

D Houghton

Cumberland Lodge

Inspection report

22 Cumberland Avenue
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Essex
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Tel: 01702602361

Date of inspection visit:
21 March 2019

Date of publication:
01 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Cumberland Lodge offers care and support for up to 14 people who are living with mental health issues. Nursing care is not offered at Cumberland Lodge. At the time of our inspection, there were 14 people living at the service, including two people who were in hospital.

People's experience of using this service:

People benefitted from a service which was well-run and where the management team had a shared vision which focused on people's needs. The registered manager and their deputy worked effectively together, complementing each other well. The provider demonstrated a commitment to people's wellbeing and to ensuring people were treated with dignity and lived in a comfortable environment. We received consistently positive feedback from people, staff and external professionals about the service.

There were detailed checks on the quality of the service which took into account people's views about the support they received. These measures reduced the risk of harm to people, staff and the public. The registered manager used learning from mistakes, quality checks and best practice to make the service better.

Staff supported people to remain safe, whilst respecting their right to independence. They knew what to do if they were concerned about a person's safety. Risk was well assessed and managed at the service.

There were enough staff to meet people's needs. Recruitment records were poorly ordered; however, the registered manager was able to demonstrate that staff had been recruited safely.

There were effective systems in place to ensure people received the necessary support with their medicine. The registered manager and their deputy continually reviewed and improved these systems.

Staff were skilled at providing care for people and received the required training to develop their knowledge and expertise. Detailed care plans provided practical advice about how to meet people's needs. Staff were well supported and worked effectively as a team.

Staff worked well with people and external professionals to promote health and wellbeing at the service.

People made choices about what they ate and drank, and received the necessary support to manage any specialist nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The atmosphere at the service was calm and people felt at ease with the staff who supported them. Staff were compassionate and considerate about people's individual circumstances. There was a positive focus throughout the service on the importance of maintaining and promoting independence.

Support was tailored around people's individual needs. Staff regularly reviewed and adapted support when these needs changed. Staff supported people to develop and pursue their interests. The registered manager had increased staffing so that people could receive the necessary support to visit the local community.

People could make complaints if they were unhappy with the support they received. The registered manager and provider ensured there were other opportunities to give feedback where people did not feel able to complain.

Rating at last inspection: Good. The last report was published on 24 June 2016.

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor this service to ensure people receive care which meets their needs.

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

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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our Well-Led findings below.

Cumberland Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection:

This unannounced inspection took place on 21 March 2019. The inspection team consisted of one inspector and an assistant inspector.

Registered manager:

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we receive when there are concerns about a person's safety.

The registered manager had submitted a Provider Information Return (PIR). This return provides information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We focused on speaking with people who lived at the service and observing how people were cared for.

We spoke with the registered manager, the deputy manager and three care staff. We reviewed three care records. We also looked at a range of documents relating to the management of the service, including

quality audits.

We had contact with four health and social care professionals who were involved in the care of the people at the service.



Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to remain safe and knew what to do if they were concerned about a person's safety.
- The registered manager ensured staff had the necessary training and checked their knowledge and skills in relation to safeguarding people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Detailed risk assessments resulted in practical risk management plans tailored to each person's individual circumstances.
- Staff worked with people to minimise risk and aimed to ensure restrictions to their freedom were minimised. For example, staff carried out checks on people at night, with their agreement. One person did not want to be checked so staff had agreed that they would knock on their door in the mornings if they were not up by an agreed time.
- The registered manager learnt from incidents and made the service better. A review of falls showed people needed more encouragement to wear the right footwear. Staff had been reminded to discuss this with the people who were most at risk.
- There were effective systems in place to ensure where appropriate people did not have access to substances such as hazardous cleaning products.

Staffing and recruitment

- The provider ensured there were enough staff on duty to meet legal requirements imposed by the courts, for example to ensure a person was supervised when out in the community. When these legal requirements lapsed, staff were skilled at agreeing with people what levels of support were needed. They described how a person who was no longer under a legal requirement to be supervised had agreed to continue receiving support from staff in the community to ensure they, and the people around them, remained safe.
- Professionals told us there were enough staff on duty when they visited.
- We found the recruitment records to be chaotic compared to the other records at the service. This made it difficult for the registered manager to demonstrate they had recruited staff safely, though they eventually found the correct documentation we requested. We discussed this with the registered manager who assured us they would ensure their systems improved.
- The risks of the poor recruitment records were mitigated by an established and consistent staffing group.

Using medicines safely

- Staff supported people to take their medicines safely. As people had flexible routines, the deputy had developed an innovative system to ensure people received any time-specific medicines on time.
- Following a medicine error, the registered manager and their deputy had made changes to improve the processes and enhance staff skills. There were new medicine plans in place for each person and staff had attended refresher training.
- Medicines were stored in a locked cabinet in a communal area. The registered manager told us they were aware this was not an ideal location, as it was a busy area and it was challenging for people to take medicines discretely. They had already agreed plans with the provider to create a new improved medicine room.

Preventing and controlling infection

- The property was exceptionally clean, despite on-going building work.
- Staff received training and guidance on reducing the risk of infection.



Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

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

- There were detailed assessments of people's needs and care plans gave staff the necessary guidance about how to support people.
- The registered manager was very experienced and consulted external professionals to ensure the care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- Staff were supported to develop their skills and knowledge. Training was both on-line and practical and we observed during our inspection that staff had the necessary skills to meet people's needs effectively. New staff received a detailed induction during which they shadowed more experienced staff and had sufficient time to get to know the people they were supporting.
- The registered manager and deputy were hands on with the care and were key to ensuring a high quality of care.
- Staff told us they were well supported through supervision. We saw examples where poor practice was addressed. A person told us there had been poor staff in the past, but they were no longer at the service.

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

- Most people at the service could eat and drink independently, making their own drinks and snacks. Staff focused on encouraging healthy eating and ensuring people continued to eat and drink if their mental health declined.
- Staff provided specialist support where people had individual needs around their food and drink. Details of the required support were outlined in care plans. A member of staff told us, "[Person] has difficulty swallowing so we need to follow the information in their book."
- People had input into the menu. The chef cooked a set meal, but this was flexible, and we saw people choosing to have alternatives for supper as they did not like curry.

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

- On the day of our inspection, one person was supported to contact the opticians and another the GP. Care records confirmed staff supported people effectively to access healthcare services and attend planned appointments. A health professional told us, "Staff work well with the Community Psychiatric Nurses and

social workers involved with patients and are able to give good feedback on agreed care plans and manage risks."

- Staff encouraged people to develop healthier lifestyles, while ensuring they continued to make decisions about the way they lived. One person had agreed with staff a plan to reduce their smoking, after advice from their GP.
- Checks on people's wellbeing were proportionate, in line with individual needs. For instance, staff only recorded the fluid intake for one person who was at risk of dehydration. We observed staff monitoring and prompting drinks for the other people.

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

- The provider demonstrated an exceptional commitment to providing a high standard of accommodation. They were making a new office, barbecue area, medicine room and a larger kitchen with a more sociable dining area. The registered manager told us, "The people living here have pride in their home and because it is so nice they look after it."
- Rooms were personalised according to people's taste. People told us they had helped select the colours of their rooms when they were redecorated. The registered manager told us the communal areas were purposely neutral to reduce stimulation and promote a restful environment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people at the service had the capacity to make decisions about their daily lives. Care plans gave staff guidance about the support people needed to make decisions. A member of staff told us, "When we advise people about making decisions, like what to eat when they have diabetes, we talk to them about the rewards and about the risks."
- Where there were restrictions on people's freedom such as in the use of CCTV cameras, the registered manager consulted people. Where people did not have capacity, the registered manager had followed the necessary processes to ensure decisions were made in line with people's wishes.



Our findings

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff were kind and courteous. They created a tranquil environment where people with complex mental health needs were able to find safety and peace. People demonstrated throughout the day that they felt at ease around staff and in their surroundings.
- Professionals told us staff were caring in their attitudes to people. One professional told us, "In their interactions with me on the phone/at the door and when I have heard them talking to residents, they seem entirely appropriate and professional. They seem caring but not patronising."
- Some people had lost touch with families when they arrived at the service and staff spoke with compassion about their circumstances. A member of staff told us, "The provider gives us money to buy presents and even ex-staff bring them a gift, so they have something to open on their birthday."
- Staff supported a person to regularly attend their place of worship and had considered how their faith impacted different areas of their life and support.
- We observed the handover between staff and there were numerous examples of daily support which reflected the caring nature of staff. The deputy manager said, "'I ate my dinner with [Person] in their room. We played dominoes and watched Catchphrase."

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

- Care plans detailed discussions with people to ensure care was in line with their preferences.
- The registered manager reviewed whether people were engaging in developing their care and where people were not engaged they adapted their communication, taking into account people's varying needs. For instance, the registered manager informally spoke to people if they chose not to engage in formal reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain independent and work towards goals, such as moving on to more independent accommodation. People carried out domestic chores around the house, such as helping wash dishes.
- Staff told us they supported people with their relationships with family and friends as this was key to maximising their independence.
- People were able to lock their bedroom doors, which helped promote dignity and privacy.

- The deputy manager told us they had recently improved the storage of care plans to ensure people's information remained confidential.



Our findings

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

People's needs were met through good organisation and delivery.

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

- Support was tailored around people's needs. Staff empowered people to have a say about how their care was provided.

- The support individuals received was regularly reviewed and adapted where people's needs had changed. Staff involved people and other significant representatives effectively as part of this review process. Families were consulted in an appropriate way, taking into account people's views and circumstances.

- Some practices, such as locking the kitchen door overnight had an impact on people's choice and daily living routines. However, we found these decisions were made in the best interests and safety of all the people and staff at the service and were reviewed regularly to ensure they were still necessary. We did not receive any negative feedback from people or professionals regarding this. A professional told us, "They try wherever they can to tailor the support to the person's needs, and seem to go out of their way to support their clients."

- Staff encouraged people to develop their interests. On the day of our inspection, we saw people taking part in varied activities. A member of staff told us, "One person has gone to the Turkish barbers, another has gone into town and two people are going out for lunch together."

- The registered manager told us they had increased the number of staff on duty to enable people to receive the necessary support to visit the local community.

- Not all the people at the service received personal care, but staff supervised their wellbeing, adapting flexibly to changing needs, providing more direct support when needed.

Improving care quality in response to complaints or concerns

- People had access to a complaints process which was consistently reviewed to ensure people felt able to speak out.

- There were limited complaints, however the provider and registered manager promoted opportunities for people to speak up if they had concerns. A person told us they liked to attend the resident meetings. They told us, "We talk about food and any complaints. I told them I like my meat well cooked. Any problems I would speak to the managers."

End of life care and support

- There was no one at the service who required end of life support however the registered manager had attended training so they could respond to these needs in the future, if required.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture which was considerate and respectful. A health professional told us, "The manager has a hands-on approach and has been very caring with the client I work closely with." They led by example and ensured there was a shared ethos and vision at the service.
- Staff empowered people to have input into and shape the service. A member of staff told us, "Because the menu is chosen by them there is no issue with the food."
- The provider, who was also the owner, demonstrated through their investment and actions that they were passionately committed to offering high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was efficiently run and our discussions with people confirmed this. One person told us, "The manageress is very professional here. It's a good service."
- The role of deputy manager was new since our last inspection. The registered manager worked well with the deputy manager, who was capable and knowledgeable, having covered for the registered manager during an extended period of absence.
- At our last inspection, care staff had also prepared meals and carried out domestic tasks. There was now a chef and domestic staff. A member of staff told us, "This is so much better now as we don't have to juggle everything with the care."
- There were detailed audits in place. Where these checks found concerns the registered manager ensured action was taken, such as re-training of relevant staff.
- The registered manager was part of external networks which limited their isolation and provided best practice examples for them to help them continually develop the service.

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

Working in partnership with others

- The managers communicated well with staff. A member of staff told us, "You can speak to either manager. I will raise stuff with the deputy then at my supervision the manager will tell me what they have done about it."
- People completed surveys and were supported to do this anonymously if they wished. The feedback from the survey was positive, with one person saying, "The management of Cumberland Lodge are doing well." Information from surveys was used to make the service better, for example, to improve staffing numbers.
- People had been informed about the development plans for the service. A person described the new building works in detail as the provider had let them know what was happening.
- Feedback from professionals was extremely positive. A social care professional told us, "The manager is/was registered as a mental health nurse is evident; this gives professionals who place there significant confidence in the outcomes that are possible. I feel that the staff seem happy to work there. This must be attributable to it being 'well-run'."