

D Houghton

Cumberland Lodge

Inspection report

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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

The Inspection took place on the 25 May 2016.

Cumberland lodge provides accommodation and personal care without nursing for up to 13 persons who may have mental health needs. At the time of our inspection 13 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and community mental health nurse.

Staff were supportive to people's needs and were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were supported with activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and these had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, relatives, staff, and other health professionals. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make continual improvements.

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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and people were supported to take it when they required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local

community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Cumberland Lodge

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 25 May 2016 and was unannounced. The inspection team consisted of one inspector.

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 service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed information received from a local authority.

During our inspection we spoke with five people, the manager, provider, and three care staff. We reviewed three care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "I feel safe living here there is never any trouble." Another person said, "It's very pleasant here, very relaxed."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "We need to protect people's rights and from harm, if I was concerned I would tell the manager, if they didn't deal with it I could tell the CQC, if it was something imminent I would call the police." The service had a policy for staff to follow on 'whistle blowing' and the manager clearly displayed an independent service and helpline for staff, people or relatives to call if they had any safeguarding concerns. In addition to this from minutes of meetings we saw that the manager discussed with people how to keep themselves safe at the service and in the community. The manager told us if they thought anyone was of risk they would raise a safeguarding concern with the local authority to investigate.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered support they needed, access to the community and environmental risks. One member of staff said, "We support people to be as independent as possible." Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals for example they knew to support people when using kitchen appliances. They also knew how some community activities could be more risky for people due to their certain vulnerabilities and how at these times they required one to one staff support. This meant they were not prevented from accessing the community but could be supported safely.

Staff were trained in first aid and should there be a medical emergency staff knew to call a doctor or paramedic if required. One person told us, "When I collapsed the staff called an ambulance and I went to hospital for tests." The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating. We saw from minutes of meetings that the manager discussed with people what they should do in the event of a fire and what the best way to evacuate the building was. In addition each person had a personal evacuation plan in place.

People were cared for in a safe environment. The manager completed a health and safety check every month and addressed any issues arising from this. The provider arranged for any on-going maintenance and refurbishment of the property.

There were sufficient staff to meet people's needs, which included being able to support people with their individual programs and access to the community. The manager told us that they used regular staff and did not have a need for agency use. If there was a shortfall due to sickness, regular staff would usually cover these shifts. This meant people were supported consistently by staff who knew them well. One person said, "There are always plenty of staff around."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I saw the job advertised on line so telephoned, then came in and completed an application form. A week later I came for an interview and got the job, I gave references and I completed a DBS before I started."

People received their medications as prescribed. Some people could self-medicate, and the service had policies and procedures in place for this. One person told us, "I do my own medication, it's stored in the cupboard and I get it out when I need it."

Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The manager had permission in place from people's GP to administer homely remedies if needed such as paracetamol. In addition if people needed when required medication we saw that protocols were clear as to when these should be administered and what they were for. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One person told us, "The staff are well trained, the manager trains all the new staff." The manager held a teaching certificate and used this skill to support staff with their training. Staff did a mixture of training which included face to face training, on-line training and use of workbooks. Staff were supported to obtain specialist training one member of staff said, "I have just completed a level 2 course on diabetes, it has really made a difference because I feel I can now explain food choices to people rather than just saying that's bad for you."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they spent time reading policies and getting to know the people they would be supporting. They then completed their training by working with more experienced staff. One member of staff said, "I have learned a lot by working with other staff and completing the care certificate." The manager as part of induction enrolled staff into completing the new 'Care certificate'. This is an industry recognised award that enabled staff who were new to care to gain the knowledge and skills they needed to support them within their role. Staff had regular supervision and a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year. One member of staff said, "I have supervision every six weeks with the manager to talk about everything."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. If people needed additional support with making decisions the manager could request an advocate for people. This is an independent person who has training to support people with decisions they may need to make about their life. One person told us, "I have used an advocate in the past but I don't need one at the moment." Where appropriate, mental capacity assessments had been made in people's best interest and were clearly documented with the reason why and what these decisions covered. This told us people's rights were being protected.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and how to make applications if appropriate.

People had enough to eat and drink. People told us that they had regular meetings to discuss the menu at

the service and to plan meals. One person said, "We plan the menus but if we change our mind we can always have an alternative, for example I don't like white fish so I have pie instead." People were complimentary of the food, one person said, "All the food is lovely, they [staff] are good cooks." Another person told us, "We can help with the cooking or cook our own food if we wanted."

We observed a lunch time meal, people had different options which they had chosen for lunch and we saw one person was supported to make their own sandwich to their preference. Most chose to eat together and socialise, whilst a few chose to eat on their own. One person decided they would eat their lunch later than everyone else, staff said this was their choice and that they often did this.

People were supported with healthy diets and meals appropriate for their needs. For example people who were diabetic were encouraged to eat food that would benefit them and keep their blood sugar stable. Staff told us that all the food was suitable for diabetics but there would often be an alternative sweet offered. People had their weight monitored and if necessary were referred to their GP if there were concerns.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as the community mental health nurse, psychiatrists, and GPs. One person told us, "I see my psychiatrist twice a year for a review." Another person said, "I was not well recently so the GP gave me some antibiotics." The manager told us that everyone had yearly health checks and were seen by other specialist as required, such as the diabetic specialist nurse.

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said that, "There are beautiful people here, I love the staff." Another person said, "I like living here, the staff are good."

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversations about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. When we asked one person about their key-worker they said, "They are lovely, like my best friend." They then got up and gave the member of staff a hug. People told us that they were happy living at the service and that they did not want to live anywhere else. One person said, "I like it here, we all get on, in the summer we have BBQs and at Easter and Christmas staff give us presents. When it's our birthday we have a buffet of whatever we want to eat."

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person said, "I go out with my keyworker and we discuss everything." Staff told us that their role as a key-worker meant that they made sure people had all the supported that they needed. People told us they could make their own choices about their routine and how they spent their time. One person said, "My room is more like a bed sit, you can do what you like here it's very relaxed. There are house rules which I follow like no alcohol, but if you want a drink I can go to the pub."

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. Staff respected people's privacy one person told us, "I have my own key to my door and the house, staff always knock they never just come in my room."

People's diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community. One person told us, "I go to Kingdom Hall twice a week, it's very important to me." The manager told us there was not a visiting minister at the service but people could access religious support in the community. One person sometimes liked to attend a local Catholic church.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that one person went to visit their husband every week, other people had relatives visit them or they went out with their relatives. Recently the staff had also assisted a person in tracing some of their relatives they had lost contact with.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the manager had completed the assessment people would be invited to spend time at the service. This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved in.

Support plans included information that was specific to the individual. This was reflected in detailed written support plans and individual risk assessments. Support plans included information which was specific to the individual about their health, medication, likes, dislikes, preferences and included information on how best to support them. The support plans were very person centred and each contained documentation such as 'My life before you knew me' and 'Things I am able to do'. These documents helped staff understand and get to know a person and how they wished to be supported. From talking with staff they demonstrated a good knowledge of all people's needs at the service.

Staff were responsive to people's needs for example one person told us how staff supported them to go to a specialist shop that they could buy clothing from that was not available at high street retailers. We also saw from minutes of meetings were a person had requested a new mattress this had been provided for them.

People were very active and enjoyed varied pastimes that were meaningful to them. People were supported to access a range of community activities including going to clubs, the cinema and parks. One person said, "I go to the over fifties social club and play bowls and snooker." They told us that they made their own way there on public transport. Another person told us, "I go to a group and to a gardening club; I like it because I have made friends there." We saw if people needed support in the community then staff were able to go out with them one person told us, "I like going shopping with staff." They also told us that they had gone to the park to feed the ducks last week. Staff told us that they also supported people with varied activities at the service and we saw people accessing a cupboard freely that contained games and activities.

The service had a complaints process in place that was accessible and all complaints were dealt with effectively. The complaints procedure was clearly displayed for people to see. One person told us, "If I had a complaint I would speak to the manager or my keyworker." The manager told us that they addressed any issues as they arose immediately.

Is the service well-led?

Our findings

The service had a registered manager in place. The manager was visible within the service, and spent time working with people and staff. Throughout the inspection we observed people engaging freely with the manager. One person said, "[Managers name] is a lovely women."

Staff shared the manager's values and vision for the service. One member of staff said, "We aim to give people a good quality of life so they feel confident and positive." Another member of staff told us, "We want to make a better happier life for everyone and promote their independence."

Staff felt much supported by the manager and had regular supervision. One member of staff said, "The manager is always watching even when you don't realise, you have supervision and they give you feedback on your work or say you dealt with that well." Another member of staff said, "The manager has been very supportive to me and had been flexible with my shifts when I needed it." In addition staff told us they felt valued by the manager and that they were open to listen to any ideas they have about the service. Staff also had handover meetings between each shift and used a diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. We saw from minutes of the meetings that people discussed all aspects of living together and getting along as a community. One person told us, "We plan menus and talk about activities we want to do and if we need anything." The manager also gathered feedback on the service through the use of questionnaires. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.