

Abbeyfield Society (The) Cunningham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cunningham House is a residential care home providing personal care for older people. Younger adults and people living with dementia. The service can support up to 54 people, at this inspection 20 people were living at Cunningham House

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

People did not always receive personalised care and support. People were not always supported to have maximum choice and control of their lives and staff did not always support them in their preferred way and in their best interests. People's personal preferences were not always respected and their independence was not always promoted.

The provider had arrangements in place to assess and monitor the quality of the service provided. However, these processes had not been effective in addressing shortfalls in relation to personalised care and promoting people's independence.

The provider had made suitable arrangements to help keep people safe. Staff had received training about safeguarding people and understood how to report any concerns. Risks to people were identified and managed to help prevent them from receiving unsafe care and support. The provider's arrangements for medicine administration helped to ensure people received their medication in accordance with the prescriber's instructions and staff's practice was safe.

Staffing levels were appropriate to meet people's care and support needs. Robust recruitment procedures were followed to help ensure the right staff were employed to care for people. People were protected by the provider's arrangements for the prevention and control of infection.

Feedback about the management was overall positive. Staff felt there was more support available to them now after a period of instability in the home's leadership, which had negatively impacted on morale and culture in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment, staffing, personalised care and overall management oversight.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

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 remains Requires Improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified continued breaches in relation to personalised care and management oversight. 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Cunningham 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

This inspection was undertaken by one inspector.

Service and service type

Cunningham House 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. Cunningham House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 since the last inspection. 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 (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and received feedback from 5 people's relatives about their experience of the care and support provided. We spoke with the registered manager, 2 heads of care, 2 care team leaders and we received feedback from 6 members of care staff.

We reviewed a range of records. This included 3 people's care plans and 2 staff personnel files to review the provider's recruitment practices, including induction arrangements. We undertook a physical count of a random selection of medicines and reviewed 5 people's medicine records. We also looked at the provider's staff training records and supervision arrangements. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Requires Improvement. At this inspection the rating for this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection of the service on 27 September and 06 October 2022, Information about risks to people were not always up to date. Oral hygiene was not managed well, and hydration and nutrition were not monitored effectively. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People's care plans and risk assessments were kept under regular review and external professional involvement was sought appropriately. Where a person's care needs changed after external professional involvement the care plans were amended to reflect changes in peoples' needs.
- Previously we had found people living with dementia did not always have good support with oral hygiene needs. These concerns were not found at this inspection.
- Previously we had found people's food and fluid charts did not accurately reflect what people had consumed and when. These concerns were not found at this inspection. The registered manager said this was constantly monitored.
- People had personal emergency evacuation plans (PEEP) to help ensure staff knew what support people needed in the event of an emergency.

Staffing and recruitment

At our last inspection of the service on 27 September and 06 October 2022, the service did not always provide enough staff to support people to stay safe. Staff felt stretched and focussed on completing tasks rather than on delivering person-centred care and support. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

- Previously we had found some people were supported to wash and dress by the night staff very early in the morning. We were told this was because there were not enough staff on duty and that was the only way staff could ensure everyone was washed and dressed in time for breakfast.
- At this inspection there were 4 care staff, 2 care team leaders, 2 heads of care and the registered manager on duty to help ensure 20 people's care needs were met plus 4 domestic assistants, 1 laundry person, 2

maintenance people, a chef, a kitchen assistant and an admin person.

- However, a person told us, and daily records showed, some people were still supported to shower and dress in the early hours of the morning despite these staffing levels. This meant people were not receiving personalised care, please see the Responsive section of this report for more detail.
- People and their relatives told us staff were helpful and responded promptly when called. A relative told us, "There always seem to be enough staff there. Most of them I know by name by now." The management team monitored call bell responses to help ensure, people received support when they asked for it.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Agency staff worked regularly at the service so were familiar with people's needs and how the service functioned.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to recognise and report abuse and they knew how to apply it. Safeguarding training was refreshed regularly and information about reporting concerns and whistleblowing to the local authority and CQC was available on the staff notice board.
- The registered manager was aware of their responsibility to raise safeguarding concerns with the local authority. The registered manager made a referral to the local authority as a result of findings during this inspection.
- People felt safe living at Cunningham House and a relative told us, "I think safety is second nature as I have watched as staff take people in and out of various areas, using equipment, hoists, wheelchairs or walking frames, ensuring that accidents did not happen." A person told us, "I feel safe here. The food is good, I have no complaints there. The staff are kind and respectful to me, they seem to know what they are doing." A relative said, "[Person] is safe and happy here, it is homely and always clean and fresh."

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.

Using medicines safely

- People were supported to receive their medicines safely.
- Medication Administration Records [MAR] showed each person received their medicines at the times they needed them, and records were kept in good order.
- Medicine rounds were evenly spaced out throughout the day to help ensure people did not receive their medicines too close together or too late.
- Staff wore red tabards when they were administering people's medication to help ensure they were not interrupted.
- Staff who administered medicines had completed appropriate training and had their competency assessed to help ensure they were competent to undertake this task safely.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- 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.
- The service supported visits in line with current guidance.

Learning lessons when things go wrong

- The registered manager reviewed events and incidents to see if there was any learning to take from them as part of their monitoring of events in the home. Additionally, the provider's quality team had strategic oversight of incidents, complaints, and safeguarding concerns to explore and examine trends and lessons learned, to help reduce the risk of re-occurrence.
- We saw some feedback to staff in meeting notes about events in the home and how to help reduce these going forward.

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 Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

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

At our last inspection people were not always involved in decisions about their care, treatment and support. Their care was often task-focused and not person-centred. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 9.

- At the previous inspection we found people were being supported to shower and dress in the early hours of the morning. The management team had introduced spot checks, supervisions, disciplinary actions and other measures to address this concern.
- However, at this inspection people said, and records confirmed this poor practice continued. A person told us, "Night staff get me up at between 4:00 and 5:00-ish to take me to the bathroom and get me washed and dressed. Sometimes they put me back to bed but by the time they've done all that I am wide awake. I would be happy to sleep for an extra hour but I don't think they would let me." Records showed the person had been supported with very early personal care 4 of the previous 6 days. The person's care plan stated they preferred to rise between 8 am and 9 am.
- Another person's care records stated, "[Person] was assisted with a shower and to get dressed transferred back to bed at 0440 hours." Daytime care staff advised us there were always some people who had been showered, dressed and supported back to bed by the time they arrived at the home at 0700hrs. They told us they felt they would not be able to support everyone to be ready for breakfast without this. The management team said they had not been aware of this practice until the morning of this inspection and management monitoring processes had not identified this poor practice had continued.
- People continued to feel they were not supported to maximise their independence. For example, a person's care plan stated, "I like to be as independent as possible when it comes to getting myself washed for the day." However, the person said they were not supported to maintain their independence. They told us, "I could wash my front myself but they (staff) do it as they say it's quicker."

People's needs were not at the heart of the care provision. People's decisions about their care, treatment and support were not always respected. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They advised they had cascaded

instructions to the night care team and arranged for unannounced spot checks to be undertaken during the early morning by members of the management team to monitor the situation.

- It was clear from records that family members were invited (where appropriate) to be involved in care reviews. A relative said, "I have been kept up to date with the changes in [person's] medication and care routine. I arrived the other day to find one of the care workers, going through the care needs sitting together at a table. I think that was a respectful way to treat [person], even if they are unlikely to remember for long." Another relative told us, "The laundry is good and they are excellent at keeping us informed about any matters concerns [person's] health or wellbeing."

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.

- When people's care plans were developed when they started to use the service, any specific need or preferences for communication was explored. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and relatives told us staff communicated well and in a way that met people's needs. A relative told us, "The staff are incredibly patient and kind, despite challenges with communicating."

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 saw some visitors at the home during the inspection and were informed relatives and friends were able to visit people at any time.
- On the day of the inspection there was no activity co-ordinator in the home, we saw people watching TV and chatting among themselves. However, we reviewed the activity records and schedule and found there were mixed activities available including bingo, jigsaws, painting, making festive decorations, small animal visits and carpet bowls.

Improving care quality in response to complaints or concerns

- People and their relatives said they would be confident to raise concerns with the management team should the need arise.
- The provider had a system in place to record and respond to complaints. The provider's quality team monitored any complaints and the outcomes of these to help ensure they could identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the team supported people at the end of their life, there was no-one at this stage of life at the time of this inspection.
- Staff had received training for end of life care and the registered manager said there was good support available from external agencies such as the local hospice.

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 Requires Improvement. At this inspection the rating for this key question has remained 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection managers and staff did not share an understanding of the risks and issues facing the service and staff did not always feel they were treated equitably. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found risks were managed well and staff morale was improving. However, we identified continued shortfalls in the monitoring and oversight of practice in the home.

- At the previous inspection it was identified some people were being supported to shower and dress very early in the morning despite it not being their preference to do so. The management team in place at the home at that time gave assurances appropriate actions had been taken to ensure people's wishes were promoted and respected.
- At this inspection we found people's wishes regarding their personal care and support were still not being respected. A member of the management team advised they had identified this concern on the day of our inspection. However, records showed, and staff confirmed, this practice was common in the home. This meant the provider's quality monitoring processes had not been effective in identifying when people were not receiving their care and support in line with their preferences or in accordance with their care plans.
- The provider did not ensure Cunningham House was well-managed and led. Lessons had not been learned to drive and sustain improvement or to ensure people's rights and wishes were respected. The lack of effective oversight and governance of the service has resulted in continued breaches of regulatory requirements.

The provider failed to ensure effective quality assurance systems and processes were in place. This meant opportunities to identify concerns and take action to improve the quality of care and support delivered were missed. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said the management culture in the home had been variable as they have had frequent management changes in the past 2 years. However, staff told us the current registered manager had worked well to bring

the team together. A staff member said, "The management culture has improved no end. We now feel much more stable and secure, the registered manager works with us rather than against us and is supportive."

- People and their relatives praised the staff team for their care and support. A relative told us, "All the staff at Cunningham House do a fantastic job and we have no complaints whatsoever. My [relative] has been extremely well looked after there for the last few years and entertained by wonderful activity staff. We could not ask for a better home for [person] to spend their last years and are so grateful that we found it. We would highly recommend, and have done so, to anyone looking for a very caring and happy environment."
- In May 2023 the provider started a consultation on the future of Cunningham House following a national review of its services. This has caused uncertainty for people, their relatives and the staff team and also negatively impacted on the provider's ability to recruit permanent staff. A relative said, "Nothing over the past 12 months has made me change my mind about the good service provided and the warmth with which the staff continue to do an incredibly challenging job. And since July this has been despite the threats hanging over their head as regards the continuation of the home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives were positive about how the service engaged with them and they felt their views about their family member's care and support were listened to.
- Relatives feedback was sought via quality assurance surveys. A survey from September 2023 received limited feedback but all comments about the care and support provided by staff were positive.
- The management team reviewed accidents, incidents or complaints and shared any learning with the staff team. A staff member said, "We are told when anything comes from a complaint or incident that we could have managed better. This is shared with the whole team to help make the service better."
- The registered manager had arranged training resources to underpin and extend the staff team's knowledge to help ensure they were equipped for different needs and events in the home.

Working in partnership with others; 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 service worked with external professionals for the benefit of people using the service. Details of visits from district nurses, chiropodists and the Speech and Language Therapy (SALT) team were documented and their guidance was reflected in people's care plans.
- Weekly multidisciplinary Team (MDT) meetings were attended by GPs, mental health team, district nurses and community matron to help ensure people's holistic needs were met.
- 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 provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's needs were not at the heart of the care provision. People's decisions about their care, treatment and support were not always respected. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure effective quality assurance systems and processes were in place. This meant opportunities to identify concerns and take action to improve the quality of care and support delivered were missed. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>