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Cumberworth Lodge Care Home

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?	Requires improvement

Overall summary

We undertook this unannounced inspection over three days, on the 6, 9 and 10 March 2015.

Cumberworth Lodge provides accommodation for up to 26 older people who require nursing or personal care, some of whom may be living with dementia. It is situated within a semi-rural location in the hamlet of Graizelound, which is close to the village of Haxey.

At the time of our inspection there were 15 people living in the service. The service was last inspected on 3 October 2013 when the service was found to be compliant with the regulations inspected.

The service had a registered manager who had management oversight of the service on a daily basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff received training about the protection of vulnerable adults to ensure people who used the service were safeguarded from harm or abuse. Staff were familiar with their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service and staff.

A range of training was provided to enable staff to safely carry out their roles. Regular supervision and appraisals of staff skills were carried out to enable their individual performance to be monitored and help them to develop their careers.

People who had difficulty with making informed decisions were supported by staff who had received training about the promotion of people's human rights to ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

Recruitment checks were carried out on new staff to ensure they were safe to work with vulnerable people and did not pose an identified risk to their wellbeing and safety.

Information was available about the assessed needs of people to ensure staff supported and respected their wishes and feelings concerning their treatment and people were supported to make informed decisions about their lives. Details about known risks to people were assessed and monitored, together with guidance for staff on how these were safely managed.

Staffing levels were assessed and deployed according to the individual needs and dependencies of the people who used the service. Staff demonstrated a positive understanding for the promotion of people's personal dignity and privacy, whilst involving them in making active choices about their lives.

Assessments about people's nutritional needs and associated risks were monitored with involvement of specialist health care professionals when this was required. People were able to make choices from a variety of nutritious and wholesome meals.

People received their medicines as prescribed and systems were in place to ensure medicines were managed safely.

A range of opportunities were provided to enable people to engage and participate in meaningful activities.

A complaints procedure was in place to enable people to raise concerns about the service.

People knew how to make a complaint and have these investigated and resolved, wherever this was possible.

Regular management checks were carried out to enable the quality of the service people received to be assured and enable the identification of any changes when this was needed.

Notifications about incidents affecting the health and welfare of people who used the service had not always been submitted to the Care Quality Commission as required which was a breach of regulation18 of the Care Quality Commission (Registration) Regulations 2009.

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?

Good

The service was safe.

People told us they felt safe and staff knew how to identify and report any safeguarding concerns.

Staffing levels were sufficient to meet people's needs and recruitment procedures ensured staff were suitable and safe to work with vulnerable people before they started working in the home.

People's care plans contained information and risk assessments about them to help staff support them safely.

People received their medicines when they needed them and systems were in place to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training which helped them support the people who used the service which was updated on a regular basis.

Assessments and best interest meetings had been completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to make informed choices and decisions about their lives.

People who used the service were provided with a variety of wholesome meals and people's nutritional needs were monitored to ensure they were not placed at risk.

Is the service caring?

Good

The service was caring.

Staff demonstrated compassion and consideration for people's needs.

Staff engaged with people sensitively to ensure their privacy and personal dignity was respected.

People's right to make choices about their lives was respected.

Staff had positive relationships with people who used the service and understood their needs.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

A variety of opportunities were available for people to engage in meaningful social activities to enable their wellbeing to be promoted

People's care plans contained information about their preferences and likes and staff respected these.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

People knew how to make a complaint and have these investigated and resolved, wherever possible.

Is the service well-led?

Requires improvement 

Some elements of the service were not always well led.

Notifications about incidents affecting the health and welfare of people who used the service had not always been submitted to the Care Quality Commission as required.

People and their relatives were able to influence how the service was run and were consulted and involved in decisions about the home.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Cumberworth Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection of the service 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 registered 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 was carried out by an adult social care inspector and took place on 6, 9 and 10 March 2015 and was unannounced.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service and whether they had any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were 15 people living at the home. During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with six people who used the service, eight visiting relatives, four members of care staff, three senior care staff, ancillary staff, the acting manager, the registered manager and the registered provider.

We looked at four care files belonging to people who used the service, eight staff records and a selection of documentation relating to the management and running of the service such as staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person told us they were unsteady on their feet and at risk of accidents and falls. They told us a sensor mat had been provided for them to alert staff of potential falls by them and that staff were, "Really helpful and always around." Comments received by the service in an audit for the home included, "I like living at Cumberworth, I feel safe" and "It's a very nice home, I feel safe." A relative of a person who had recently moved in to the home told us they were now relieved as their member of family had been previously struggling to manage in their own flat. They said they felt they were now, "Safer here; there's always someone here all the time" and that the service had helped, "Put their mind at rest."

We saw evidence in staff files that prospective employees were checked before being allowed to commence work in the home, to ensure they did not pose a risk to people who used the service. We saw this included recruitment checks and obtaining clearance from the Disclosure and Barring Service (DBS) about past convictions and ensure applicants were not included on an official list that barred them from working with vulnerable adults. We saw evidence that references were appropriately followed up by the registered provider before an offer of employment was made, together with checks of the applicant's personal identity and past employment experience, in order that gaps in people's employment history could be explored.

We found that policies and procedures were available to guide staff about the protection of vulnerable adults which were aligned with the local authority's guidance for reporting potential concerns or possible abuse. We saw evidence staff were provided with regular training on various elements of the process of safeguarding vulnerable adults from potential harm, to ensure they were familiar with their roles and responsibilities for reporting potential abuse or raising whistleblowing concerns. We saw an audit had been completed to highlight staff understanding and knowledge of associated safeguarding issues and concerns. A member of staff told us they, "Would not think twice about blowing the whistle" if they felt potential safeguarding issues were not dealt with correctly. Staff who we spoke with demonstrated an awareness of different forms of potential abuse of vulnerable adults and confirmed they were confident that management would take appropriate action in relation to this aspect of practice should it be required.

The local authority commissioning team told us they had identified a medication concern following an audit recently carried out on the service. We found this had involved a recording / labelling error of some medication dispensed by a local pharmacy, which had not previously been recognised by staff in the service. We saw this issue had been subsequently investigated and resolved by the service, following it being reported to the local authority safeguarding team, who told us they were happy with the actions taken by the service in this respect. We saw evidence that audits of medication were carried out to ensure potential risks concerning medicines were identified and actions taken to minimise future occurrences.

People who used the service told us they received their medication on a regular basis and when it was required. We observed staff talking patiently with people whilst carrying out a medication round. We saw staff provided people with sensitive explanations about their medication and took time to ensure they were not hurried or rushed whilst taking their medicines. Staff responsible for providing medication to people had completed training on the safe handling and administration of medicine. We saw evidence that medication was stored securely and accurate and up to date records were maintained of medication that had been ordered, received, reconciled and provided to people, together with good practice information relating to people's specialist medical needs.

People's care files contained copies of assessments about known risks to them, together with guidance for staff on how people should be supported safely to ensure they were kept protected from harm. We saw evidence that assessments about known risks to people were updated and reviewed regularly to ensure accidents and incidents were minimised.

We observed staff monitored the behaviours of people who may challenge the service and acted promptly when this was required, with provision of sensitive reassurance and support, to ensure people's wellbeing was safely managed.

Good

Is the service safe?

We saw staff engaging positively with people and involving them in day to day decisions and choices, to ensure their wishes and feelings were respected and their human rights were promoted.

We saw evidence that staffing levels were assessed on a daily basis, according to the individual needs and dependencies of the people who used the service; to ensure there were sufficient numbers of staff available and deployed to areas and at times of greatest need. Care staff were enthusiastic about their work and told us that staffing levels were good overall. We found there were currently a minimum of one senior member of staff supported by three cares in the mornings, with two carers and a senior member of staff available in the afternoons to meet the needs of the 15 people who were using the service at the time of our inspection visits. Two additional senior staff were on duty developing future staff rota's on the day of one of our inspection visits. They told us that the registered provider had recently made a decision to introduce changes to the staff rota's to ensure all staff employed in the home worked a combination of both day and night shifts to enable them all to be aware of each other's roles and responsibilities and be familiar with people's needs.

We observed the building was well maintained and that regular checks were made of equipment and facilities to ensure they were safe for people to use. We saw individual personal evacuation plans were available for people who used the service and copies of these were contained within in their care files. There was a contingency plan available for use in emergency situations, such as fire, floods and high winds together with fire training provided to staff and fire drills arranged as required.

Good

Is the service effective?

Our findings

People who used the service and their relatives were very positive about that care and support hat was provided by staff. One person said, "Staff are really helpful, they take time to sit and talk and ask if you want anything and come back when you want." A visiting relative told us that staff provided positive encouragement and emotional support to enable their member of family to regain their skills and develop their confidence to participate in the life of the home. They told us their relative was, "100% better since moving in and enjoyed a better quality of life." Other visiting relatives commented, "It's like coming into a home and being part of a family", "Staff are amazing, they are incredibly welcoming" and "Staff focus on granddad and keep popping in."

People who used the service and their relatives told us staff included and involved them in choices about their support to ensure they could understand and make informed decisions about their care and treatment. One person told us, "They look after me very well; I'd give them three ticks for it." They went on to say they experienced swallowing difficulties and needed a soft diet and that staff had obtained special foods for them and were provided with, "Really nice homemade food." A relative told us staff had consulted them about the medical needs of a member of their family and worked with them to develop a specialist diet to ensure their nutritional needs were appropriately met.

We observed a variety of nourishing fresh home cooked meals were provided, with the days choices for these displayed on white boards in the home. There was evidence of plans to make improvements in this regard were due to be introduced with use of pictorial menu's to help people living with dementia understand what was to be served. People told us the quality of the food was good and we saw that meals were tastefully presented with evidence of audits of people's dining experience displayed on corridor noticeboards in the home. We observed individual support was provided to people who required support with eating their meals and drinks. We saw this was carried out in a dignified way, at people's own pace with staff providing gentle encouragement and engagement with them to ensure their individual wishes and choices were respected. There was evidence in people's care files of nutritional assessments of their needs and regular monitoring and recording of their weight, with involvement of dieticians or community professionals, such as speech and language therapists where this was required.

We found a variety of training was provided to staff to ensure they were equipped with the skills needed to carry out their roles. The registered provider had signed up to a nationally endorsed voluntary scheme, known as the Social Care Commitment to improve the quality of their workforce by undertaking tasks to ensure good recruitment, supervision and training practices were provided. There was a training and workforce development plan in place including provision of a range of courses on topics such as moving and handling, first aid, infection control, safeguarding vulnerable adults, food and fire safety, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia and end of life care.

We saw evidence that staff uptake of courses was monitored and that people who used the service and their relatives were invited to undertake elements of the training if they required. There was a programme in place to encourage staff to undertake nationally recognised accredited external qualifications such as The Qualifications and Credit Framework (QCF). We saw evidence in staff files of completed courses for this and meetings with senior staff, to enable their performance to be monitored and skills to be appraised. We found that individual staff had key responsibilities for the promotion of various aspects of service provision such as dignity, infection control, health and safety and end of life care, to enable the service to be effectively managed.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, this is carried out in the least restrictive way and is in their best interests. We saw evidence of a DoLS that had been authorised by the local authority supervisory body and the registered provider told us they were currently awaiting a formal decision in relation to others that had been requested.

We saw evidence that training about the Mental Capacity Act 2005 (MCA) had been provided to staff to ensure

Good

Is the service effective?

people's human rights were upheld and respected and that staff were aware of their professional responsibilities in this regard. Staff were clear about the need for obtaining consent from people who used the service. Staff demonstrated a good understanding of the principles of how the MCA was used in practice, together with use of DoLS and equipment such as picture cards when required. There was evidence in people's care files about the promotion of their human rights and support with making anticipatory decisions about the end of their lives. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in the front of their care files.

We saw information in people's care files of details about their individual health and medical needs and status, together with evidence of ongoing monitoring and involvement from a range of health professionals, such as GPs, district and specialist nurses to ensure their wellbeing was promoted where this was required. On the day of our visits a review of a person's respite placement took place and a GP attended the home following a change in the needs of a person who used the service. Visiting relatives confirmed staff communicated with them well to ensure they were kept aware of any changes in their member family's conditions.

Throughout our inspection visits we observed staff engaging and communicating with people in a considerate and courteous manner to ensure their needs were effectively met and their dignity respected. We saw use of reminiscence exercises and tools to help provide people with gentle stimulation to maximise their independence and help them to feel in control of their lives.

Good

Is the service caring?

Our findings

People who used the service told us that staff listened to them and involved them in decisions about their support. Visiting relatives told us they had made a positive decision to use the service as they, "Could sense the care and love" that was shown. They told us staff were very supportive of both them and member of their family and that staff were, "Really brilliant, if xxxx's poorly, they keep you so informed."

People's care files contained information about their personal preferences and likes, together with details about their past histories to help staff understand and promote their individual needs. Staff told us they, "Put the person at the heart of what we do" and supported people, "As our families and how our mum's would like to be looked after." We saw evidence in people's care files of their involvement in reviews and decisions about their support. We found that staff had key worker responsibilities for meeting particular people's needs and spent individual time with them to ensure their wishes and feelings were positively promoted and that opportunities for their independence and wellbeing were maximised.

We observed staff demonstrated a positive regard for what mattered to people and was important to them. We saw staff treated people with kindness, compassion and consideration for their needs. We found staff were attentive to the differing needs of people who used the service and observed them providing sensitive support to ensure people's wishes and feelings were respected. Staff told us the service placed a high importance on involving people and ensuring their personal dignity was maintained at all times. We saw staff getting down to eye level with people when talking with them and engaging with them about choices for their support. We heard staff asking people, "Do you want any more juice", "Am I alright to wipe the table" and "Do you want the hair dresser."

Staff who we spoke with demonstrated a good awareness about the importance of maintaining people's confidentiality and we saw that information about their needs was securely stored in the office. We saw that people were able to spend time in their own rooms to ensure their wishes for personal privacy were upheld. People told us that their personal choices about their support was positively promoted, such as decisions about times of when to get up or go to bed, or which clothes they wished to wear.

Visiting relatives told us they were invited to have meals or stay overnight if this was required. They said staff were incredibly supportive and kept them involved and informed of changes concerning the needs of their member of family. Visiting relatives told us prompt action was taken when required and that special equipment such as air mattresses and medical devices were obtained to ensure their member of family was comfortable and free from pain and potential risks from pressure sores were minimised. We saw evidence of information about advocacy services to enable people to obtain independent advice when this was required.

Good

Is the service responsive?

Our findings

People told us staff provided support that focussed on their individual needs. Visiting relatives commented on the, "Personal touch" delivered by staff and said they had no complaints and had confidence that issues would be resolved quickly when this was required. We saw evidence a range of regular activities were provided to enable people to become involved in social events and enable their wellbeing to be promoted. A visitor told us their relative had recently moved into the home and how they had been encouraged to join a group game of gently throwing bean bags. They told us their relative had commented to them how much they had enjoyed being involved in this.

We saw that people were consulted and provided with choices about their support. Staff demonstrated a good understanding of working with people's individual strengths and needs to help maximise their confidence and sense of self-esteem. We saw people were encouraged if they wished, to participate and have active roles in tasks, such as quiz master, folding napkins, writing the days choice of meals on the menu board or helping with light domestic tasks such as peeling vegetables and wiping surfaces down. We observed an inclusive approach was provided to people and saw evidence of opportunities for individual support that were given. An activity worker told us about use of a memory / life story box and reminiscence activities that took place to enable stimulation and promotion of people's independence. People told us about trips out to the theatre and visits from local schools that had taken place. We observed the activity worker chatting with people about local news and the day's forthcoming events and saw people reading the parish church news and minutes from a recent meeting they had attended.

Visiting relatives told us they were encouraged to visit and were very positive about the support that was provided to them. Visiting relatives told us the service had helped them to negotiate and understand services in relation to the provision of local medical services when this was required.

We saw evidence in people's care files of a 'choice driven support' or person centred approach that was provided, together with regular monitoring and evaluation of people's support to ensure their needs were appropriately met. There was evidence a range assessments about known risks to people who used the service were carried out and kept up to date on issues such as such as falls, infections, skin integrity and nutrition to ensure staff had accurate information about how to keep people safe from potential harm. People wo used the service and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people's needs when this was required.

We found a complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was displayed in the service. People living in the home and their relatives told us they knew how to raise a complaint, but were satisfied with the service they received and confident any concerns would be listened to and addressed. A satisfaction audit was being carried out at the time of our visit and we saw evidence the registered provider had taken action to follow up comments that had been received and used complaints or feedback as an opportunity for learning and improving the service. We saw evidence that concerns had been followed up by the registered provider with people, to ensure they were kept informed of the outcome of issues that had been raised.

Requires improvement

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us the home was organised well and met with the registered provider and other staff from the management team on a regular basis. People confirmed there were regular meetings which they could attend to receive information and raise issues or make suggestions to actively improve the home. Comments from people and their relatives included, "Staff are incredibly good and involve us in everything", "We have no concerns and the acting manager and home owner are always around so we know things will get done."

The service had a registered manager in post who was supported by the registered provider and an acting manager. Care staff told us they saw the registered manager on a daily basis, when they made checks to make sure things were actioned appropriately and followed up when required. Staff told us the registered manager maintained, "Very high standards and expects them to be met." Staff told us they felt able to approach management with suggestions, issues or concerns and, "Definitely have confidence that the home owner or acting manager would deal with them."

We found that notifications about incidents affecting the health and welfare of people who used the service had not always been submitted to the Care Quality Commission as required. We saw this included an incident involving a person sustaining a broken hip, an authorisation from a local supervisory body for a DoLS that had been granted and a safeguarding referral that had been reported to the local authority but not to ourselves. This meant we were not able to monitor the situation and take appropriate action if this was required and was a breach of regulation18 of the Care Quality Commission (Registration) Regulations 2009.We spoke to the registered provider about this and saw they subsequently took action to strengthen the reporting arrangements for this and were told they were currently reviewing the management arrangements for the home.

We saw evidence the acting manager was involved in the supervision and delivery of people's support and knew people who used the service well. We saw the acting manager was visible throughout the day of our inspection visits, providing advice and guidance to staff and people who used the service. There was evidence the home had strong links with the local community with visits from local schools, district nurses and GP's, trips out to local community attractions and delivered training events on dementia for a group at a local church hall.

There was evidence the registered provider understood the need for involving people who used the service, their relatives and staff to enable the service to develop and learn from past experiences. We saw that systems and procedures were in place to monitor and assess the quality of the service. These included surveys of people's views on various aspects of the home, together with regular resident and relatives meetings and 'Quality circle' groups that focussed on different elements of the service. Minutes of resident and relatives meetings and quality circle groups were displayed on notice boards in the home, together with action plans developed by the registered provider to address issues that had been raised. This meant people were able to influence the way the service was managed and showed that people were actively consulted and participated in decisions concerning how the service was run.

We reviewed audits of care plans, medicines management, accident and incidents, infection prevention and control (IPC) respect and dignity and the environment and saw that action plans had been developed to address identified shortfalls. A monthly quality indication tool was displayed in the staff room and discussed in meetings that gave a breakdown of key performance indicators for the home, such as falls, hospital admissions, safeguarding referrals, staff training, as well as complaints and compliments that had been received. This enabled trends and patterns to be analysed and enable improvements to be implemented and ensure people's health and wellbeing was monitored. We found an annual maintenance programme was in place and saw evidence of improvements to the building that were planned, such as new carpeting and furniture that had been recently obtained. We saw that regular checks were made of the building and equipment, such as fire extinguishers, fire doors, emergency lighting and water temperatures to ensure people's health and safety was promoted and maintained.

There was evidence that regular meetings with staff took place to enable clear communication, direction and leadership to be provided and ensure staff were clear about their professional responsibilities and what was expected of them. Minutes of staff meetings showed saw a

Requires improvement

Is the service well-led?

variety of issues were discussed to make sure people who used the service were receiving appropriate support and treatment that was focussed on their individual needs. The acting manager had introduced audits and questionnaires for staff to complete to enable their competency in areas such as people's care and understanding of safeguarding and the MCA to be assessed. There was evidence in staff files of regular supervision meetings to discuss individual staff performance related issues together with appraisals of their skills to help develop their careers.

We saw evidence the service placed a high value on compassion and kindness, dignity and respect and saw a meeting took place with visiting relatives to enable reassurance to be provided following a change in their member of family's condition.

There was evidence the registered provider worked closely with the local authority and other training organisations, to ensure staff were equipped with the skills needed to perform their roles and had up to date knowledge concerning the development of good practice issues, such as end of life care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had not notified the Care Quality Commission of incidents affecting people who used the service without delay.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.