treated them with dignity and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered.

People were supported to make decisions about their care and to maintain their independence.

### Is the service responsive?

Good 

The service was responsive.

Care plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's emotional wellbeing.

Activities were offered that enabled people to spend time with others and maintain and develop links within the community where they lived.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

### Is the service well-led?

Good 

The service was well-led.

The registered manager had clear values about the way care and support should be provided and the service people should receive.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

# Cobbett House - Supported Living 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 was planned to check 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 inspection took place on 10 and 11 January 2017 and was announced. We gave the provider notice of the inspection which meant they had prior knowledge that we would be visiting the service. This was because the location provides a supported living service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. One inspector completed this inspection.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports. We reviewed the Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We looked at documents relating to people's care and support and the management of the service. We visited and spoke to four people who used the service and two relatives about their views on the quality of the care and support being provided. We reviewed a range of records which included two care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents. We also spoke with the registered manager, administrator and two support workers.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Cobbett House and staff were always available to help them. Comments included "Yes, I feel safe around staff", "I feel very safe, yes completely. There is always someone around, even if you just want to have a chat" and "Yes, I feel safe with staff". People also told us they felt safe and secure as the main entrance had a locked door and people can choose who they let in to see them.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The registered manager told us they had recently worked with the local safeguarding team in response to concerns for a person using the service.

Risk assessments were in place to support people to be as independent as possible, for example risk assessments for the administration of medicines and moving and handling. These protected people and supported them to maintain their freedom. People said "Staff are very good in helping me to stay independent", "Staff promote independence" and "The best bit about living here, is the independence". We also saw that Leonard Cheshire had a policy stating "It is service user's right to take risks".

People who had accidents or incidents had their risk assessments reviewed and actions taken to prevent further injury or harm. We saw accidents and incidents were recorded and any learning was shared with staff. For example one person wanted to remain independent with making a hot drink, but had an accident while using the kettle. A referral was made to occupational therapy for an assessment to consider different options to enable the person to remain independent. A risk assessment was updated and identified a high risk to the person's safety if they continued to use the kettle. The person agreed to accept support from staff after a discussion about risk to their personal safety.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. One person said "Here I get more one-to-one time with a smaller pool of staff". Another person said "Staff usually respond quickly, it just depends if they are with another tenant, on how quick". People told us staff were always available to support them.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People told us they knew what to do in the event of a fire. One person said "We stay put in our flat until further instruction from staff". We saw that people had personal emergency evacuation plans in place. A fire officer visited the service and was in the process of supporting the service with updating their fire risk assessment.

People understood the reason and purpose of the medicines they were given. People were encouraged to self-administer their medicines where they were able to and we saw that associated risk assessments were

in place. During our inspection we saw that for one person's medicine administration record (MAR) additional medicines had been handwritten without the necessary detail such as dosage and administering times. This meant there was no clear guidance for staff administering these medicines how much and how often they should be given. We raised this with the registered manager who told us they would be reviewing the way they recorded these additional medicines. They said no medicines errors had occurred as a result of this and staff always checked instructions on the packaging before administering any medicines. We also found for one person that medicine which should be locked away wasn't, contrary to the provider's medicines management policy. The registered manager explained the medicine was out of reach and could only be accessed with staff assistance, however they would be discussing this with the provider.

We saw that all other medicine administration and storage was managed safely. Authorisation forms were in place for people who consented to have support from staff with their medicines. This clearly documented the level of support needed, such as full assistance or prompting and had been signed by each person. For people prescribed medicines 'As required', protocols were in place to give staff information about what circumstances the person may need to take this medicine. The registered manager carried out regular stock checks. Staff we spoke with confirmed they had received medicine management training and their competency to administer medicines had been checked.

The service followed safe recruitment practices. The registered manager explained how the provider's human resources department oversaw the recruitment process and confirmed with them when applications were received for prospective staff. We checked four staff files. Three of the staff files included application forms, records of interview and appropriate references. For one staff file we found there was no application form and an explanation for gaps in employment had not been recorded. The registered manager told us they checked the reasons for gaps during interview, but in future they would be recording these. The administrator started making corrections during our inspection. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.



## Is the service effective?

### Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People spoke positively about staff and told us they were skilled to meet their needs. Comments included "Staff are very good", "Staff are supportive in all aspects of my care" and "Staff come in and talk to me. I can't ask for anything better". Staff told us they had received comprehensive training in for example manual handling, safeguarding, emergency first aid, behaviour support awareness, person centred planning and working in an empowering way. The registered manager also identified more specialist training for staff to complete depending on people's specific needs, for example for people who had diabetes.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this applied to one person using the service regarding financial management. All people had the mental capacity to consent to receiving care and support within their own home. We saw evidence of people signing to give consent to Leonard Cheshire providing support as detailed in peoples support plans.

Staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). Staff said "Must assume a person has capacity until proven otherwise" and "If a person makes an unwise decision, it doesn't mean they can't make a decision".

New staff were supported to complete an induction programme before working on their own. One staff member told us they completed a two week shadowing shift to get to know people's likes and dislikes. They had opportunities to read through peoples care plans and had to be signed off by the registered manager before starting to support people.

People were supported to purchase and cook meals of their choice. People told us they went shopping, some people with staff support, but some independently. Staff supported people with meal planning at the beginning of the week. Some people had specific nutritional and hydration needs and staff were confident on how to support people. They demonstrated an in-depth knowledge for people's care needs. We saw for people who required a fluid or food chart to be in place, staff completed this daily and reported any concerns to the registered manager.

People were supported by staff who had supervisions (one to one meetings) with the registered manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager told us supervisions were also used to discuss staff performance to ensure they were all working to their job description, meeting their job roles. Staff had not

received an appraisal yet but the registered manager was due to plan these as soon as they had their own appraisal. This was because the registered manager found the provider's appraisal form difficult to use and wanted to discuss an alternative form with their senior manager. Staff told us they felt supported by the registered manager, and they could have informal discussions at any time. Records we saw confirmed staff received regular support and supervision.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Where a change in people's health needs were identified, necessary health and social care professionals were involved, for example dieticians, social workers or occupational therapists. We saw that people had hospital passports in place. These recorded important information that needed to be shared if they had to go into hospital for any period of time, so they would be appropriately cared for.

# Is the service caring?

## Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People commented "Since I've lived here, I've had a lot of respect from staff", "Yes, staff respect my privacy" and "Staff treat me kindly and respectful". Staff spoke passionately about the people they supported. One staff member said "This is the most rewarding job. I look forward coming to work".

Speaking with relatives they said staff were very caring and friendly. They told us staff knew people well and supported them in their chosen way. Comments included "Care is pretty good. I am glad X [person] is there and looked after" and "Staff treat Y[person] very well. Y is not the easiest person to support, but staff manage well".

The registered manager completed an assessment of the way staff provided care and support to people, including how they interacted with them and how they maintained their privacy and dignity. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. We visited some people in their flats during our inspection and observed staff knocking on the door and waiting for an answer before entering. One person did not want the staff member to enter as they were talking to us and we saw the staff member respecting this by saying they would come back at a later time.

People told us they were happy with the care they received. People were empowered to make choices and have as much control and independence as possible. One person said "Staff are very good. I can have my meals when I want or get up when I want." Another person said "Staff are very friendly. I feel comfortable to say if I wanted anything. Staff don't restrict me in what I do". All the people we spoke with commented on how staff supported them to maintain their independence. A staff member said "Everyone is supported to live a full life. Everyone here generally does care".

The registered manager told us people took part in the interviewing process for new staff as it was a "tenant led" service. It was important for people to meet prospective staff and ask them questions as they would potentially be supported by them.

Staff told us people were encouraged to be as independent as possible. They explained a big part of their role was also teaching people life skills, for example cooking, cleaning or going out in the community. People's flats were purpose built with low level kitchens, enabling them to access kitchen worktops, cupboards and cookers. One person said "Staff support me with cooking and cleaning, but they encourage me to do as much as possible for myself". Staff knew people's individual communication skills, abilities and preferences for example staff were able to tell us about a person who didn't have verbal communication, however used a lightwriter (speech generating device) for communication. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys. We also saw that senior managers from Leonard Cheshire visited the service to talk to people about their experiences within the service.

People's flats were personalised and decorated to their taste. It was spacious, making it easy for people to move around. People told us their friends and family could stay over if they wished to do so. We saw people had the necessary equipment and aids in their flats to support their independence. One person said "I like my flat. It is set up just right".

## Is the service responsive?

### Our findings

Care plans were personalised and detailed daily routines specific to each person. People said they were involved in developing their care plan. One person said "I sat down with X [manager] and we went through it together. I signed it to say that I was happy and agreed with my care plan". We saw that people had a one page profile in place which recorded what was important to them and how they preferred to be supported. Where people required support with their personal care they were able to make choices and be as independent as possible. For example one person's care plan stated they preferred female carers with personal care and liked to do their own washing up. Another person told us they took part in cooking and cleaning as much as possible and staff would support with bigger tasks.

People's needs were reviewed regularly and as required. People told us they were involved in their care review. We saw action plans were put in place as a result from reviews with a personal outcome for each person. For example one person wanted to purchase a Hoover, visited a wildlife park and paint their flat. Staff supported the person to look at what was needed to achieve the outcome and check on the progress. One person commented "They [staff] give you good emotional support, but also look after you when you're ill. There is always someone around".

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us handovers were detailed with a verbal handover, but there was also a handover sheet written for each person. The registered manager told us they ensured they were at the early morning handover so they had updated information about any incidents or changes that happened during the night.

People had a range of activities they could be involved in and some people had opportunities to complete voluntary work. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People were able to choose what activities they took part in and suggest other activities they would like to complete, for example zumba, tai chi, history club or pantomime. Staff supported people to do research on the internet about other activities available. For example one person showed an interest in the local carnival club and another person was looking at doing something exciting. One person said "Staff are very helpful in finding activities". In addition to people's chosen activities they were able to join social evenings with other people, watching a film or getting a take away. Staff also had one-to-one time with people; playing scrabble, card games or listening to music. A relative said "Staff do their best to accommodate people in what they would like to do".

People told us they had regular 'tenants meetings' with the registered manager and staff who supported them. People said it was an opportunity to discuss what was happening within Leonard Cheshire as an organisation, or talk about things that have not gone so well. The registered manager told us it was Leonard Cheshire's 100th birthday coming up and people discussed celebrating with a garden party. The service had also been awarded a donation and people spoke about making improvements to the back garden with a barbeque, making it more accessible when friends and family visited.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were given information about making a complaint during each tenants meeting. People said "If I have a complaint, I go and see X [manager]" and "I am personally satisfied, but if I did have an issue, I would go and speak to X [manager]". We saw that the service had received two complaints in the past year and that any actions from this had been addressed.

## Is the service well-led?

### Our findings

The service had a registered manager who had worked at the service for ten years. The registered manager told us they started working as a support worker at the service, before taking on the role of the manager. This meant the registered manager had a good understanding of the service and the challenges it could bring. The registered manager told us their biggest challenge had been to promote people's independence, while involving others that were important to them. This was because others' expectations sometimes differed from those of the people using the service.

The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The service had an ethos of believing that disabled people should have the freedom to live their lives the way they chose, with the opportunity and support to live independently, to contribute economically and to participate fully in society.

The registered manager said their greatest achievement had been to have tenants who were happy living at the service. The registered manager valued the staff team and staff told us they were happy to come to work. One staff member said "It is home from home". Staff told us they felt supported in their role and that the registered manager or other staff were always available to talk to if needed. People also told us the registered manager was always available to talk to. We observed during our inspection people coming to the office and relatives told us the manager was approachable and they wouldn't hesitate to go and talk to the manager.

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively. The registered manager also completed observations of staff to ensure best practice.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. The registered manager escalated any important information to staff about organisational updates, celebrating success and any other relevant information on a weekly basis. This showed us the service was committed to proactive and open communication with staff and valued their contributions.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Feedback from satisfaction surveys would be used to plan further improvements where necessary.

The service worked in partnership with Selwood Housing, Wiltshire County Council, GP surgery and community nursing team. The registered manager told us most people had been in long term care and had

not had much opportunities for involvement in the local community. They said their response to this over the next twelve months was to aim to get people more involved in the Warminster community and work on creating more community links for them.