Mrs L Gratton

Cumberland House

Inspection report

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Date of inspection visit:
05 October 2016
07 October 2016

Date of publication:
28 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Cumberland House is registered to provide accommodation and care, without nursing, for up to 18 adults. People who live at the home require care and support due to their mental health needs. Cumberland House is a large Victorian House in a residential area of Hastings, within walking distance of the town centre.

This comprehensive inspection took place on 5 and 7 October 2016 and was unannounced. There were 14 people living at the home when we visited.

This home is not required to have a registered manager as part of its conditions of registration. The provider is the registered person and they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People were happy to be living at Cumberland House, which they described as their home, and they had positive, warm and friendly relationships with the staff. Most of the staff had worked at the home for a number of years and several of them talked about it as a family. They enjoyed working at the home and were well supported by the owner/manager and deputy manager.

Staff had undergone training and knew how to recognise and report any incidents of harm. Potential risks to people had been assessed, which meant that people were kept as safe as possible. Medicines were managed well so that people received their prescribed medicines safely.

There were sufficient staff on duty to make sure that each person had the support they needed to do whatever they wanted to do. Staff had undertaken training in a range of topics relevant to their role so that they were equipped to do their job well. Staff had not always been recruited in a way that made sure that only staff suitable to work in a care home were employed.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Staff had a good understanding of the principles of the MCA and DoLS. Appropriate applications had been made to the relevant authorities to ensure that people's rights were protected if they lacked the mental capacity to make decisions for themselves.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and people's dietary needs were met.

Staff showed that they cared about the people they were supporting. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People were encouraged and supported to be as independent as possible. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People had been fully involved in planning their care and support. Care plans gave staff detailed, individualised information about the ways in which each person wanted their care and support delivered and about their hopes, aspirations and goals. People received consistent, personalised care and support from the staff team.

Each person was encouraged to live their life in the way they wanted to and do what they wanted to do each day. Staff were creative in organising activities and outings based on their deep understanding of what each person wanted to do. People chose whether or not to join in. People were sure that their concerns would be listened to and addressed quickly.

The managers were very approachable and supportive. People and staff were given a range of opportunities to share their views about the service delivered by the staff and put forward ideas for improvements. Audits of a number of aspects of the way the home was managed were carried out to make sure that a good quality care and support service was provided. Records were maintained as required.

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.

The required checks on prospective staff members had not always been carried out, which meant that the provider could not be sure that only staff suitable to work at this home had been employed.

Potential risks to each person had been assessed and guidelines put in place so that any risks were minimised and people were kept as safe as possible. Medicines were managed safely.

Staff had undertaken training in safeguarding and were aware of the procedures to follow if they suspected anyone was at risk of being harmed.
There were enough staff on duty to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Is the service caring?

Good

The service was caring.

People were supported by kind, compassionate and caring staff who treated them with respect.

People were supported to maintain and improve their independence and were given opportunities to make choices

about all aspects of their daily lives.

Advocacy services were available if a person needed an independent person to act on their behalf.

Is the service responsive?

Good

The service was responsive.

Care plans were fully person-centred and gave staff detailed information about the ways in which each person wanted their care and support delivered. Care plans included full details about each person's hopes and aspirations for the future and people received consistent care and support from the staff team.

Staff worked in a fully individualised, person-centred way. They knew people extremely well, including their likes, dislikes and the way they preferred to be supported.

The service delivered by the staff was flexible and found creative ways to respond to people's needs, wishes and goals. A creative range of activities, outings and opportunities to keep people occupied were organised, based on what each person wanted to do.

People were confident that their concerns would be listened to, taken seriously and addressed quickly.

Is the service well-led?

Good

The service was well-led.

The staff team had created a place where people felt safe, comfortable and at home.

The managers encouraged people, staff and any visitors to the home to share their views about the service delivered by the staff and put forward any ideas for improvement.

Quality assurance checks on various aspects of the home were carried out to ensure that a good quality service was provided

Cumberland House

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 7 October 2016 and was unannounced. It was undertaken by one inspector.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we observed how the staff interacted with people who lived at Cumberland House. We spoke with four people who lived there and four members of staff (three care workers and the chef). We also spoke with the deputy manager who was in charge of the day to day running of the home, one visiting healthcare professional and a member of the public who visited the home at least weekly.

We looked at two people's care records as well as some other records relating to the management of the home, including some of the quality assurance audits that had been carried out and four staff personnel files. We contacted some healthcare professionals who had regular contact with the home.

Requires Improvement

Is the service safe?

Our findings

The provider had a recruitment procedure in place, which included an application form, face to face interviews, carrying out the required checks and obtaining relevant documentation. However, we found that for the two newest members of staff, both of whom had been employed in 2016, the procedure had not been robust enough. This was because all the required checks had not been completed before the staff members started work. This meant that some of the information required by Schedule 3 of the Regulations was not available. For example, no criminal records check had been undertaken for either member of staff. The deputy manager confirmed that they had not ensured that criminal record checks were in place and satisfactory for these two staff. For one of the staff, the reference from their previous employer was not satisfactory and there was no written explanation about why the provider had decided to disregard the information in the reference. For the other member of staff, their employment history was not detailed enough to ensure there were no gaps in employment that should have been explored and explained.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also looked at personnel files for two other members of staff: one had worked at the home for four years and the other for 14 months. All the required information, including criminal record checks, proof of identity and references, was available and satisfactory. The deputy manager told us that she and senior staff observed prospective/new staff members closely to ensure they had the right attitude and values to fit in with the people who lived at the home and the existing staff team.

People told us they felt safe living at Cumberland House. One person described it as "a safe haven" and confirmed that staff had never treated them badly. Another person told us, "I feel safe here. Everything's done for you, washing, shopping, paying bills." We saw, from the way people and staff interacted, that people felt safe and comfortable in their home. A healthcare professional told us they had never seen any "inappropriate treatment" by staff and none of the people who lived at the home had ever "expressed any concerns about being here."

Staff demonstrated that they had a good understanding of the meaning of safeguarding people. One member of staff told us, "They [people living at the home] are all vulnerable so we watch for anything untoward." Two staff each described a (historic) safeguarding incident. The way they had each dealt with the incident showed their competence to keep people as safe as possible from abuse and harm. Staff had undertaken training in keeping people safe and all were clear that they would report any concerns to the staff member in charge of the shift or to an external agency such as the local authority's safeguarding team or CQC.

The provider had systems in place to keep people as safe as possible from harm and to minimise any risks. Records showed that assessments of potential risks to people had been carried out. These included risks related to people's lifestyle choices and illness. Guidelines had been put in place for staff so that they knew how to manage and reduce any risks to each person's safety, without compromising the person's

independence. We saw that the guidance for staff had been regularly reviewed and updated when required. One person explained that staff knew how to keep them safe when their illness made them vulnerable to physical as well as emotional risks.

Steps had been taken to make sure that everyone in the house knew what to do in the event of a fire breaking out. The manager told us that the maintenance staff had responsibility for ensuring that all fire safety equipment, including fire alarms and emergency lighting, were tested regularly as required. Fire drills were arranged and we saw on one person's file that they had participated in a fire drill in May 2016.

We checked whether there were enough staff on duty to make sure that people's needs were met. We found, and people and staff told us, that there was a sufficient number of staff to keep people safe and to meet their needs. One person explained that they did not often need any assistance from staff, "but if I do need them they are always there, even at two/three in the morning." The manager told us that were always two care staff on duty during the day, as well as a chef, domestic assistant, maintenance person and the deputy manager or owner/manager. They said, and we observed, "We all muck in." Staff told us that when other staff were on leave, the team worked together to cover the additional shifts.

Staff were given the autonomy to plan additional staff if they wanted to accompany someone to an appointment or to go out if they wanted to. There was usually one member of staff on duty during the night, with the managers on call, but this was increased if needed, for example if a person was not well. The deputy manager also told us that additional staff were deployed if one of the people who lived at the home was in hospital. This was because some people preferred staff they knew to support them. At the time of the inspection, the owner/manager was working one night shift a week to ensure they kept up to date with what was going on in the home.

We looked at how people's medicines were managed. In the PIR the provider told us that storage of medicines had improved. They also said that a system had successfully been implemented to reduce the number of errors in medicine administration. We saw that medicines were stored safely and within the correct temperature range. Medicine administration record (MAR) charts showed that staff had signed to show that they had given people their medicines as prescribed. We checked the amounts of some medicines remaining in their original packets and found that the amounts tallied with the records. Staff administering medicines told us they had undertaken training and had had their competence regularly checked by the deputy manager. We concluded that people had received their medicines safely and as they were prescribed.

Good

Is the service effective?

Our findings

There was a very stable staff team who worked at Cumberland House, the majority of whom had worked there for a long time. Staff told us they had undergone a thorough induction, which included shadowing experienced members of staff, before they had been considered to be competent to work unsupervised. The induction was tailored to each new staff member, based on their previous experiences and training. A senior member of staff explained that the shadowing process was for new staff to learn the details about the ways in which experienced staff had learnt how to work with each person. This included how to approach the person, how to address them and things to look out for which might indicate the person was becoming unwell.

The provider made sure that staff were offered training, including refresher training, to make sure they could do their job properly. Staff told us they had undertaken a range of training courses. One said, "there's lots of training." They said that topics included safeguarding, medicines, first aid and Mental Capacity Act and Deprivation of Liberty Safeguards. The chef confirmed that they had also been offered training opportunities. The deputy manager told us that the provider supported all staff to do any training they wanted to do. They said that sometimes one member of staff would attend an external training course and then cascade the knowledge to other staff during a group supervision. Staff were given the opportunity to work towards a nationally recognised qualification if they wanted to. People told us they knew that staff attended training sessions and one person said, "They [staff] are trained well enough."

All the staff we spoke with told us they felt very well supported, by the deputy manager, the owner/manager and each other. One member of staff said, "I feel supported. If I've got any problems I can go to anybody and get the support I need." Another member of staff told us they were always able to talk to the deputy manager or the owner/manager and said, "We work together as a team, everybody works together." Staff received regular supervision sessions, which gave them an opportunity to discuss whatever they wanted to on a one-to-one basis with the deputy manager. These sessions were held about every three months. The deputy manager told us that "we're a chatty bunch" and that they talked to each other all the time. They were confident that staff knew they were available at any time if staff needed to talk about anything.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff demonstrated that they had a good level of understanding of the principles of the MCA. One member of staff told us that the MCA and DoLS were to "protect people's rights." They told us that a DoLS authorisation was in place for one person relating to the decision for them to live in the home and not in the community. They told us that making an application to deprive someone of their liberty was "a big decision and not done lightly." An Independent Mental Capacity Advocate (IMCA) had been appointed to ensure that the person, who had no relatives, had an independent person to ensure their rights were protected and any decisions were made in the person's best interests.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs, their preferences, likes and dislikes had been recorded in their care records. People told us they had a choice of food and were always asked what they would like to eat. One person told us, "I like porridge and tea for breakfast and a good fry-up on Sundays." Another person said, "We have choice and no-one goes without." At lunchtime we saw that people enjoyed their choice of food and that people's dietary needs had been catered for. The chef told us they always asked if anyone wanted any particular meals on the following week's menu. They told us, "You get to know who likes what, but we still give everyone a choice." They demonstrated that they knew details about each person's preferences regarding what, where, when and how people liked their meals. For example, one person would only eat liquidised food, and they preferred the whole meal liquidised together, not having separate flavours. Modified diets were provided for people who needed them, whether for medical or personal reasons. A visitor told us, "There's a lot of choice, food when they want to eat and what they want."

People's healthcare needs were met by a range of healthcare professionals such as GPs, community nurses and hospital consultants. The deputy manager told us that they worked very closely with the local mental health team. We saw that there was a record in each person's care plan on which staff recorded all contact with 'healthcare professionals'. GP visits had been recorded, and records showed that staff had supported people to attend hospital appointments. People were confident that staff would call medical assistance for them if they needed it.

Good

Is the service caring?

Our findings

People told us they liked the staff and we saw that they had good relationships with the staff. They said, "It's nice here – everybody's friendly", "They're alright" and "The staff are all very nice." One person agreed that the staff were kind and that they got on with them all, but added that, quite naturally, they liked some better than others. They said, "Everyone's different, we're all human." A member of staff said, "Kindness and compassion just comes naturally. We start with a smile, listen and be approachable." Another staff member told us, "I always try and treat someone in the way I'd want to be treated." The deputy manager praised the staff team. They said, "The staff are loyal, committed and very caring. They take an interest in people – it's not just a job."

In the PIR the provider wrote, 'We employ care assistants who we can perceive to be caring, tolerant and assess them on their attitude, body language and tone of voice during interview and meetings with the residents. We refer back to residents to get their opinions.' The home's policy was that new staff, as part of their induction, worked with experienced staff to learn how to work with each person. However, this was not taken for granted and each person was always asked if they were happy to have the new staff member working alongside their colleague.

The deputy manager told us, "We want this to be their home" and people agreed that it was. They told us this was their home and their family. One person said, "I'm very happy here. It's home." Staff showed warmth and caring towards everyone living at Cumberland House. There was a lot of chat and good-humoured banter going on throughout the day, with everyone joining in when they wanted to. People felt staff knew them on a personal level and understood their individual needs. One person told us, "They know me very well now." Another person said, "They know me as a person." Staff also felt they knew each person well and one member of staff told us, "We know each person individually and build up a good rapport." Another said, "We all have our own quirky ways."

People were fully able to make decisions about the care and support they wanted and they made choices about the way they led their lives. Staff told us, "We work [with the person] towards them doing things for themselves." People made comments which included, "I can do what I want, when I want"; "I can choose what I do"; "I just get on with what I want to do and they don't bother me"; and "I can do what I want. I go to bed early to be up at six [o'clock] (which was their choice)". A healthcare professional confirmed that "staff never presume to be present [during a consultation with the person]. It's what the person wants."

Staff encouraged each person, and worked with them to be as independent as they could be. This included working with people who had made lifestyle decisions which did not always comply with general ideas of 'acceptable behaviour'. For example, one person had decided they liked to dress in a particular way which might have exposed them to ridicule from the general public. Staff had worked with healthcare professionals so that the person's healthcare needs could be met at the house, which the person much preferred and which protected them. Another person was accommodated to eat their meals at a different time as they were not comfortable eating with other people.

Staff worked with people to ensure people understood that, although Cumberland House was their home, it was also home to everyone else who lived there and some behaviours were not acceptable. Staff told us about an incident when one person had felt very intimidated by another's behaviour. Staff had worked with the person displaying the intimidating behaviour so that they better understood that what they were doing was not appropriate. They said this had been successful and the person was "much calmer now."

People's privacy and dignity were fully respected. One person told us that staff "always knock on the door" and "never" talked to them about other people who lived in the house. The deputy manager said that all staff were very aware that the house was quite small, so private conversations, for example in the office, had to be behind a closed door to ensure they were not overheard. A healthcare professional was very pleased with the way staff ensured that any conversations they had with individuals were held in private. They said, "I've always been impressed with the way they treat their residents…. They've never ever asked me to see someone in front of others." Staff told us, "All [the people who live here] have keys to lock their door." People's care records were stored in a way that maintained confidentiality.

One person was very clear about staff's responsibility to show people respect, including addressing each person in the way they preferred. This person had stated to staff that they did not want to be called 'love' or 'darling' and this was recorded in their care plan. We discussed this with the person and they said, "We all have names and staff should know that." They confirmed that all the staff called them by the name they preferred.

People who lived at Cumberland House had little or no contact with relatives or close friends. An advocacy service was involved with people who lived at the home who had mental capacity to make their own decisions. Advocates are people who are independent of the service and who support people to make and communicate their wishes. For another person, who did not have capacity to decide on medical tests that they needed, their community psychiatric nurse had arranged for an Independent Mental Capacity Advocate (IMCA) to advocate on their behalf.

Good

Is the service responsive?

Our findings

Staff carried out a full and detailed assessment of each person's needs before the person was offered a place at Cumberland House. In the PIR, the provider told us, 'A prospective resident … has a trial period; a member of staff who initially assessed, or settled that person into the home, invariably becomes their key worker." They went on to explain that the key worker, with the person's participation, prepared the person's care plan and life history to ensure that 'staff are able to provide our service in a consistent way.' They also wrote that the care plan was developed over time, but people were always consulted about the care and support they wanted, in case they had 'had a change of mind.'

We saw that care plans gave staff detailed, personalised information about the ways in which each person wanted their care and support delivered and about minimising any risks associated with that care and support. This meant that people received consistent, personalised care and support from the staff team. Care plans included full details about each person's hopes and aspirations for the future, and any goals they hoped to work towards. We looked at one person's care plan with them. They knew everything that was in the care plan and told us they had been fully involved in developing it. They said, "I always have input into the care plan, when there are changes or at my review." Staff told us that care plans were reviewed monthly and each person had a six-monthly full review of their care and support needs. Following the reviews, any agreed changes were recorded in the person's care plan and discussed during staff handovers so that all staff were fully aware.

The deputy manager's first comments at the start of our inspection included, "We're hot on person-centred care. We go with what the person wants as much as possible." We saw throughout the inspection that staff worked in a fully individualised, person-centred way. They knew people extremely well, including their likes, dislikes and the way they preferred to be supported at that moment. One person told us, "I'm very independent and they let me do everything I can. They look after me when I let them." Staff told us that people were always involved in any decisions about their care and support. They said, "We never do anything behind their backs." A healthcare professional was effusive in their praise of the way the staff at Cumberland House worked with and supported the people who lived there. They said, "They [staff] do a fantastic job. They treat them all [people in the home] as individuals. They adapt their approach depending on who they're talking to."

Staff described the work they had done with one person when the person returned home from hospital. The person had had a fall, which had resulted in a loss of mobility and therefore of independence. Staff worked with the person, and healthcare professionals such as the physiotherapist, and had supported the person to regain their independence. One member of staff said, "We're really pleased [name] has bounced back so well. It's always good when you've encouraged someone and they've got back." Other staff also told us how rewarding it was to know they had supported someone back to good physical and mental health.

People were always fully involved in any admissions to hospital that became necessary. The deputy manager told us that each time a person had been admitted to hospital, the staff had made it clear to hospital staff that they would be available to support the person if that was what the person wanted. The

deputy manager said that most people had chosen to have the home's staff support them during their time in hospital.

Staff described the key worker system to us. One member of staff said, "We sit and talk to the person. We talk in depth about their care plan and work towards what they want, their hopes and aspirations." One person we spoke with was very clear about which member of staff was their key worker and what that meant. They described some of the 'extra' tasks that the key worker performed, such as "she does my hair" and they summed up the role by saying, "It's somebody there that we can talk to privately about any worries." Key workers accompanied people to medical and other appointments when the person wanted them to and made sure the person had whatever they needed to live as they wanted to live.

Staff had planned some activities and outings and these were advertised on the notice board. Staff told us they found it very difficult to organise group activities as most people did not want to be involved. Instead of group activities, staff spent a lot of time working with each person to make sure they had the opportunities they wanted to fill their time. Nevertheless, staff continued to think up new ideas and arrange things so that people had the opportunity to join in if they wanted to. For example, there was going to be a game of Bingo on the Sunday following our visits. Staff said that possibly five people might decide to be involved, "but only if there's a prize!"

Staff did their utmost to make sure people were involved in the local community and retained contact with friends or relatives if they wanted to. One member of staff told us that, "People generally don't want to go out." Another said, "It would be lovely to do more activities but the residents don't want to join in." They told us about one person who "liked a bet". Staff encouraged the person to go out to place the bet themselves, then chatted to them about it and offered to look up the results if the person wanted them to. Another person went to the local church for an afternoon tea.

A volunteer came to the home every week. They usually arranged a game of snooker in the lounge for anyone who wanted to join in and they were available if anyone wanted someone not connected to the home, to talk to. One person told us about this and also said that other regular activities included "aromatherapy to soothing music on Thursdays, the hairdresser every six to eight weeks and film afternoons in the lounge."

The deputy manager told us, "We involve people in what's going on in the world, including encouraging people to vote." They told us that people had decided they wanted to do something to help others ("give something back") so a Macmillan coffee morning was arranged. Families and friends of people and staff were invited. It was a great success and "a lot of money" was raised for the charity. Everyone made an appearance, even if only for a short time. Some people admitted they had enjoyed the experience far more than they thought they would.

One person explained that they weren't interested in 'activities'. They said, "I'm not a joining-in person." But they liked to be involved in the day to day 'chores'. They set the tables for meals, helped to clear away and always cleaned their own bedroom and ensuite shower room. They also liked doing things such as crochet and crossword puzzles "to keep my brain active". They sometimes accompanied the chef to the supermarket or to the Post Office and walked to a local café when they felt like going. They said that occasionally they went out for coffee with the deputy manager or one of the staff. They did not want to do this more often as they said it was nice to do something different.

The owner/manager of the home had responded to people's requests and had provided, for example, exercise equipment in the garden. On the day we visited we saw one person assisting the maintenance staff

member to construct a vegetable trough, which was to be an addition to the vegetable patch already in the garden. Staff explained that people had been encouraged to be involved in growing the vegetables and had chosen what they wanted to grow. The trough would be easier for one person to use as they would not have to bend down. This meant that the service provided by the staff was flexible and found creative ways to respond to people's needs, wishes and goals.

When we visited the home, we were greeted by Smithy, the deputy manager's dog. Smithy had been introduced to the home as a small puppy. People obviously adored him and were very happy to have him around. The deputy manager said, "I wouldn't be allowed in if I didn't have Smithy with me!"

The provider had a complaints procedure in place, which was advertised on the notice board and detailed in the guide to the home that was given to people when they first arrived. Staff encouraged people to be open about anything that was troubling them and people told us they were happy talking to any of the staff team if anything was wrong. One person told us, "I'd go to [name of deputy manager]. You can talk to her… she'll listen." They said they had only had to mention one issue in all the years they had lived at the home and it had been sorted out straight away. Another person told us, "Everything's alright, I've no complaints."

Staff said they would always report anyone's concerns to the deputy manager or the owner/manager. They were completely confident that whatever it was would always get dealt with. One member of staff told us, "If they [people] have any concerns, we're talking all the time, but in the six-monthly reviews we can talk about any concerns." A healthcare professional told us, "I never mind coming here. [Staff] always show great courtesy towards the wishes of the residents. There has never been anything that has ever caused me any concern."

Good

Is the service well-led?

Our findings

People told us they were happy to be living at Cumberland House. One person said, "I'm quite happy – very happy." They added, "I don't particularly want to be here, [because their admission was due to their illness] but I'm glad I am. I'm very grateful to be here." Another person said, "It's nice, everybody's friendly." A third person told us, "It's not too bad here. It's alright."

A healthcare professional (with many years of experience of visiting care homes) said, "I think this is one of the best places that I've been to… I think it's a wonderful place, I really do, and I don't say that lightly."

Staff described the home as "lovely, very homely and relaxed"; "less clinical, more relaxing and much better for the residents"; "It's like a family"; and "not institutionalised at all". One member of staff told us, "This is their home and we're here to help them as much as we can." Another said, "I've been in care for [several decades] – it's one of the best places I've ever worked. It's like being at home, not like a workplace. No nastiness, no bitchiness."

People and their relatives had been given formal ways for them to put forward any ideas for improvements. Questionnaires had been given out, asking people to comment on particular aspects of the service being delivered by the staff. For example, whether Christmas could be improved and whether meals could be better. The deputy manager said the responses had led to changes, but they felt it was more important that people knew that their ideas for improvements would be welcomed, listened to and discussed at any time. One person said, "If I have any ideas about how things could improve, I'd talk to my key worker or to [name of deputy manager]." The deputy manager said, "It's run like we are one big family. If someone's got something to say, we listen."

Staff also knew that their ideas and suggestions would be welcomed. They said, "If you feel you want to say anything, you just go in the office and say"; "We just put ideas forward and talk about it"; and "You can always go to management about anything: it's just like a happy family; we talk about everything; we work very closely together; and we share everybody's woes." Staff were offered supervision sessions with the deputy manager and staff meetings took place regularly.

The comments made by people and staff confirmed that the management's aspirations of creating and sustaining a place which people truly felt was their home had been successful. Staff told us it passed the 'mum's test' in that they would definitely recommend the home if they had a relative who needed care.

The provider had a system in place to monitor the quality of the service being delivered to people by the staff. The deputy manager carried out audits of various aspects of the service, including the administration of medicines, care plans, daily records, accidents and any monitoring charts (such as food intake charts) that were in place. The deputy manager told us that an audit of accident records had highlighted the number of times that one person had fallen. This had led to the person being referred to the falls team for their advice and support. Audits of medicines were done weekly and monthly. Any findings were discussed with the staff and this had led to a reduction in the number of recording errors.

We found that records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been operated effectively to ensure that persons employed for the purposes of carrying on the regulated activity were suitable. Not all the information specified in Schedule 3 was available. Regulation 19 (2) and (3)