

# Abbeyfield Society (The) Cunningham House

## 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

Cunningham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cunningham House accommodates 54 people across two separate areas, each of which has separate adapted facilities. One of the areas specialised in providing care to people living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

Medicines were stored, administered and managed safely and we saw evidence of recent improvements. The provider regularly checked the premises and equipment were safe for people to use.

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

Care plans were written in a very person centred style and were regularly reviewed to reflect peoples' individual care and support requirements. People were given safe care because risks had been identified and managed.

Staff were well motivated, proud of the service and felt listened to. Staff had regular opportunities to reflect on their practice and to request any additional support or training.

The provider was actively looking at ways to improve the quality of the food to meet people's preferences. People were supported to eat and drink enough to maintain a balanced diet and referred to other healthcare professionals when their health needs changed.

People and their relatives were encouraged to share their opinions about the quality of the service, through meetings. Staff were supported in their practice by a manager they liked and respected.

The provider's quality monitoring system included regular reviews of people's care plans, checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Cunningham 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 checked 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.

The comprehensive inspection took place on 08 and 09 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of working with older people some of whom were living with dementia.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which enable us to monitor any issues or areas of concern. The provider also completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

During our inspection we observed care practices, spoke with seven people living in the home, three relatives, three members of staff, the manager and the business manager. We also looked at five people's care records, and reviewed records relating to the running of the service. This included seven staff records, quality monitoring audits, training records and accident and incident forms. Following the inspection we asked the provider to send us information regarding staff training, an overview on all Deprivation of Liberty Safeguard applications and authorisations. We received this information as agreed.

# Is the service safe?

## Our findings

At the previous inspection in December 2015 the service was rated Good, at this inspection we found the service remained Good.

The service had effective safeguarding systems, policies and procedures and investigated any safeguarding concerns promptly. Staff were knowledgeable about what action they should take if abuse was suspected. One staff member was able to describe different types of abuse and told us, "I would report any concerns to the manager and if I was not happy I would go straight to CQC or the police." The service was open and transparent when reporting any safeguarding concerns and investigated all incidents thoroughly.

People we spoke with told us they felt safe but there were mixed views about whether there were enough staff available to meet people's needs, one person told us, "There's staff shortage at times, people leave you know." Another person said, "Sometimes you have to wait a long time when you use the buzzer, they're very busy, they are advertising for more staff, especially at night." A third person told us, "I don't go out because I can't walk without my frame. I don't want to leave the premises, I go into the garden. I am well looked after. They're [staff] always very kind, you never have to ask for help as they are always about." A relative told us, "There is always a member of staff in the communal rooms, my [family member] has been here five years and there was only once when there was not a carer in the room, I commented on it and they said that people in their rooms had been calling for assistance and some people needed two carers to help them. If I had to come into a home, I'd come here."

When we spoke to staff they told us that the staffing level had been increased recently by one staff member on both morning and afternoon shifts which had helped. Staff had felt that they were stretched prior to this and after discussions with the manager and the business manager, the additional staff member had been agreed. One staff member said, "There is enough now as it was increased two weeks ago, there is always staff available for support now, it is better." Staffing rotas that we looked at reflected the increased staffing levels.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for mobility, nutrition, personal safety and pressure area care. For example, we observed staff moving residents in wheelchairs and using hoists. These were all used appropriately and safely with the correct equipment, reflective of risk assessments.

Care plans contained information to support staff for any individual's that may behave in a way that may challenge others. Care plans contained detailed information about the person's life history, preferences, hobbies and interests and recorded what was important to the person and ways to promote their well being. For example, a staff member told us that one person calmed down if they went out for a walk and staff had a rota in place so this could be done regularly.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their

mobility and any support they might require. The plans were colour coded to reflect how many staff would be required to assist the person to be evacuated in an emergency.

We found the medicines systems were well organised and that people were receiving their medicines when they should. The service openly reported all medicine errors and investigated these in detail, the manager acknowledged there had recently been an increase in errors. The service had looked at the information in detail and sought advice and support from other professionals such as the pharmacy provider and the local authority to identify why these errors were occurring. As a result of this analysis, the provider had increased senior support for medicine administration. They told us there were now two seniors allocated to administer medication in the morning which had given senior staff more time to ensure medicines were administered and recorded appropriately.

People were living in a safe, well maintained environment. The provider employed maintenance staff to ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. The provider had an infection control policy in place that was available to all staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care. We found one kitchenette door propped open with a chair, we reported this straight away to the manager who told us that they were waiting for the door release mechanism to be repaired and would chase this repair straight away. During the rest of the inspection that day and the following day the door was not found propped open.

# Is the service effective?

## Our findings

At the previous inspection in December 2015 the service was rated Good, at this inspection we found the service remained Good.

People who lived in the home and relatives we spoke with praised the skills of staff working in the service. They were happy with the way in which staff supported them and said staff did everything possible to ensure they were well looked after. One relative commented that they had seen staff moving people using the hoist, "Staff take time, I'm not an expert, but they are considerate and talk the person through the move and explain what they are doing."

We spoke with a new member of staff who told us they had done all their training in their first week and had shadowed an experienced member of staff for two weeks before they worked alone with the people. The member of staff added that they had access to people's care plans and had the opportunity to get to know each person's individual needs from their life history in the care plans.

The staff training records showed us that staff received training on relevant topics that would support them in their roles, this included training in moving and handling, mental capacity act and deprivation of liberty training, advanced dementia, medication, nutrition and end of life care. We did note that some refresher training was overdue. We discussed this with the provider who told us that they were in the process of changing training providers and had recruited a new training manager that was due to visit the service the following day to identify and plan any training required. Following the inspection the provider sent us a copy of the action plan created as a result of this visit. Staff felt supported at the service, staff we spoke with told us, "I have done loads of training and completed my level three diploma." Another staff member said, "I have done all my training and recently received a letter for the virtual dementia tour training which I am looking forward to."

Staff told us that they received one-to-one supervision. Supervisions are used as an opportunity to discuss the staff members training and development and other subjects that staff may wish to discuss. Staff said that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisal.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. The registered manager had recently left the service and while we noted that applications had been made, there was not a clear overview in place to inform the acting manager who had an authorisation in place, what applications had been submitted and any that might be about to expire. The manager subsequently completed this overview and sent us a copy.

We saw that people were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they were able to make choices, for example, about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice. Staff were all trained in the principles of the MCA. We found that people's care plans were very clear about the capacity people had to make their own decisions and where they may need support.

People were provided with appropriate support they needed to eat and drink well. People's nutritional needs were assessed regularly and there was information in care plans about people's nutritional preferences and needs. A relative told us, "My [family member] needs to be encouraged to eat and drink, the staff tell me when they are not eating much, and I like to stay for the meal and to sit with [family member] and encourage them to eat. I've seen them [staff], they take time to help people to eat."

However, we found that people were not happy with the quality of the food provided. Comments included, "I am vegetarian and I get a choice of a hot meal or salad. We've had six chefs this year, we made complaints about the menu, new menus are in place, they were changed on Monday. I asked for apple pie, I got it once", "Sometimes the meat is tough, although today it was tender", "They cannot seem to make pastry here." We also noted that resident meetings also contained comments about the quality of the food. The provider used an outside catering company in the provision of food for people using the service and because of comments, a new menu had been introduced in consultation with people that used the service. We saw records relating to the providers efforts to work with the catering company to improve the quality of food and all actions they had taken.

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. Care plans provided guidance to staff on any health conditions people might have and what support was required. For example, one person had diabetes and the care plan recorded signs and symptoms staff needed to look out for. One person told us, "You can see the doctor when you want, they put you down on a list. The chiropodist comes every two months, I go to my own optician and dentist. I am happy here."

The service was divided into two areas with key fob access from the dementia care area to the residential area. A library and activity room adjoined the dementia care lounge which in turn led out to the conservatory and the garden. There were dementia friendly resources available and accessible in the library and the activity room where there were rummage boxes and items of interest. There were walkways around the garden and a decking area which overlooked a beach and beach hut which had been designed and painted by staff. Appropriate signage was used throughout the service to support people to move around independently. The provider told us that they had plans in place to replace the kitchenettes in both areas.



# Is the service caring?

## Our findings

At the previous inspection in December 2015 the service was rated Good, at this inspection we found the service remained Good.

We observed care interactions that were kind and patient and people had developed positive relationships with the staff that supported them. One staff member during lunch was speaking kindly and encouraging a person to eat. There were lots of positive interactions and people interacted with each other and staff at lunchtime, staff demonstrated how well they knew people and what support they required. One person told us, "I have a keyworker, she gets me lemonade, she is a nice girl." Another person said, "They are excellent carers, all of them are nice girls. I have a bath twice a week on a Tuesday and a Friday, I have a female carer, I would not have a male."

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. Relatives told us that there were no restrictions on the visiting times at the service. Resident and relatives meeting were held monthly and we were able to see the minutes of these meetings.

The staff used a variety of ways for people to make choices about what they wanted to eat, one person was offered a verbal choice which they understood and responded to, others were shown both choices so they could choose at the time of the meal what they wanted to eat. One person did not want either of the choices offered and the staff member responded with, "Do you want your favourite." The staff member came back with toast and marmalade for the person. People were served at their own pace and there was a lot of chatter and laughter in the room. People were offered a choice of drinks and staff served vegetables from tureens and people were given a choice. One person told us. "The people on my table are first class, I like conversation, the ladies chat all the time."

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity and wore clothes of their choice, we observed one person had flowers in their hair and staff told us the person liked this. Diversity was respected with regard to peoples' religion and care plans for people using the service, recorded that people were able to maintain their religion if they wanted to. Staff had training in equality and diversity, which helped them understand people's personal, cultural and religious traditions.

We observed how staff were respectful of people's privacy, always knocked on doors and waited for an answer before entering the room. Staff described their ways of ensuring privacy and providing dignified care. One staff member told us, "People here have a choice of male or female staff and we respect this." Another staff member said, "We keep doors and curtains closed and cover people with a towel during personal care."

People we spoke with confirmed that staff were respectful, one person said, "I have a nice room, I've got my own toilet and washbasin. I have a drawer to lock my valuables in. Staff always knock on the door before coming in."

People were consistently encouraged to be independent, staff described how they supported people with sensory impairment to eat independently using adapted equipment.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. Care plans included detailed life histories including photographs of the person with their family, on favourite holidays and involved in their chosen hobbies and interests. They were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred.

Staff told us that care plans gave them the guidance they needed to continue to provide person centred care. When discussing person centred care one member of staff told us, "One person did not like going to the in-house hairdresser so I took them to town every Monday." Another staff member said, "We have a map on the wall and one person likes to talk about lots of places around the world, they are very interesting."

People were supported to maintain their interests, preferred pastimes and to socialise with their visitors. The provider employed two activities co-ordinators to make sure people had opportunities to engage in pastimes they enjoyed and were supported to socialise. A programme of activities was in place and included arts and crafts, coffee mornings, reminiscence sessions, exercise groups, trips out, quizzes, regular speakers and entertainers. A newsletter was sent to people and relatives to inform them of upcoming events and trips. We saw that the speaker this month was talking about 'the sixties'. A relative told us that her [family member] who lives with dementia enjoys the music therapy and exercise class each week. We observed this activity and people appeared animated and one person was up dancing. Afterwards we heard people discussing how much they had enjoyed it. A rock and roll session was planned for the afternoon. One person told us, "Entertainment is very good here." Another person said, "I spend a lot of time in my room, I come into the lounge when something's on, I join in card games. I have been out for a pub lunch and to the garden centre. We have music or there's a quiz, I've made good friends here."

We spoke to the activity co-ordinator who told us they discussed what activities or events people would like to do in resident meetings and used people's life histories to find out what people liked to do. They told us that one person enjoyed the art therapy and had their work displayed, four people preferred to go out to play bingo so attended a local session every Thursday. They told us that they also organised events as part of the 'PROSPER' [promoting safer provision of care for elderly residents] initiative. A dominoes day was held for falls awareness week, protect your birthday suit campaign was held to raise the awareness of pressure sores. The service also won a regional competitions with PROSPER for the wackiest idea with an Alice in Wonderland mad hatters tea party held for hydration week.

People told us they were listened to and knew what to do if they had any concerns. One person we spoke with told us, "If I have concerns, I would go to a senior, I have a keyworker but my daughter visits regularly

and brings me anything I want." Other people told us they were happy to bring things up at the resident meeting. The service had policies and procedures in place for receiving and dealing with complaints. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff told us that no complaints had been received since our last inspection.

We saw that people had access to palliative care services [end of life] and that advanced decisions made by people and their loved-ones in relation to this had been documented. The service provided dignified end of life care, and liaised with relevant professionals, such as GP's and district nurses. Staff told us that an extra staff member was brought in to be with people at the end of their life, the provider told us they had a specific budget set aside for this.

## Is the service well-led?

### Our findings

At this inspection, we found the service remained well-led. The rating continues to be Good.

The previous manager had left the service and the Head of Care was currently overseeing the service with support from the provider's business manager. The recruitment process to appoint a new manager had begun. People, relatives and staff all told us that they were aware that the previous manager had left and were happy with the way service was managed and stated that the management team remained approachable and professional.

People were involved in developing the service. Residents' meetings took place at regular intervals throughout the year. The minutes for the last meeting showed items discussed included menus and activities. We could see that feedback about food had been taken seriously by the provider and new menus had been put in place.

We found that people looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a relaxed and caring environment. When asked if the service was well led, one member of staff told us, "The home is well run, they listen to our opinions and ask for our views." Another member of staff said, "[Named acting manager] is very supportive, transparent and upfront, they set high standards, we feel if a mistake was made we would get their full support." A third staff member said, "Although it is sad the previous manager left, it is still a well-managed home."

The service worked in partnership with other professionals to ensure people received a good standard of care and support. We saw detailed evidence of working in partnership with other services such as community nurses, speech and language therapists and GPs to support people and promote their quality of life.

The service demonstrated that they used incidents as learning opportunities with staff and were transparent in reporting all incidents openly and seeking additional advice and support when necessary. We saw examples of systems that were changed and resources added as part of this approach. In particular medicine management had been looked at in detail and resources added to improve systems and processes.

The provider had systems in place for assessing and improving the quality of the service. We saw that they had assessed and increased staffing levels to ensure people received the support they needed. Although the provider was not currently using a dependency tool they told us they had used observation, feedback from people and staff to make the decision to increase staffing levels. They had also identified improvements they wanted to make to the décor of the home and these were being planned when we visited the service. The provider had identified the issues mentioned in the report but had appropriate plans in place to address the shortfalls in training refreshers and concerns related to food quality.