

Care UK Community Partnerships Ltd

Cumberland

Inspection report

The Cumberland
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Cumberland is a care home that can provide nursing and personal care for up to 56 older people. At the time of our inspection 33 people were living at the Cumberland. The building is purpose built and is divided into two separate wings, each with their own adapted facilities. Most people using the service were living with dementia.

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

People were positive about the service. Most people using the service, their relatives and staff all spoke positively about the new management team and felt the service had definitely begun to improve in the last six months under their leadership.

At this inspection we found the provider had made good progress against all the outstanding breaches of regulations in relation to the way they managed medicines on behalf of people using the service and ensuring staff who worked at the care home were well trained and supported. This meant people received their medicines as prescribed and the right levels of care and support from competent staff.

People continued to be supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. The provider was less reliant on temporary agency staff, which meant people received continuity of care and support from staff who were familiar with their care needs, wishes and daily routines. Staff who worked at the care home had now received the right levels of up to date training and support they required to effectively meet the needs of people they supported. All new staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. The provider had effective systems in place to assess and respond to risks regarding infection prevention and control, including those associated with Covid-19.

People, their relatives and staff all spoke positively about the way the care home was now managed. Since our last inspection the service had appointed a new suitably fit, experienced and competent person to run the care home who was registered with us in June 2020. Furthermore, the service has a new deputy manager, regional director and regional quality development manager.

The provider's governance systems were now effectively operated, ensuring the quality and safety of the service people received was routinely monitored and assessed. The provider continued to consult people, their relatives and staff as part of their on-going programme of improving the service. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people using the service.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 3 February 2020). This was because we found multiple breaches of legal requirements in relation to the safe management of medicines and the way staff were deployed throughout the care home. The provider completed an action plan setting how they could improve.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations. This report only covers our findings in relation to the Key Questions; Is the service Safe, Effective and Well-led? The overall rating for the service has now improved to good.

Why we inspected

This inspection was prompted in part due to ongoing concerns we received about the service's continued high turnover of managers and the safe management of medicines. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We used the targeted inspection approach to look at a specific concern we had about staff support associated with the key question, Is the service effective? As we only looked at part of this key question, we cannot change the rating from the previous inspection. Therefore, the key question for is the service effective remains rated as requires improvement.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about medicines management, staffing levels, staff training and support, fire safety and quality assurance governance.

As no concerns were identified in relation to the key questions is the service Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

Inspected but not rated

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cumberland

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

An inspector, a specialist advisor and an Expert by Experience carried out this inspection. The inspector and specialist advisor both visited the service. The specialist advisor was a registered nurse who had experience of working with older people. The Expert by Experience worked remotely, telephoning people living at the care home and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

Service and service type

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

The service had a manager registered with the CQC. The provider remains legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the first day of our inspection. This was because we wanted to make sure the provider could supply us with the contact details of all the people we wanted to telephone and email to find out about their experiences of using this service. The second day of the inspection, which was conducted onsite, was unannounced. This inspection was carried out over two days on 18 August and 24 September 2020.

What we did before the inspection

To find out about people's experiences of the service they received from the Cumberland we made telephone or email contact with five relatives, two community health and social care professionals and three staff who worked there.

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications.

During the inspection

We spoke in-person with four people who lived at the care home and two visiting relatives. We also talked with various managers and staff who worked for the provider, including the services newly registered manager, deputy manager, regional director, regional quality development manager, four nurses, four health care assistance, a maintenance person and the receptionist.

In addition, we looked at a range of records including, five people's electronic care plans, four staff files in relation to their recruitment, training and supervision records, and multiple medicines administration record sheets.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is now rated good. This meant people were now safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found staff did not always follow relevant national guidelines regarding the safe recording and handling of medicines.

At this inspection we found the provider had followed the action plan we requested they send us and improved the way they managed medicines. This helped ensure people stayed safe.

- Medicines systems were now well-organised, and people told us they received their medicines as prescribed.
- Staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. For example, at this inspection we found no gaps or omissions on any of the electronic medicine records we looked at.
- Managers and nurses routinely carried out monitoring checks and audits on staffs' medicines handling practices, including their medicines recording. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. A member of staff told us, "The new managers have really improved the way we monitor medicines here, which has really helped us cut down on the medicine recording mistakes we made from time to time."
- Staff authorised to handle medicines received on-going management of medicines training and had their competency to continue doing so safely, routinely assessed by senior nursing staff.
- People's electronic care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.

Staffing and recruitment

At our last inspection we saw people were not always kept safe because staff were not always adequately deployed or visibly present throughout the care home, especially in the communal areas.

At this inspection we found the provider had followed the action plan they sent us and improved the way staff were deployed in the care home.

- Staff were visibly present throughout the care home, during our site visit. We observed staff on numerous occasions respond quickly to people's requests for assistance. People using the service, their relatives and staff all told us the care home was now adequately staffed. A relative said, "Although we've not been to the home recently, I always see plenty of staff on duty in the lounge whenever we come to see our [family member] through the window." A member of staff also remarked, "We have a lot less people living here at the moment and are not admitting people with such complex needs as we used too, so we've got more quality time to spend looking after fewer people, which is obviously a good thing."

- Managers confirmed they had significantly reduced the number of agency staff the service now relied upon. This meant most of the staff now working in the care home were permanent and were therefore more familiar with the needs, wishes and daily routines of people living there.
- People were kept safe by receiving care and support from staff whose 'suitability' and 'fitness' to work in a care home had been properly assessed. Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. This included proof of new recruits, identity, employment history, health assessment, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services (DBS) criminal records check.

Assessing risk, safety monitoring and management

At our last inspection we found staff did not participate in regular fire evacuation drills of the building contrary to the providers own fire safety policy and recognised best fire safety guidance.

At this inspection we found the provider had followed their action plan and improved their fire safety arrangements.

- Staff now participated in regular fire drills and demonstrated good awareness of people's personal emergency evacuation plans (PEEP), including who would need additional staff support to stay safe in the event of fire. A member of staff told us, "Since the new managers have been in charge we regularly practice fire evacuation drills, including at night."
- Staff received up to date fire safety training and we saw PEEP's were easily accessible from people's care plans. An easy to access fire safety box, which included all the information staff would need in the event of a fire, was conveniently situated in the care homes' entrance lobby.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility and falls, eating and drinking, skin integrity and behaviours that might be considered challenging.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the action they needed to take to prevent or manage risks associated with people moving independently around the care home. We also saw one-to-one staffing was in place for people assessed as needing this additional staff support.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it. One member of staff told us, "If I witnessed or suspected abuse I would first ensure the resident was not in any immediate danger and then report this to my manager."
- The registered manager had notified the relevant authorities without delay when it was suspected people using the service had been abused or neglected. There was one safeguarding concern open at the time of our inspection, which had been reported to the local authority and was currently being investigated.

Preventing and controlling infection

- There were robust systems in place to assess and respond to risks regarding infection prevention and control, including those associated with Covid-19. We were assured that the provider was minimising the risk of visitors catching or spreading infections; was meeting shielding and social distancing rules; promoting safety through the layout and hygiene practices of the premises; using Personal Protective Equipment (PPE) effectively and safely; and, accessing testing for people using the service and staff.
- For example, during our inspection we saw signage outside the care home informing visitors of the infection control measures in place during the pandemic, individual temperatures were taken on entering the building and hand-wash was available. Hand sanitation dispensers were available throughout the home

and staff had access to ample supplies of PPE, which we saw staff wore consistently.

- Staff had received up to date infection control training. One member of staff told us, "We have our infection prevention and control eLearning training updated annually, the deputy manager is always on the units ensuring staff adhere to good hand practices and a trainer from the council came recently to give us some additional PPE guidance."

Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in 2020 the provider had reduced the risk of similar incidents occurring by improving the way staff recorded and monitored medicines they handled on behalf of people using the service.

Is the service effective?

Our findings

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

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

We have not changed the rating of this key question, as we have only looked at the staff training and support part of the key question, which we had specific concerns about. We will assess all of the key question at the next inspection of the service.

Staff support: induction, training, skills and experience

At our previous inspection we found the provider had failed to ensure staff had all the right knowledge, skills and support to deliver effective care and support to people they supported. This was because not enough staff had received positive support training in relation to preventing or appropriately managing behaviours considered challenging, mental health awareness and managing wound care and dysphasia (Dysphasia is a medical condition that affects people's ability to produce and understand spoken language). Furthermore, staff did not always receive enough formal support from their line managers to reflect upon their working practices and professional development. We discussed these staff training and support issues with the previous manager at the time of our last inspection who agreed to address these shortfalls.

At this inspection we found the service had followed the action plan we had requested and improved the ongoing training and support staff received. This meant staff now had the right mix of knowledge, skills and support they required to meet the care needs of the people they supported.

- Staff had now completed relevant awareness training in mental health, positive support to prevent or appropriately manage behaviours considered challenging, wound care management and dysphasia.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was always on-going and relevant. One member of staff told us, "Mental health awareness and positive support training is given as part of the 'Living Well with Dementia' course which is mandatory for all staff to attend."
- Staff now had sufficient opportunities to reflect on their working practices and professional development. Staff had regular individual and group supervision meetings with their line managers and fellow peers. One member of staff told us, "I feel a lot more supported by the new managers. We definitely spend more time these days talking to the managers and the senior staff about how we're getting on and what we might do better."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection the rating for this key question had improved to good. This meant the service's management and leadership was consistent. Leaders and the culture they created did 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; continuous learning and improving care

At our last inspection of this service we found the service had not been consistently managed. This was because they had failed to ensure their established governance systems to monitor the safety and quality of the service people received was operated effectively. Furthermore, the care home continued to experience high rates of manager turnover and not had a suitably 'fit' person registered with us for 12 months. We discussed these ongoing management and governance issues with the provider at the time of our last inspection who agreed to resolve them.

At this inspection we found the service had followed the action plan we had asked them to send us and improved the way the home was led.

- The service had appointed a suitably competent and experienced manager in April 2020 who was now registered with us.
- People using the service, their relatives and staff all spoke positively about the way the service was now led by the new management team, which included the newly registered manager, deputy manager, regional head of quality development and regional director. A relative told us, "We are generally happy with the new manager and what they are doing to improve the Cumberland." A second relative also remarked, "The new managers are all energetic and are able to inspire and lead the team, unlike before, when you didn't know who was in charge of the place from one month to the next."
- The new managers recognised the importance of monitoring the safety and quality of nursing and personal care people living at the service received. For example, regional managers provided the newly registered manager and her deputy with additional support by regularly visiting the service and asking them to provide them with monthly updates about how they intended to address any issues they found and continuously improve the care home.
- The registered manager had also improved the care homes oversight and scrutiny arrangements by introducing daily walk about tours of the premises to observe staffs working practices and people's mealtime experiences. Other audits that were routinely conducted at the service included those in relation to medicines management, infection control, care plans and risk assessments, staffing levels, and staff training and supervision.
- The registered manager told us they used all these checks and audits to identify issues, learn lessons and implement action plans to improve the service they provided. For example, it was identified during daily walk about tours some staff were failing to wear their face masks properly. This issue was addressed with staff at various individual and group staff meetings and was not identified as a concern at the time of our

inspection.

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

- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager also understood their responsibilities with regard to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- The provider engaged and involved people using the service, their relatives and staff in the running of the service.
- Relatives could express their views about the service their family members received through regular telephone and video call contact and an annual 'customer' satisfaction survey.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. Several staff told us the new deputy manager was very approachable and easy to access at the daily ten at ten unit meetings or weekly clinical meetings with nursing staff. One member of staff told us, "If I feel I need help, I can ask any one of the staff, voice my concerns in staff meetings, or go directly to the managers."

Working in partnership with others

- The provider worked in close partnership with various external agencies, including GP's, the local authority and clinical commissioning groups (CCG). A community health care professional told us, "She [registered manager] gave me a good account of all the changes and developments the home had put in place in terms of management structure, staffing and training for staff. The provider works with us and we continue to have organisational meetings with them to discuss any safeguarding's and complaints."
- Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.