St Brelades Retirement Homes Limited

The Cumberland

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Cumberland is a residential care home providing the regulated activity of personal care to up to 29 people. The service provides support to people living with dementia. At the time of our inspection there were 16 people using the service. The service is a large, converted property and accommodation is arranged over three floors.

People's experience of using this service and what we found
People told us they felt safe living at The Cumberland. Relatives told us their loved ones were well cared for. Long standing staff knew people well and supported them in the way they preferred. However, some risks to people had not been assessed and mitigated. Guidance had not been consistently provided about people's needs and the support they required. This was important as the provider used agency staff to cover staff vacancies and there was a risk they would not know how to provide people's care. People's medicines were not stored safely or managed consistently.

There were not always enough staff to meet people's needs. The manager supported staff to care for people at times and this took them away from managerial tasks. The provider had not developed the environment to support people living with dementia to remain independent, including the use of signs to help people move around without support. However, staff supported people to continue to look after themselves as much as they wished. We have made a recommendation about best practice in dementia environments.

The provider's checks and audits had not identified all the shortfalls at the service. Actions planned to address shortfalls the provider identified had not always been completed in the timescales they set out. The manager was realistic about the improvements needed and the action required to achieve them. The service was clean, however action had not been taken to protect people from all infection risks.

The manager had been working at the service for several months and had not applied to be registered with CQC. Staff told us they manager had made positives changes to the culture of the service and to people's lives. They had worked with mental health professionals to reduce people's anxiety and agitation and this had improved the quality of people's lives.

Relatives and staff had shared their views, and these had been acted on to develop the service. Lessons had been learnt when things went wrong and action had been taken to reduce the risk of incidents occurring again. Staff had been recruited safely and checks had been completed on staff's conduct in previous roles. Staff had the skills they needed to meet people's needs.

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.

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

Rating at last inspection
The last rating for this service was good (published 24 May 2018).

Why we inspected
This inspection was triggered in part by potential risks around the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cumberland on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks and medicines, staff deployment, care records and the effectiveness of the provider's checks and audits at this inspection.

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

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The 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. 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
This inspection was completed by two inspectors, two medicines inspectors and an Expert 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
The Cumberland is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Cumberland is a care home without nursing care. 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 not 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 since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people and 10 friends and relatives about their experiences of the service. We spoke with seven staff including the manager, operations manager, administrator and four care staff. We reviewed a range of records. This included seven people's care records, multiple medication records and four staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Requires Improvement

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. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Risks to people had been identified but had not been consistently assessed. Detailed guidance was not available to staff about how to reduce and manage risks. One person was at risk of falling, including falling down the stairs. Equipment was used to alert staff when the person was at risk and we observed staff responding quickly. However, no guidance had been provided to staff about how to use the equipment, respond when it went off or support the person to remain safe. There was a risk staff, including agency staff would not know how to manage the risks.
- People were not fully protected from the risks of developing pressure ulcers. Risks to people had been assessed but detailed guidance was not available to staff about how to mitigate risks. No guidance had been provided about how to set equipment correctly. No one was responsible to deciding how to set the equipment or to monitor it was being used correctly. We found equipment was set either too hard or too soft. We also observed two people sat on airflow cushions which were not working. Staff knew how to recognise pressure ulcers and how to prevent them. No one had a pressure ulcer, however, people remained at risk because equipment was not set or used correctly.
- Personal emergency evacuation plans had not been put in place for each person. Instead the provider relied on a list identifying people's needs. This did not give staff and the emergency services the information they required to evacuate people safely.
- Two staff had been living on the premises since the beginning of the COVID-19 pandemic. The risk assessment for staff living on sight had not been reviewed since the COVID-19 lock down restrictions had been removed. The risks posed to people, such as from any visitors the staff had or additional fire risks had not been assessed. This left people at risk of harm.

The provider had failed to assess risks to service users health and safety and provide guidance to staff about how to mitigate risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supported people to move safely. A relative told us staff supported their loved one to use the hoist "sensitivity". All the staff we spoke with knew what equipment and support people needed. This included how to move people in bed to reduce the risk of damaging their skin. Care plans contained detailed guidance to staff about how to use equipment such as hoist slings.
- The risks of people choking had been identified and staff knew how to support people to eat and drink safely. People's meals and drinks were prepared to the correct consistency. We observed people being supported to eat and drink safely by staff who supported them at their own pace.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Action was being taken to meet any conditions related to DoLS authorisations.

Using medicines safely

● People's medicines were not always managed safely. Health care professionals had made changes to people's medicines and given staff verbal instruction about the changes. Staff had not requested the change in writing, in accordance with national guidance. When changes were made to people's medicines, staff had not consistently signed, dated or witnessed the amendments on the medicines administration records (MAR), to confirm they were correct. The provider's policy did not tell staff how to safely and effectively transcribe medicines information and changes onto the MAR to make sure they were accurate. This put people at risk of not receiving their medicines as prescribed.

● Effective arrangements were not in operation to store medicines securely. Thickening powders prescribed to support people at risk of choking were not stored safely and were accessible to people. Action had not been taken in response to a patient safety alert issued by NHS England in 2015, to raise awareness of the need for proper storage and management of thickening powder. Risks had not been assessed and there was a risk people would be harmed by accidental swallowing the thickening powders.

● Staff without the necessary authorisation were able to access medicines, including medicines with the potential for abuse or misuse because keys to medicines storage were not held securely. There was a risk people's medicines could be abused or misused and would not be available when people required them. Following our inspection the provider told us they changed their medicines storage arrangement to ensure access to prescribed medicines was limited to only those with the necessary authority. They also told us thickening powders were now locked away.

● Risks relating to some medicines, such as blood thinners, had not been robustly assessed and staff had not been given guidance about how to identify and manage them. For example, medicines that could increase the risk of bleeding and bruising if a person sustained an injury or had a fall. There was a risk staff would not identify when people required treatment.

● Sufficiently detailed guidance was not in place to support staff to manage some 'when required' medicines. No guidance was in place regarding others. Staff knew how to recognise when people were in pain, but this was not clearly recorded in guidance. New staff members who did not know people well may not have access to the information they need to administer people's medicines when they needed them.

● Some people received their medicines without their knowledge crushed and disguised in food, known as 'covert medicine administration'. The provider's and national guidance around the covert administration of medicines had not been followed. Robust records of decisions to administer medicines covertly had not been maintained for everyone. This left people at risk of not receiving their medicines safely and in their best interests.

The provider had failed to ensure medicines were managed safely. This placed people at risk of harm. This

was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● There were not always enough staff to meet people's needs promptly. One person told us more staff were needed. Staff had raised concerns around not being able to take people out, which helped people remain calm. When we asked the manager why a person had not been reweighed to check an anomaly in their weight records, they told us, "It's been a bit of a week staffing wise. Not enough staff and really busy". Rotas showed planned staffing levels were inconsistent and the number of care staff was reduced at times.

● An effective system was not in operation to ensure there were always enough staff deployed to meet people's needs. Usually four care staff supported people during the day, this was reduced at times. Some people required two staff to support them with their personal care. When staff were supporting these people there were no staff available to support people in the communal areas to remain safe.

● Several staff had been given leave at the same time leaving the service short staffed. This had been agreed by the previous registered manager but not communicated effectively to the manager. The manager told us, "Staff are covering but they are getting tired, worn out and need a break. It's not sustainable".

● Agency staff were employed to cover vacant shifts but on occasions had not arrived and shifts had gone uncovered. Staff told us agency staff worked alongside experienced staff but "need a lot of prompting and support". This put additional pressure on staff. The manager regularly completed team leader duties , including the administration of medication, which took them away from management tasks.

The provider had failed to consistently deploy sufficient numbers of staff to meet people's needs promptly. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's relatives were positive about the support people received from staff. Their comments included, "The team of carers are good and work well together to make sure there is always someone there when my relative needs them" and "They always keep a check on my relative on a very regular basis to make sure they are comfortable".

● Staff were generally recruited safely. The provider had improved their recruitment processes following us identifying shortfalls at another service they own. However, some minor shortfalls remained and this is an area for improvement.

● Checks had been completed on staff's conduct in most of their previous care roles to ensure they had the skills and experience to meet people's needs. A reference from one care service had not been requested. Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Relatives told us staff had the skills they needed to meet people's needs. One relative told us, "They know what they are doing and are friendly, helpful and informative". We observed staff providing care safely and in a kind and respectful way. Most staff had completed the training required by the provider, including in-depth dementia training. Where staff had not completed training, the provider followed their processes to support staff development.

Preventing and controlling infection

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A pigeon had nested on an external window ledge and parts of it's nest were protruding into the stair well used by people, through an open window. The provider took advice from a contractor on removal of the nest following our inspection but was not able to remove it at the time. Some

waste bins did not have lids and personal protective equipment and toiletries were not always stored in a hygienic way. The provider was aware of infection risks in the laundry and was looking to make improvements to laundry facilities.

● We were somewhat assured that the provider was using PPE effectively and safely. We observed staff wearing PPE correctly and there were plentiful stocks in place. However, when entering the building staff did not put on a facemask until they reached the designated area for donning and doffing PPE. This meant they walked past two people's bedrooms and people walking around the building before they put on a face mask.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

● People received visitors when they wanted in their bedroom or communal area. There were no restrictions on the length or number of visits. Visitors were encouraged to wear a face mask in communal areas in line with national guidelines. Relatives told us they visited regularly, some visited each day.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People and their relatives told us they were safe living at The Cumberland. One person told us, "The staff are very good. They cuddle me up and put me to bed. They're ever so nice". Relatives told us, "My relative is definitely safe in the home and I have no concerns regarding the care they receive" and "My relative is safe in the home. I visit every week so I would notice any changes if they were not safe".

● Action had been taken after incidents to reduce the risk of them occurring again. For example, a person left the service without staff's knowledge using a key which was accessible to them. Alternative arrangements were made for the storage of the key and staff were reminded to make sure the door was secure. Similar incidents had not occurred again. Accidents and incidents had been analysed to look for patterns and trends. Shortfalls in recording had been identified and staff had received further training and support.

● Staff understood people did not always get along and supported them to spend time with people they got on well with. When people had disagreements staff supported them to calm down. Any incidents were reported to the manager and safeguarding referrals were made to the local safeguarding authority if needed.

● Some people were prescribed 'when required' medicines to manage anxiety or agitation. These were given at the lowest dose and only as a last resort when other strategies to support people had not been successful. Staff followed person centred guidance to reduce people's anxiety or agitation and the use of medication was limited. Staff felt people's anxiety or agitation had decreased over the previous few months. Medicines were regularly reviewed and some doses had been reduced or stopped to limit any possible restrictions on people.

● People were protected from the risk of abuse. Staff knew how to identify the signs of abuse and would raise this with team leader or manager. They were confident action would be taken to keep people safe. Staff were aware they could blow the whistle outside of the service and told us they would raise concerns

with the local authority or CQC.

Requires Improvement

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 good. 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.

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

- People were not protected by accurate and up to date records around their care needs. Care plans had not been reviewed and updated when people's needs changed. The manager told us, "(The care plans) need a big shake up. They aren't relevant to the person now". Long standing staff knew people well and consistently described their care to us. However, new and agency staff did not have access to accurate information around people's needs. The manager told us, "Care plans need to be clearer for staff who don't know the people, including how they like things done".
- One person had lived at the service for several months and was able to share information about how they liked their support provided. Their care plan contained very little information and guidance about their needs and staff relied on the person telling them how they liked their support provided. Effective action had not been taken to ensure staff always had accurate and up to date information.
- The manager had introduced a communication book to ensure key information about changes in people's needs was shared within the staff team. Although this was effective in sharing changes, it was not supported by clear guidance for staff about how to meet people's changing needs. This left people at risk of not receiving effective and consistent care and treatment.
- People were not protected by effective record keeping systems. Their care plans and records of care people received were maintained electronically. Staff accessed these using handheld devises. New tablet computers had recently been purchased and staff told us these were "temperamental and slow". This made it difficult for staff to access information about people and record the support they provided. We asked staff for information during our inspection and they were unable to provide it because they could not get access to the electronic records. There was a risk staff would not have access to information promptly when they needed it.

The provider had failed to maintain accurate and complete records in respect of each service user, which was easily accessible to staff. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had been working at the service for several months. They planned to apply to be registered by us. They understood the role and their responsibilities to lead the staff team in providing safe care to people. At the time of our inspection they were managing two of the provider's services which was challenging as both services required improvements. However, they told us they had received "brilliant support" from the staff team. One person told us the manager was, "A lovely person, so sweet"

Continuous learning and improving care

● The provider did not have effective systems in operation to learn lessons and continuously improve the service. They had not considered lessons learnt across their services to ensure they continuously improved The Cumberland.

● A service development plan was in place but had not been amended to include improvements the manager had found were needed. The plan had been reviewed but timescales for achieving goals had been missed. For example, staff had not received six supervisions each year and the planned upgrade to the laundry had not been completed.

● The manager was aware of some of the improvements required at the service. They had a list of things they wanted to change and knew it would take time to change practices and imbed new ways of working. They told us, "I don't want to fail, I have to be realistic about what can be achieved". The provider's failure to have effective plans in operation, which included all the required improvements, left people at continued risk of receiving poor care.

● People were not protected by robust checks and audits. The management team had developed a range of audits to monitor all aspects of the service. However, audits had not been conducted robustly or effectively and some shortfalls we found had not been identified. For example, the management team had not identified action was required to ensure pressure relieving equipment was used correctly. When we pointed this out to the manager they replied, "That's really bad".

● Medicines audits were not robust and had not been completed regularly. Where audits had been carried out, they had highlighted areas for improvement. However, the shortfalls we found had not been identified and action had not been taken to address them. The lack of effective checks and audits meant risks to people were not addressed promptly.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us the manager had made improvements to the service and this had had a positive impact on people's lives. They told us one person was no longer anxious and distressed because the manager had obtained the medical support for them. One staff member said, "The manager has made changes for the right reasons and to improve the home". All the staff we spoke with told us communication between the manager and staff had improved and they felt supported.

● The manager was working to improve the staff rota. Staff told us previously they received the rota shortly before it began and they were not able to plan their lives as they did not know when they would be working. A four week rota was being put in place where possible and staff told us this enabled them to plan their personal lives and gave them some stability.

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

● The provider had not developed an environment which support people living with dementia to remain as independent as possible. For example, one person asked us the time. There were no clocks in the communal rooms and people told us they liked to know what the time was. Signs had not been used to help people move around the building more independently. All the information shared with people was in a written format. Pictures and symbols were not used to help people understand what was happening or the choices they had, such as pictures of foods and activities on offer.

We recommend the provider consider nationally recognised guidance around creating dementia friendly environments.

● People were seen as individuals and their views and experiences were valued. Relatives feedback included "They treat my relative with respect and talk to them as real person" and "The care my relative gets is excellent and very focussed on the individual". Staff described a strong culture of supporting people to retain their independence for as long as possible. Staff told us they had been supported to use more respectful language to describe people and their needs.
● People were empowered to get involved in the day to day running of the service. One person helped staff to serve food. Another helped with laundry and office tasks. Staff took clean laundry into the lounge and people helped fold it. One person's friend told us an outside entertainer visited regularly and had learnt songs the person liked. They sung to them on each visit, which the person really enjoyed.
● Staff told us they felt supported by the manager and team work had improved. One staff member told us, "Team work is improving, I feel like we are going in the right direction". Another said, "We are a good strong team, we all help each other, we all join in, things are passed on straight away".

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
● People's relatives told us the manager was "open and up front" with them and they appreciated this. The manager kept people's loved ones informed about their health and wellbeing, including any accidents or incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff felt comfortable to make suggestions about how the service could be improved. They told us the manager asked them for their views each day and was responsive to suggestions they made.
● A staff survey had been completed in July 2021 and only 10% of staff had responded only some staff were asked for their views. The provider had learnt from this and all staff had been asked for their views shortly before our inspection. Feedback was still being received and the operations manager planned to analyse this and act on the feedback received. Initial feedback showed staff morale had improved and staff felt the manager had responded to staff related issues that had caused frustrations in the team.
● Relatives confirmed they shared their feedback through regular surveys. They told us they were confident to raise any concerns they had with the manager and these had been addressed. One relative told us, "When I spotted some repairs needed doing I mentioned it to the (operations) manager who thanked me and the work was completed in 2 days".

Working in partnership with others
● The manager had worked with mental health professionals to support people to remain calm and reduce any anxiety. One person told us excitedly about a trip to a day centre the manager had arranged on a professionals advice. The person had had a wonderful day out and this had improved their mood. Staff told us the manager had been proactive in obtaining mental health support for people and this had improved the lives of everyone living at the service.
● When a person's needs had changed the manager had arranged for them to be assessed by an occupational therapist. A new hoist sling had been recommended and purchased to support the person to move safely and comfortably. The person told us they felt safe when staff supported them to move.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assessing some risks to service users health and safety and provide guidance to staff about how to mitigate risks. The provider had failed to ensure medicines were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate and complete records in respect of each service user, which was easily accessible to staff. The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to consistently deploy sufficient numbers of staff to meet people's needs promptly.