

Care UK Community Partnerships Ltd

Cumberland

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Cumberland is a care home providing accommodation and nursing and/or personal care for up to 56 people. At the time of our inspection 45 older people lived at the care home, which is a single building divided into two separate wings, each with their own adapted facilities. Most people using the service were living with dementia, while some had mental ill health, behaviours that might be considered challenging and complex health care needs.

People's experience of using this service

People remained positive about the way staff treated them, with most people stating staff were caring.

However, other comments we received were mixed about staff not always being visibly present in the care home and the high turnover of managers they had experienced in the last year. At this inspection, we found the service was not always safe, effective or well-led. People were placed at risk of harm because the provider did not always follow relevant national guidelines regarding the safe management of medicines and fire safety, staffing levels were not always adequately deployed throughout the care home, staff training and support was not always sufficient and their governance systems had failed to pick up all the aforementioned issues.

We found the service remained caring and responsive.

We also saw people were still cared for by staff who knew how to protect them from avoidable harm. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. The premises remained clean and staff followed relevant national guidelines regarding the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were still offered well-balanced meals that meet their dietary needs and wishes and were supported to stay healthy and well. Since our last inspection the services main communal areas had all been refurbished.

People continued to be treated equally and had their human rights, diversity and privacy respected. People were encouraged to make decisions about the care and support they received. People were supported to be as independent as they could and wanted to be.

People had their own individualised care plan for staff to follow. People's communication needs and preferences continued to be respected and met. People were aware of the providers' complaints policy and how to raise any concerns or complaints they may have. When people were nearing the end of their life, they continued to receive compassionate and supportive palliative care.

People, their relatives and staff all spoke positively about the leadership approach of the temporary interim manager. The manager involved people and staff in the running of the care home and worked in close partnership with community professionals and groups.

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

Rating at the last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches of regulation that relate to the unsafe management of medicines and inadequate staffing levels.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cumberland

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector, a specialist advisor and an Expert by Experience carried out this inspection. The specialist advisor was a registered nurse who had experience of working with older people with nursing needs. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Cumberland is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The former registered manager had been appointed in January 2019 and had resigned six months later. In the interim a temporary acting manager from another of the providers care homes in the region has been in part-time charge of the service. The provider has recruited a new manager who is due to take up their post in February 2020.

Notice of inspection

This two-day inspection was unannounced on the first day. Inspection activity started on 4 December 2019 and ended on 9 December 2019.

What we did

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We also received email feedback from a community healthcare professional who regularly visited the service. We used all of this information to plan our inspection.

We spoke with 11 people who used the service and six relatives about their experience of the care provided at The Cumberland. We also talked with various managers and staff, including, the part-time interim manager, deputy manager, regional director, three nurses, three team leaders and three support workers, two lifestyle coordinators, the cook and a maintenance person. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at a range of records that included seven people's care plans, five staff files in relation to their recruitment, training and supervision, and multiple medication administration record sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to their fire safety evacuation arrangements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found a number of issues in relation to the way the provider managed medicines. Staff did not always follow relevant national guidelines regarding the safe recording of medicines. For example, we found large numbers of omissions on electronic medicines administration records (MARs) where nurses had failed to record that people had taken their medicines. A nurse told us, "I am confident people do receive their medicines as prescribed, but I would add it is difficult sometimes to ascertain retrospectively that medicines have been given on time when there are so many missing gaps on the MAR charts."
- Staff had not always followed the protocols that were in place in relation to the safe use of transdermal patches. These patches help administer medicines through the skin. We found no records were available to show where these patches were placed on a person's body, how their use was monitored and when they were removed. This meant staff could not be sure these patches were routinely rotated or were removed before new ones were applied, contrary to recognised best medicines practice.

Although we found no evidence that people had been harmed as a result of the recording issues described above, medicines could clearly be better managed in relation to the way they were recorded and monitored. Consequently, this has placed people at risk of harm and represents a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found people continued to receive their prescribed medicines when they should. A relative told us, "The nurses are pretty good at making sure my [family member] gets their medicines on time."
- Staff also followed clear protocols for the safe receipt, storage, and disposal of medicines. Records showed nursing staff received on-going management of medicines training and had their competency to continue doing so safely, assessed annually by a qualified nurse. A nurse told us, "I have undergone medication management training and have annual face-to-face medicines competency training."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.

Staffing and recruitment

- During our two-day inspection we saw several incidents when staff were not visibly present in the vicinity to promptly deal with the situation. For example, on one occasion we saw a person had wandered uninvited into another person's bedroom which had clearly unsettled them.. On another occasion we observed a person in a communal area with no staff present try and balance a small table on a chair. Although these incidents were eventually dealt with by staff with no harm done to any of the people involved, both incidents could have been prevented and managed in a timely manner.

- We received mixed comments from people using the service and relatives about the way staff were deployed in the care home. Feedback included, "There's too many residents with complex needs here and not enough staff to manage their care properly", "Sometimes they're short staffed here. This often means my [family member] is left in bed in their room for far too long because there's just enough staff on duty to get them up" and "They [staff] are quick to answer call bells and are doing their best, bless them, but one person does tend to wander uninvited into people's bedrooms. There just doesn't seem to be enough staff about sometimes to stop him, which is a real worry".
- Several staff remarked they often felt "overstretched" at work. Comments we received from staff included, "There's not always enough staff on a shift. This place should be fine if we had the right staffing levels" and "We use too many agency staff who just don't know the needs and daily routines of the people who live here."
- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs. However, the manager acknowledged that the dependency tool did not currently reflect the staffing level needs of one person whose needs had significantly changed. The manager assured us they were in the process of reviewing this individuals dependency needs.

The services arrangements for coordinating how staff were deployed throughout the care home were not sufficiently robust to demonstrate staffing levels were always adequate. This placed people at risk of harm and represents a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal record check to make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Fire safety records showed contrary to the providers fire evacuation policy and recognised best fire safety practice, staff had not participated in a fire evacuation drill of the premises for well over six months. This had placed people using the service, visitors and staff at risk of harm.

We discussed this issue with the manager who responded after the inspection by confirming that all staff had now participated in a fire evacuation of the building.

- There was clear guidance for staff to follow to help staff deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place for everyone who lived in the care home. These set out clearly the support they would need to safely evacuate the building in an emergency. In addition, staff had received fire safety training.
- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility and falls, the safety of their environment, eating and drinking, skin integrity and behaviours that might be considered challenging.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to manage people's specific health care conditions, such as diabetes or epilepsy.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and whistleblowing policies and procedures in place. Staff had also received up to date safeguarding adults training and knew how to recognise and report abuse.
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe. Staff demonstrated a good understanding of these procedures.
- The service looked and smelt clean. People told us the service was always kept clean and free of offensive odours.
- Staff had access to personal protective equipment and knew how to prevent the spread of infection. The provider had been awarded a rating of five out of five stars in January 2019 by the Food Standards Agency for their food hygiene practices.
- Records showed staff received on-going infection control and food hygiene training.

Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People received care and support from staff who had received most of the training they needed to effectively perform their working roles and responsibilities. For example, all new staff had completed a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. In addition, all staff had completed dementia awareness training, which most people using the service were living with. Staff also demonstrated good awareness of their working roles and responsibilities.
- However, we found some gaps in staff's knowledge and skills. For example, staff had not received any positive support training in relation to preventing or appropriately manage behaviours considered challenging or mental health awareness training. Furthermore, not enough nurses had completed up to date wound care or dysphasia training. Several staff also told us they felt they did not have all the necessary knowledge and skills they required to effectively manage behaviours considered challenging mental ill health, pressure sores or dysphagia. A relative said, "Not all the staff on duty have the right skills to support some of the people who live here."
- Staff did not always have sufficient opportunities to reflect on their working practices and professional development through regular individual supervision meetings with their line manager. Records showed approximately half the permanent staff team had not had an individual supervision meeting with their line manager for well over three months, contrary to the providers staff supervision policy. Most staff told us since their former registered manager had left in July 2019 they were no longer having regular supervision meetings. A member of staff said, "I do have supervision meetings with my manager, but they're not that regular at the moment."

Although we found no evidence that people had been harmed as a result of the issues described above, there clearly remained gaps in staff knowledge, skills and support.

We discussed these matters with the managers during our inspection. They responded immediately by acknowledging this failure and confirming an action plan had already been agreed for staff receive the training and support they needed within the next three months. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff working at the service.
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS), despite most staff not having up to date MCA and DoLS training. For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks.
- Care plans detailed people's capacity to make their own decisions.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests in order to keep them safe.

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

- We saw pureed meals for people on soft diets were presented in an appetising way. For example, we saw at lunchtime on both days of our inspection the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.
- People continued to be supported to access food and drink that met their dietary needs and requirements.
- People told us they were happy with the quality and choice of the meals they were offered at the service. A relative said, "Staff allow my [family member] to eat as they wish and their weight has become steady as a result...The staff arranged for my [family member] to see the dietitian and at the moment the diets working out well."
- Staff demonstrated a good understanding of people's dietary needs and preferences.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions, and how staff should manage them. For example, we saw people's oral health care was assessed on admission to the care home and delivered by staff as part of an individual's care plan.
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with their GP, occupational therapists, dentists, speech and language therapists, chiropodists and opticians.

Adapting service, design, decoration to meet people's needs

- People lived in a suitably adapted and reasonably well-decorated care home that met their needs.
- The service's main communal areas had recently been refurbished. Several people told us they liked the way the communal areas had been decorated.

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

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting on small stools next to people so they could be in the person's line of sight. Staff also frequently asked people if they were enjoying their meal or needed a drink during lunch time service in the main dining areas.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described staff as "caring". One person said, "The carers are gentle and very helpful to me", while a relative remarked, "Staff are very caring and friendly here."
- Records showed staff had received equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices.
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and were supported to be as independent as they could and wanted to be. For example, a member of staff told us how they actively encouraged and supported a person to go shopping locally who was willing and able to travel safely in the wider community without the need for any staff assistance. Several other staff told us they always encouraged people who were willing and capable of doing some of their own personal care to brush their own teeth or wash their face. One member of staff remarked, "I think it's important we help people to do as much for themselves as they can, like brushing your teeth or getting dressed."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- Staff knew how to respect and prompt people's rights to be treated with dignity and as an individual. Throughout our inspection we heard staff call people by their preferred name and observed them knock on people's bedroom doors and wait to be invited in before entering.

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

- People were encouraged to make decisions about the care and support they received and had their decisions respected. For example, we observed staff on numerous occasions encourage people to make an informed choice about the food they ate for lunch by showing them what that day's two main meal options

would look like presented on a plate.

- People told us staff listened to them and acted upon what they had to say. One person said, "If I ask staff to pour me a drink they are usually pretty good at doing it as soon as their free".
- People had regular opportunities to express their views at their care plan review meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support according to their individual assessed needs and preferences.
- Staff were aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments gave them sufficiently detailed guidance about how to meet people's care needs and wishes.
- People's care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. We also saw care plans included information about people's life histories, which ensured staff knew, for example what jobs people had done, where they had lived and which people remained important in their life.
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help staff develop and review care plans. People's care plan were reviewed and where necessary updated at least annually or when a person's needs and wishes had changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two lifestyle coordinators who were responsible for delivering social and leisure activities for everyone living at the care home.
- During our inspection the coordinators arranged a sing-along and an exercise class in a main communal area. Other activities people had regular opportunities to participate in included arts and crafts classes, pampering sessions and a men's support group, which the coordinators had recently established.
- People told us they could access the wider community. A relative said, "Staff often take people out for a walk to the local town to have a coffee or go shopping".
- Care plans reflected people's social interests and needs.
- The service took appropriate action to protect people from social isolation. For example, throughout our two-day inspection we saw the lifestyle coordinators spend quality one-to-one time socialising with people who were either confined to their bed or chose to stay in their bedroom.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences had been assessed, were clearly recorded in their care plan and met by staff working in the care home.
- Managers and staff understood and worked within the principles of the AIS. Useful information people

might like to know about the care home, such as meal choices on the menus and the social activity timetable for example, were presented in various different formats to meet people's specific communication needs. For instance, this included easy to read large print and pictorial versions. Furthermore, the manager told us they employed a range of staff who in addition to English spoke various different languages which a few people using the service preferred to communicate in.

- People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.
- Staff understood the AIS and communicated well with people. For example, we saw several instances of staff taking their time to speak slowly and clearly to enable people to make an informed choice about what they ate and drank at mealtimes.

Improving care quality in response to complaints or concerns

- The provider had a robust system in place to receive, record and respond to complaints. The complaints policy detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. For example, a relative told us, "I thought one carer was rude to residents...I complained and after the carers attitude improved", while a second relative said, "When I send in a complaint to the provider, they do get answered and things do get resolved."
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months people had been satisfied with the way managers had dealt with their concerns or formal complaints they had raised.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes.
- It was clear from comments we received from staff they had honoured the dying wishes of people who had recently passed away at the care home.
- The manager told us they regularly liaised with GPs and other health care professionals, including palliative care nurses and a local hospice, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was now inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had not had a manager registered with the CQC for the past six months. The former registered manager had been appointed in January 2019 and resigned after only six months in charge. In the interim a temporary acting manager who was also responsible for managing another of the providers nursing homes in London and was spending three days a week at The Cumberland. A regional director confirmed a new permanent manager for the service had recently been appointed and would be taking up their post in February 2020.
- This meant the service will have had three different managers within the last 12 months. Most people's relatives and staff told us the experience of having such high rates of manager turnover in a relatively short period of time had inevitably adversely affected the continuity and standard of care and support the service was able to provide people. For example, "The manager from the other place is great, but we need somewhere permanent to stabilise the place and make it better." In addition, a member of staff said, "There's been so much management upheaval in recent years. As a result we lack team togetherness and direction. Staff morale is not good here right now."

We discussed this issue with the services management who acknowledged The Cumberland needed some continuity and stability in relation to the way it was led and were confident the new manager would provide this. Progress made by the provider to achieve this aim will be assessed at their next inspection.

- People using the service, their relatives and staff all spoke positively about the leadership style of the temporary interim manager. Comments included, "I've got a lot of time for the new manager who seems to know what's she's doing" and "It's a shame the acting manager can't work here permanently, but I do understand she runs another care home in London."
- The interim manager understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the agency's offices and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- Steps had been taken by the provider to improve the service's quality monitoring systems and it was clear

from the feedback we received from the managers they all recognised the importance of continuous learning and improvement. For example, records showed various senior managers representing the provider who did not permanently work at the care home routinely visited the service to carry out unannounced quality monitoring checks.

- Managers and senior nursing staff who worked in the care home would also routinely conduct their own spot checks on staff working practices, their record keeping and the health and safety of the environment. The manager told us they regularly quality assured people's care and risk management plans, how the service had dealt with complaints and safeguarding incidents and the care homes infection control, food hygiene and fire safety arrangements.
- The manager also told us they analysed the findings of all the audits described above which helped them identify any trends they were emerging, learn lessons about how they could do things better and develop action plans to make changes and improve the service.

However, we found the providers governance systems were not always operated effectively, which meant they had failed to pick up or act upon a number of issues we identified during our inspection. For example, the systems had failed to notice or take appropriate action to ensure medicines were safely managed, staffing levels were adequate, staff were suitably trained and supported and fire safety arrangements were robust.

We discussed the effectiveness of the provider's governance systems with the managers at the time of our inspection who agreed to review how their findings were used. Progress made by the provider to achieve this will be assessed at their next inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific actions providers must take if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the care home.
- Records showed people had regular opportunities to talk to managers and staff during scheduled individual and group meetings with them and were routinely invited to complete satisfaction surveys about the service provided. We saw the results of the services most recent stakeholder satisfaction survey conducted in 2019 stating almost half the people who participated were not happy with the service they or their loved one received at The Cumberland.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager and group meetings with their fellow co-workers.

Working in partnership with others

- The provider worked in close partnership with various local authorities, health and social care professionals and community groups. This included local GPs, specialists from a challenging behaviour team, occupational therapists, dentists, speech and language therapists, chiropodists, opticians, social workers and palliative care nurses from a local hospice.
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their

views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure the proper and safe management of medicines at the service. This was because staff did not always follow policies and procedures about managing medicines, including those related to medicines record keeping. Regulation 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person failed to always ensure sufficient numbers of suitably competent, skilled and experienced staff were properly deployed throughout the service to meet people's care, support and treatment needs. Regulation 18(1)</p>