

Active Lives Care Ltd

# Cumnor Hill House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Cumnor Hill is a residential care home providing personal and nursing care to up to 75 people. The service provides support to older people some of whom living with dementia. At the time of our inspection there were 56 people using the service.

### People's experience of using this service and what we found

People living at Cumnor Hill received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had struggled to recruit permanent staff and were using a lot of agency staff which had impacted on the high standards of care people were used to. The provider had safe recruitment and selection processes in place.

People were supported with nutrition and hydration. However, the dining experience varied from unit to unit and could be improved. We saw staff deployment could be improved during mealtimes to ensure a better dining experience for people.

We found people's records were not always up to date. The provider had already identified these shortfalls in their last audit and were working through an action plan. At the time of the inspection not all necessary actions identified had been completed so we could not be fully assured of the effectiveness of these actions.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed. The provider had an electronic self-auditing system which allowed safe management of all aspects of medicines.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to Covid-19 and other infection outbreaks effectively.

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.

The home was well-led by a newly registered experienced manager who was committed to improving people's quality of life. The home had gone through constant changes in leadership which had impacted on staff support, people's care and general management of the service. People, staff and relatives were positive about the new management team. The provider had effective quality assurance processes which were used to improve people's care. The provider and registered manager had created and were working through an improvement plan following the recent audits. The service had a clear management and staffing structure in

place and staff worked well as a team. Staff worked well with external social and health care professionals.

#### Rating at last inspection

The last rating for this service was outstanding (Published 27 June 2018)

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing, recruitment, medicines management, records keeping, quality of care, staff knowledge of people's needs and management of the home. A decision was made for us to inspect and examine those risks against all key questions.

We have found evidence that the provider needs to make improvements. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### 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 

# Cumnor Hill House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors and two Experts by Experience. 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

Cumnor Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at 10 people's care records and eight medicine administration records (MAR). We spoke with 17 members of staff including the area operations manager, the registered manager, the clinical lead, nurses, carers, the chef and domestic staff. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further feedback from four relatives and two healthcare professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm

The purpose of this inspection was to check specific concerns we had about staffing, recruitment, and poor management of falls.

### Staffing and recruitment

- We had received concerns of staff shortages and increased use of agency staff. We found the home was using a lot of agency staff. People told us, "I push button pendant to get help, sometimes a bit of a wait especially if you need the loo quickly in the night, can be a bit slow", "There are times in the night when you are desperate, some wait so you don't always make the toilet. They are very good though if the bed is wet, they change it without any fuss" and "Always someone around, makes you feel safe doesn't it."
- The provider had been open about staffing concerns and relatives appreciated the effort made to keep people safe. A relative commented, "At times, it certainly seems that there are not enough staff on duty, and those that on duty are very busy. In my opinion, this has detracted from the amount of 'care' we would expect, although I don't believe it has been a safety issue. Cumnor Hill have been very open about the use of agency staff and the challenging time for recruitment." Another relative reiterated, "Staffing has been a real challenge especially during Covid. There has been difficulty recruiting but they are trying hard to get the right staff on board and their target staffing levels are good."
- During the inspection we observed staff did not look rushed and responded to people's needs in a timely manner. The registered manager told us their priority had been staff recruitment and they had managed to secure a contract in the meantime with one agency. The recruitment strategies introduced were positive and the provider had managed to attract a wider community. As such, only a few posts remained for appointment.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

### Assessing risk, safety monitoring and management

- We had received concerns of management of falls. We found, where people had had falls, these were managed safely. The falls risks were reviewed and there was timely involvement of onsite physiotherapist to support with equipment provision and moving and handling techniques. A comprehensive post falls protocol was available, which included action to be taken for people who were prescribed medicines such as blood thinning agents.
- People's risk assessments included areas such as nutrition, choking and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced recently to increase existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and

equipment.

#### Using medicines safely

- We had received concerns of poor management of medicines. We found medicines were managed safely. People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used an electronic system to manage medicines which allowed real time auditing, therefore reducing the possibility of errors.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- We had received concerns of poor infection control practices. We found the home had a Covid 19 outbreak on the dementia unit. We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had effective infection control practices to contain the outbreak.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment was clean, and staff were aware of Covid 19 enhanced' cleaning procedures, such as deep cleaning and regular cleaning of high touch areas.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that Cumnor Hill House had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather. The addition of a specially built pod with enhanced safety features, has enabled people to maintain contact with their relatives.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. One person told us, "No worries living here, at home I fell and was on the floor for hours, none of that here. You get attention when you need it. Got this around my neck [pendent call button]. Can't walk, need to be put in to bed. Can get help here."
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "Report to line manager. I can involve police or CQC. Can report to safeguarding team."
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.



### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, following recent audits, an improvement plan had been drawn with completion timelines to improve people's care and staff support.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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

The purpose of this inspection was to check specific concerns we had about poor records, staff knowledge of people's needs, weight loss management, lack of support during meals, lack of training for new staff.

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

- We had received concerns of poor staff knowledge of people's needs. We found staff did not always know how to support people with challenging needs. For example, one person living on the unit that was closed due to Covid 19 was distressed as they wanted to go to another unit. Staff kept re-directing her offering her cereal and a cup of tea. She became agitated after being re-directed for the 6th time and spilt a cup of tea on a table in anger. None of the staff knew how to support the person with distraction strategies as indicated in their care plan. The person was later seen talking to themselves in front of a closed door. None of the staff attempted to engage with the person.
- We received concerns of poor records. We found, people's expected outcomes were identified, however, people's records were not always up to date, lacked detail and some of them had conflicting information. The provider had already identified these shortfalls in their last audit and were working through the action plan. At the time of the inspection not all necessary actions identified had been completed so we could not be fully assured of the effectiveness of these actions.
- People and relatives told us they were involved in the assessment and care planning process. One relative told us, "I am one of two sons and we both are actively involved in mom's care. I also exercise power of attorney for mom's health and financial needs, so can help with any decisions mom might have difficulty making on her own. I am grateful to the staff here for the regular updates they provide on mom."

Staff support: induction, training, skills and experience

- We had received concerns of lack of training for new staff. We found, induction for new staff had not been effective. Staff told us, "Induction was not great, the senior carers inducted me. I honestly did not have an induction" and "Induction could have been better. Again, it was because there was no structure to it and limited support."
- The provider had recognised the need for an effective induction programme and now had a team providing the much-needed support. On the first day of our inspection there were eight staff doing their first induction. One member of staff commented, "I've been here for 3 months. I am still on my probation. I was shadowing shifts on the ground and then on the middle floor for four weeks. I felt competent and confident after shadowing. The permanent staff are very, very good." Another member of staff said, "Training provided by [Staff name] is much needed. We have requested him to do extra training. He is brilliant."
- Staff felt they had not had support as they used to. They told us, "We have not had supervisions or

appraisals in a long while" and "Care staff have not had supervisions either." However, they felt they were now receiving better support from the new registered manager.

- We received concerns of lack of personalised care. We found the service was using a lot of different agency staff which impacted on consistency of care. One healthcare professional told us, "Some of the residents with dementia have had a plan of care from our mental health team and when there are new staff they are not aware and this is difficult for the residents and makes continuity and communication difficult. It has at times been difficult when no one had time to discuss residents with us when we visited."
- The provider had already identified these shortfalls in their last audit and were working through the action plan. The registered manager told us the provider had struggled to recruit permanent staff and were doing all they could to ensure people received safe care. They had introduced recruitment and retention initiatives to appeal to a wider community. This had been positive as they had a lot of new staff who were going through the induction.

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

- We had received concerns of lack of support during meals and poor weight loss management. We found, where people were at risk of weight loss, their weight was monitored, and referrals were made to dieticians and food supplements provided.
- We also found the dining experience varied across the home. On the residential and dementia unit people were supported with meals in a timely manner and had a good dining experience. However, some people on the dementia unit had 90 minutes between receiving their breakfast and lunch. As such they did not eat much on their lunch meals.
- On the nursing unit, people spent long periods of time without any interactions and waited long periods between courses. For example, two people sat on the same table and were dozing for more than half an hour without any interactions from staff. One person was served a starter and waited for their main meal for 40 minutes. Another person refused the starter and requested their pre-ordered main meal. They waited for 40 minutes before they received a wrong meal which they refused. They waited a further 15 minutes to get that meal. 10 minutes later the same person received their pudding whilst they were still eating their main meal. One person commented, "We always have to wait long between courses, not very nice but they have to serve everyone."
- We received mixed feedback from people and relatives regarding the meals. People told us, "I like most of the food, chef will get you what you want if you want something different" and "I do have concerns about the quality of the food. The presentation, quality of ingredients and flavour do not match the statements in the brochure. I'm not asked or listened to." Relatives said, "For my parents, they would prefer simpler food. For example, my dad used to have soup nearly every lunchtime (chicken, mushroom etc). He has got fussier, that's for sure, but the soups are far too exotic for him. And that is similar for a lot of the menu choices" and "The food is excellent, presented really well and choice is good. They will also do food not on the menu if a resident request this. They go to a lot of effort to make things appealing."
- We fed back to the registered manager and they told us they would review staff deployment during mealtimes to ensure people received a good dining experience. Following our first day of inspection, the registered manager completed a mealtime audit and identified further improvements to be made.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "There are some more long-standing staff who have worked incredibly hard and they are all doing their best."

They do refer to our service and engage with us."

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Cumnor Hill was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- There were several highly decorated sitting areas around the home where people could spend their time. These included a bar, spa room, cinema room, gym and a library which were constantly used. There were several quiet sitting areas around the home where people could spend their time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. Any conditions related to DoLS authorisations were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We give residents time to make their own decisions. Involve families, GP and other healthcare professionals. Support them in their best interest."

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

The purpose of this inspection was to check specific concerns we had about records not reflective of the care people received.

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

- We received concerns of poor records not reflecting the care given. We found records were not always up to date. For example, where people were meant to be repositioned every three hours, there were gaps of up to six hours in between. However, we saw staff repositioning people as expected. We found agency staff did not always have access to electronic records hence the gaps in recording. The provider had already identified these shortfalls in their last audit and were working through the action plan. At the time of the inspection not all necessary actions identified had been completed so we could not be fully assured of the effectiveness of these actions.
- People were consistently positive about the caring attitude of the staff. People said, "Carers are wonderful, and they do know me. Carers support me when I am moving around with my walker or frame" and "Their [Staff] patience is unbelievable. One of the carers just a dear with things. Absolutely treated with care and compassion."
- Relatives told us staff were caring and provided compassionate care. They commented, "Staff are amazing at showing they care. They show affection for residents, try to engage them, smile and have a joke as well as through the way they go about their jobs. They will talk to me about mum in a way that reassured me they know her, and they take the trouble to tell you little things" and "The staff are always courteous and considerate. They treat my mother with the respect she deserves. Some members of staff go yet further, giving mom a kind of loving care that she greatly appreciates."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when

making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

- Staff knew and gave information to people, their families and friends, about other organisations and sources of general advice, support or advocacy about conditions, care and support. Staff collaborated with external organisations in raising awareness in areas such as dementia care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.

- People told us staff treated them respectfully and maintained their privacy. One person said, "They treat me with great respect, my privacy is maintained, and they knock on the door." People's care plans highlighted the importance of respecting privacy and dignity.

- Staff knew how to support people to be independent. There were a lot of references to promoting independence in people's care plans.

- People had as much choice and control as possible in their lives. This included in relation to the staff who provided their personal care and support. One person told us, "I can choose male or female carers for personal care. I don't mind but male carers very respectful."

- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept electronically and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

The purpose of this inspection was to check specific concerns we had of poor end of life care, lack of personalised care, lack of stimulation for residents.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were involved in developing their care, support and treatment plans. Care planning was focused on the person's whole life, including their goals, skills and abilities. We saw evidence of their involvement from before they moved into the home and throughout their stay. However, we found people's records were not always up to date. The provider had already identified these shortfalls in their last audit and were working through the action plan.
- Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to use simple language, emphasise words, ask yes or no answers and to maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial and large print.

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

- We received concerns of lack of stimulation for people. We found people had access to a variety of meaningful activities. It was clear that Covid 19 had impacted on the activities programme, especially group activities and off-site visits. However, staff were doing their utmost to involve people in activities they enjoyed in-house.
- Activities at Cumnor Hill were organised and run by the activities co-ordinators. A full programme was advertised and showed a good range of activities on offer. These included, Bingo, music sessions, film club, flower arrangement, book club, arts and crafts.

- People told us they had access to activities. They said, "I go to play Bingo. Outside activities when the weather is good, activities people always coming around doing activities" and "They do do activities. Love listening to music and read when I can. Activity people drop in for a chat".
- On the day of the inspection we saw activity staff chatting to people and later in the day running a quiz in the lounge. People were enjoying the challenge. However, activities on the dementia unit could be improved. Records showed staff offered 1:1 activities, however, on the day of the inspection we did not observe any people to be meaningfully engaged in activities.
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished. One person said, "I don't join in much. I am a solitary person, happy in my own company. I write poetry as my creative outlet."

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. The provider had received non-formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "No complaints whatsoever but sure seniors would deal with any complaint at all." One relative said, "If I had concerns overall, I would turn to the manager. Over the past two years while mom has lived here, the managers have known her personally and shown great care. I have never had grounds to complain." We saw evidence of many compliments received regarding good care.

#### End of life care and support

- We received concerns of poor end of life care. We found people received positive end of life care. The provider was part of an 'End of life project' which aimed at improving the delivery of care during end of life. Part of the project included a cross sectional feedback survey which was very positive with relatives expressing their appreciation of outstanding end of life care.
- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us only one person was receiving end of life support at the time of our inspection. The team worked closely with other professionals to ensure people a had dignified and pain free death.



# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check specific concerns we had about the management and leadership of the home and poor response to staff concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received concerns of management and leadership of the home. We found the provider had introduced a structured recruitment and retention drive. They had identified lack of staff as the major factor in all areas of shortfalls. As such, the initial focus was to recruit more staff and retain them as well as the ones they already did. For example, they introduced a 'stay interview' aimed at those staff that had stayed throughout the difficult periods to find out what made them stay and therefore use that to create retention strategies.
- It was clear the management of the home had improved since the appointment of the new registered manager and there was a general sense of calm in the home. Staff looked happy and they told us their morale had improved.
- Relatives acknowledged the leadership challenges the home had experienced but were positive of the new management team. They told us, "It seemed to have taken [provider] a while to get a grip, but they have. The Group management personnel have been working hard to get Cumnor Hill back on track. There seems to have been no compromise in rushing decisions versus making the right appointments, so it has taken time to put the new team together. Things are poised for improvement" and "I think Cumnor Hill has faced real difficulties in management over the past year stemming from their long search for a new manager. It is to their credit that they chose to re-advertise rather than to make a suboptimal appointment. But I suspect that the house has had management problems over the past few months as a result. All I would say is that, even with such challenges, the team held together well and provided a remarkable quality of care to my mother."

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

- We received concerns of poor response to staff concerns. We found the constant changes in management had impacted on staff support. Staff had felt not supported or listened to however, they were positive of the new registered manager. Staff said, "We went through a few managers which created confusion and miscommunication. New manager is a breath of fresh air and introducing stability", "We had a few bad experiences. [manager] is making communications much clearer. Things are already improving. I feel her presence here in a positive way and I can feel the difference already" and "Left with no managers for long, the previous manager made staff leave the service. Communication from the provider was not good when

we didn't have managers. Staff did not feel supported or respected. Directors came but did not engage with staff. New manager is strict but fair. This home needs that. I'm happy she is here."

- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- The management team engaged with staff through meetings. Staff had raised concerns of staffing levels, training, supervisions and communication. The registered manager had prioritised these areas of improvement to ensure provision of good care.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings, surveys and care reviews. The information gathered was used to improve the service. For example, a recent survey had resulted in review of menus and involvement of people in menu planning and taster sessions. Kitchen staff continuously sought feedback regarding the new changes.

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

- The registered manager had only been in post for just over a month. They were a knowledgeable and established registered manager with lots of experience. They were creating a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The registered manager was supported by an operations manager and a recently appointed clinical manager. Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team had created an improvement plan following the audits and they were working through it at the time of the inspection. Most of the shortfalls we found had been already been identified through the provider's quality assurance systems and remained within the target action dates. However, the provider's quality assurance systems had not identified the shortfalls we found with respect of staff not knowing how to support people with challenging needs. At the time of the inspection not all necessary actions identified had been completed so we could not be fully assured of the effectiveness of these actions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression. For example, the first cohort had been enrolled for national qualifications, and career development pathways such as national vocational qualifications (NVQs). There were plans to support more care staff through this development pathway.
- The management team and staff considered information about the service's performance and how it

could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

#### Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care. One healthcare professional commented on the management changes and said, "I have been impressed by the new management changes and emphasis of improving clinical cover/understanding. We are already discussing encouraging changes to historic senior management decisions about broader use of the in-house nursing team beyond the nursing floor, particularly in relation to end-of-life care."
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.