

St Brelades Retirement Homes Limited

The Cumberland

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 17 November 2015 and was unannounced.

The Cumberland provides accommodation for up to 29 older ladies who are living with dementia or Alzheimer's and need support with their personal care. The service is a converted domestic property. Accommodation is arranged over three floors. Stair lifts are available to assist the ladies to get to the upper floors. The service has 15 single bedrooms, and 7 double bedrooms, which ladies can choose to share. Nine of the bedrooms have ensuite toilets. There were 28 ladies living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Cumberland provides a service to ladies only and the manager employed only female care staff to meet their

Summary of findings

needs. Ladies were treated with dignity and respect at all times. For example, staff explained the care and support ladies would receive before they received it and asked them what they would like staff to do and when.

The manager provided strong leadership to the staff team and had oversight of all areas of the service. Staff were highly motivated and felt supported by the manager and other senior staff. The staff team shared the manager's philosophy of care and worked to make sure that care was always provided to a good standard. Staff told us the manager was approachable and they were confident to raise any concerns they had with them. The manager had taken action to continually improve the service. They had employed consultants to review and make recommendations to make sure the service was the best it could be.

There were enough staff, who knew the ladies well, to meet their needs at all times. The needs of the ladies had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support ladies needed. Staff were clear about their roles and responsibilities and worked as a team to meet the ladies' needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The manager had a very good knowledge of dementia and Alzheimer's and its impact on the ladies at the service, they shared this with staff to develop their skills. A plan was in place to keep staff skills up to date. Most staff held recognised qualifications in care. Staff spoke to senior staff whenever they had concerns about the ladies. Plans were in place to hold more regular meetings to give staff the opportunity to discuss their role and practice.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the manager, senior staff

or the local authority safeguarding team. Plans were in place to keep ladies safe in an emergency. Equipment was in place to evacuate ladies safely and plans were in place to make sure staff were confident to use it safely.

Ladies' needs had been assessed to identify the physical and mental care and support they required. Care and support was planned with ladies and their representatives to keep them safe and support them to be as independent as possible. Detailed guidance had not been provided to staff in some ladies care plans about how to provide all areas of the care and support they needed. However ladies received consistent care as staff knew them well. An independent social worker had reviewed the ladies care plans and was working with the manager and staff to make improvements in line with best practice recommendations.

The ladies received the medicines they needed to keep them safe and well. Action was taken to identify changes in ladies' physical and mental health, including regular health checks and GP clinics. Ladies were supported by staff to receive the care they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Arrangements were in place to check if ladies at risk of being deprived of their liberty and applications had been made to the supervisory body where they were necessary.

Consent to care had been obtained from the ladies or those legally able to make decisions in their best interests. Ladies who had capacity were supported to make decisions and choices. The manager had recognised that processes were not in operation to assess if ladies were able to make decisions. This had been discussed with the independent social worker and action was being taken to put system into operation that met the requirements of the Mental Capacity Act 2005 (MCA).

The ladies were supported to participate in a wide variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them.

Ladies told us they liked the food at The Cumberland. They were offered a balanced diet that met their

Summary of findings

individual needs, including low calorie diets for ladies who wanted to lose weight. A wide range of foods were on offer to the ladies each day and they were provided with frequent drinks to make sure they were hydrated.

The ladies and their representatives were confident to raise concerns and complaints they had about the service with the manager and senior staff and had received a satisfactory response.

The manager frequently worked on the floor with ladies and staff to check that the quality of the service was to the standard they required. Any shortfalls found were addressed quickly to prevent them from happening again. Ladies and their relatives were asked about their experiences of the care and these were used to improve and develop the service.

The environment was safe, clean and homely.

Maintenance and refurbishment plans were in place and flooring throughout the service had recently been replaced. Appropriate equipment was provided to support the ladies to remain independent and keep them safe. Safety checks were completed regularly.

Accurate records were kept about the care and support ladies received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to the ladies.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Risks to ladies had been identified and action had been taken to keep them safe and well.

Plans were in place to keep the ladies safe in an emergency.

Staff knew how to keep the ladies safe and what possible abuse looked like.

There were enough staff, who knew the ladies very well, to provide the support ladies needed at all times.

Ladies were given the medicines they needed.

Is the service effective?

The service was effective.

Good



Staff gave ladies choices and supported them to make decisions. Action was being taken to make sure the Mental Capacity Act (2005) was followed at all times.

Staff were trained and supported to provide the care ladies needed.

Ladies were offered food and drinks they liked to help keep them as healthy as possible.

Ladies were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

The care staff provided was outstanding.

Outstanding



Ladies said the staff were kind and caring to them.

Ladies were given privacy and were treated with dignity and respect.

Staff treated ladies with compassion and offered them comfort and reassurance when they needed it.

Is the service responsive?

The service was responsive.

Good



Assessments were completed and reviewed regularly to identify changes in ladies' needs. Ladies received the care and support they needed to help them remain as independent as possible.

Summary of findings

Ladies and their families were involved in planning their care and received their care in the way they preferred. Action was being taken, to include in care plans, detailed guidance to staff about how to provide ladies care.

Ladies had things to do during the day and spent time doing things they enjoyed.

Action had been taken to resolve people's concerns to their satisfaction.

Is the service well-led?

The service was well-led.

The manager and staff shared a clear set of aims for the service including supporting ladies to remain as independent as possible.

Staff were motivated and led by the manager. They had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. Ladies, their relatives, staff and visiting professionals shared their experiences of the service.

Records about the care ladies received were accurate and up to date.

Good



The Cumberland

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 17 November 2015 and was unannounced. The inspection team consisted of one 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.

Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

Before the inspection, we did not ask the provider to complete 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.'

During our inspection we spoke with seven ladies living at The Cumberland, the registered manager, six staff, and three ladies relatives. We visited ladies' bedrooms, with their permission; we looked at care records and associated risk assessments for four ladies. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to ladies. We looked at ladies' medicines records and observed ladies receiving their medicines.

We last inspected The Cumberland in December 2013. At that time we found that the registered provider and manager were complying with the regulations.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at The Cumberland. One lady said, "They are kind and look after me and if I fall over they are always there to help me". A lady's relative told us, "She is safe here and the care she gets is very good". Another lady's relative said, "I feel she is very safe here, there are plenty of staff around to help her". A third ladies relative told us, "It's perfect for her here". A visitor told us, "It's lovely here; there are always loads of staff. The manager and the staff know the ladies very well".

The ladies received consistent care, when they needed it, from staff who knew them very well. Consideration had been given to the ladies needs and preferred routines, the layout of the building and the skills of the staff when deciding how many staff to deploy at different times of the day. Housekeeping and catering staff were employed and care staff were free to concentrate on providing the care and support ladies need support.

Mornings were a busy time of day and a minimum of 8 care staff provided the ladies care and support. The manager told us, "The care is not a production line. I want staff to have time to connect with the ladies and be responsive to them". All the staff we spoke with said they were not rushed and had time to spend with the ladies providing their care and support at their pace and responding to changes in their mood. One staff member said, "There are enough staff so that the residents feel safe as the majority of them need help but you always know by their expression when they want to do some things for themselves". Another staff member told us, "We have enough time to build relationships with the ladies, which is really important".

Night staff supported ladies who wanted to get up early. Ladies who woke during the night or very early were supported to go back to bed if they preferred. Staff worked to support the ladies to have regular day and night routines to help them sleep at night. Extra staff were deployed over the weekends and on other occasions such as Mothering Sunday and Christmas Day when a higher number of people visited the service on the same day.

Staff shifts were planned in advance and rotas were available and staff knew when they would be working. Cover for staff sickness and holidays was provided by other staff members in the team. An on call system was in place and management cover was provided at the weekends and

in the evenings, so staff had support when they needed it. The staff team was consistent and staff turnover was low, some staff had worked at the service for 30 years. There were no staff vacancies at the time of our inspection.

There were policies and processes were in place to keep ladies safe, these were known and understood by staff. Staff had completed safeguarding training and knew the signs of possible abuse, such as changes in a ladies' behaviour. They were confident to raise safeguarding concerns or whistleblow to relevant people, such as the manager, team leader or the local authority safeguarding team. Staff told us they were confident that the manager would deal with any concerns they raised. One staff member said, "I am confident the manager would deal with safeguarding concerns. She thinks very highly of the ladies".

The manager encouraged staff to work as a team and to understand they were working with colleagues and not friends. The risks of collusion with neglect and poor practice were explained and staff were encouraged to raise any concerns they had quickly. Staff told us they would be confident to whistleblow if they had any concerns. The manager told us they preferred to address any concerns at an early stage to prevent them from getting worse or going on for a period of time.

Risks to ladies had been assessed and care had been planned to keep the ladies safe while maintaining their independence. The manager had employed two occupational therapists to review areas of the care and support ladies received. Their role was to ensure that ladies were supported to take risks where the benefit to them outweighed the impact of not taking the risk.

Some ladies were at risk of falling out of bed; action had been taken to keep them safe, including the use of bedrails to keep them safe. Risks to ladies had been assessed and actions had been taken to keep them safe, such as using padding on the rails to stop ladies knocking themselves.

Risks to ladies' skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks and no one had sore skin at the time of our inspection. Special equipment, such as cushions and mattresses were provided to keep the ladies' skin healthy, we observed these being used. Staff checked the mattresses and cushions each time they were used to make sure they were on the right setting and ladies got the maximum benefit from them.

Is the service safe?

Accidents and incidents involving the ladies were recorded. The manager had recently introduced a process to reviewed accidents to look for patterns and trends so that the care ladies received could be changed or advice sought to keep them safe. Ladies had been referred to health care professionals for support and advice if they had fallen. The support and advice was used to plan the care they received and the number of falls had reduced. Staff were informed of changes in the way risks to the ladies were managed during the handover at the beginning of each shift. Changes in the support ladies were offered were also recorded in their daily logs so staff could catch up on changes following leave or days off.

Plans were in place to evacuate the ladies in the event of an emergency. Not all staff knew about these plans, however, staff knew what action to take in an emergency to keep the ladies safe. Special equipment was available to support the ladies to evacuate safely; however staff had not received training in how to use it safely. The manager had put plans in place to make sure that all staff knew how to use evacuation equipment. Staff were confident to contact the manager or clinical manager for support in an emergency.

The service was clean and odour free. All areas of the service were cleaned regularly and domestic staff worked at the service each day. The washing machine used a special technology to sanitise laundry at low temperatures so ladies received cleaned clothing that was not spoiled by washing at hot temperatures. The local district council environmental health department had awarded the service a 5 star rating for food hygiene and safety in August 2015.

The building and equipment were well maintained and regular checks, such as hoist safety and electrical checks had been completed. Maintenance plans were in place. Many areas of the home had been redecorated and new flooring had been laid throughout.

Equipment was checked and action was taken when it was found to be faulty. During the inspection maintenance staff replaced the bedrails on one lady's bed as they were not working correctly. Although the maintenance staff were ready to complete this task early in the morning, the lady was still in bed and staff did not get the lady up until she was ready. When ladies had difficulty finding their way around the service, staff accompanied them to where they wanted to go.

Baths were fitted with hoists and ladies use these get in and out of the bath safely. The temperature of bath water was checked before they used them. Staff knew the correct temperature range to make sure ladies had a comfortable bath and were protected from the risk of scalding. We observed a bath had been run for a lady, the room was warm, the bath was full of bubbles and the environment was calm. The bath looked inviting.

An enclosed courtyard was available for ladies to use. One lady's relative helped to maintain the plants in the courtyard and ladies joined in or watched when they wanted to. The building was secure and the identity of people was checked before they entered. Internal doors were not locked; ladies moved freely around the service and were not restricted. Fire and environmental risk assessments had been completed and action taken to keep the ladies safe.

A call bell system was fitted in ladies' bedrooms. This was not used often by the ladies; staff checked on ladies who chose to stay in the bedrooms regularly. The manager had plans in place to install a new upgraded system in the new year. She told us, "The ladies who live here at the moment can't use the call bell but staff may need it". One lady told us, "There are always people around so if I fall over they help me". Staff were present in communal areas with ladies at all times and worked as a team to make sure ladies were safe. The manager told us, "Staff have to be very active in monitoring the ladies".

There was enough space and furniture to allow the ladies to spend time with each other or alone when they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. Staff offered ladies cushions and foot stools to keep them comfortable.

Ladies were able to bring small items of furniture and personal items with them into the service and these were on display in their bedrooms. Systems were in place to keep ladies personal items safe. Ladies told us they felt their possessions were safe in their bedroom, including those who shared rooms. One lady told us that action had been taken to keep her very precious safe but she could see them all the time.

Staff recruitment systems protected ladies from staff who were not safe to work in a care service. The manager planned staff recruitment in advance and tried to anticipate when new staff would be required. Before staff

Is the service safe?

were interviewed they were asked to complete research into dementia and Alzheimer's disease and questions about the conditions were asked at interview. Other interview questions required candidates to reflect on the skills they could bring to the role. They spent time in the ladies company and their interactions and responses were used as part of the selection process. Candidates who did not have experience had been recruited because they had the attitudes the manager required of staff, including a "natural warmth, kindness and respect". The manager told us that if candidates were very good she would employ them even if she did not have a vacancy to make sure that she had sufficient staff with the skills, knowledge and attitudes required providing the service.

Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed. Processes were in place to dismiss staff whose practice did not reach the required level and refer them to the relevant authorities to make sure they did not work with vulnerable people in the future.

Processes were in operation to protect ladies from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and were well organised. Ladies received their medicines at the time advised by their doctor. Staff's medicines administration skills were assessed following their training and before they began to administer medicines to ladies.

Staff gave ladies their medicines and reminded them what the medicines were for before they took them. For example, staff told one lady, "These are for all your aches and pains. You probably won't have many because you take these". Some of the medicines prescribed to ladies were large or didn't taste very nice. Staff anticipated that ladies may have difficulty taking them and offered them support including, "Would you like me to break these in half, they are a bit big?" and "Take a big drink, they won't taste very nice".

Some ladies were prescribed medicines 'when required', such as pain relief or to help them manage their anxiety. Staff asked ladies if they wanted pain relief regularly and only gave it when they wanted it. When ladies were not able to tell staff they needed pain relief, staff observed their body language and their mood. Staff knew when ladies required medicines to help with their anxiety, such as before having a bath or seeing the chiropodist. Agreement for this to be given was obtained from the person in charge before it was administered. Detailed records were kept of when ladies had taken their 'when required' medicine.

Guidance was in place for staff about when and where to apply prescribed creams to make sure that they were used correctly and ladies got the maximum benefit from them. Some ladies decided not to take their medicines on occasions. When this was a risk to them staff had discussed this with their family and doctor and decisions had been made to give the medicine 'covertly', hidden in food or drinks. Ladies were always offered their medicine first and were only given the medicines covertly when chatting to them and offering it at other times had not worked.

Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Is the service effective?

Our findings

The ladies were able to make choices about all areas of their lives, such as when they got up and when they went to bed and what they wore. One lady told us, "I get up for breakfast and I go to bed when I feel like it". Another lady told us, "I always choose my own clothes to wear". Ladies choose how they spent their time and who they spent it with. During our inspection ladies were offered choices and staff responded consistently to the choices ladies made.

Staff knew the ladies very well. They understood what the ladies were telling them and knew how to share information with the ladies so they would understand. For example, staff knew that some ladies would not remember complex instructions, when they asked where their bedroom was, staff smiled at them kindly and told them, "Come with me, I'll show you where it is" and walked with the lady to their bedroom.

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

People can only be deprived of their liberty to receive care and treatment 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 had received training in relation to the Mental Capacity Act 2005 (MCA). The manager had recognised that they needed to develop their knowledge further and make sure that the practice at the service met the requirements of the Mental Capacity Act. They had employed an independent social worker to review the practice and put processes in place to make sure that ladies' capacity was assessed and decisions were made in accordance with the Act.

Most ladies were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests. Decisions made in ladies' best interests had been made by friends and relatives who knew them well, with health and social care professionals on occasions. For example, staff had recently assessed the ability of ladies who used bedrails to keep them safe in bed, to make the decision to have the rails. When ladies were not able to make the decision staff had agreed the action to be taken to keep them safe with people who knew them well, such as their family. Decisions had been made in the ladies best interests and the reasons for the decisions were recorded

The ladies' capacity to make other decisions had not been assessed and records of how the decisions were made in their best interests had not been maintained. This did not impact on the ladies and all decisions had been made in their best interests by people who knew them well. Some ladies were unable to make simple decisions, such as what they wanted to eat or drink. Staff knew them well, they knew the choices they had made previously and observed their body language to understand what they wanted. Other ladies were able to chat to staff and tell them what they wanted.

Staff understood what the ladies were telling them and supported them to make decisions. We observed staff respecting the decisions ladies made and offering them alternative choices to keep them safe and well. For example, staff knew that one person had a small appetite and offered them a "nice little dinner", they showed it to the person saying "Look, it's tiny". The lady refused their meal. Staff offered alternatives they knew she liked including a selection of sandwiches. The lady chose and ate the sandwiches she wanted.

The manager was aware of their responsibilities under DoLS and had employed an independent social worker to support them to put processes in place check the risk of ladies being deprived of their liberty. Applications had been made for urgent and standard authorisations were ladies were at high risk. We observed that ladies moved freely about the building.

Ladies and their relatives told us that staff had the skills they required to meet their needs. One lady's relative told us, "The staff know what to do and she is not agitated". Another lady's relative told us, "We are very impressed by the manager's knowledge of our relative's needs". Staff told

Is the service effective?

us they had completed training and had the skills and competence they needed to fulfil their roles. We observed that staff knew what they were doing. Staff had received an induction when they started work at the service to get to know the ladies, the care and support they needed and to understand their roles and responsibilities. The induction started before staff began working with the ladies and included three or four, 2 hour 'pre-employment training sessions', including the provider's philosophy of care, safeguarding and moving and handling. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked along experienced staff to help them build relationships with ladies and provide care in a consistent way.

Staff received the training they needed to perform their duties, including first aid, fire safety and end of life care. One staff member told us, "We get good training". Staff received in depth training and mentoring in relation to the care of people with dementia and Alzheimer's disease from the manager and other experienced staff. A training plan was in place and the manager knew what training staff had completed and when it needed to be refreshed. Staff had completed further qualifications and many staff had acquired level 2 or 3 qualifications in social care.

Staff told us they felt supported by the manager and team leader to deliver safe and effective care. Staff did not have regular meetings with senior staff to talk about their role and the ladies they provided care and support to. However, they told us they were able to raise any concerns they had about ladies with the manager, clinical manager and team leader quickly as they were always available and worked alongside them. Staff practice, as well as ladies' needs, was discussed with staff throughout the shift to make sure they were supported to provide effective care.

Plans were in place to make sure that each staff member received six supervision sessions each year in addition to the day to day support. The team leader who was developing the process told us that supervision had to be a positive experience for staff and "It has to be of value to the staff. It is a good way of valuing them. We will point out what staff are doing well and keep them on the straight and narrow". The aim of the supervision was to 'Maintain the

quality of care, and support staff to make a difference to ladies lives'. An annual appraisal process was in operation. One staff member told us, "We get support and appraisals so we know how we are doing".

The ladies were supported to maintain good health. The manager worked with each lady and their family to get a true diagnosis of their dementia condition, and a prognosis. The manager and staff were aware of other illnesses that may affect each lady and monitored for these so they could be quickly identified. A GP was contracted by the manager to provide a service at The Cumberland, including a weekly surgery at the service, telephone consultations and home visits when ladies needed them. This meant that any concerns the ladies had about their health were shared with their doctor quickly. Other health care professionals, including a chiropodist and optician visited regularly.

Care was provided to meet ladies' health care needs. The ladies had been offered an annual flu vaccination. Staff worked with community nurses to assess and meet the ladies' needs. Community nurses visited some ladies to provide treatment for short term illnesses and when they reached the end of their life.

Staff from The Cumberland worked closely with the local mental health team to support the ladies to maintain good mental health as their dementia and Alzheimer's disease progressed. Community psychiatric nurses held three monthly clinics at the service. Referrals to mental health services were made promptly when staff identified changes in ladies mental health.

The ladies were supported by staff or people who knew them well to attend health care appointments, including emergency visits to hospital or outpatient appointments. This was to support the ladies to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service.

Meals times were pleasant, social occasions at The Cumberland and ladies enjoyed their meals in a calm environment. Meals were provided in different areas of the service dependant on ladies' needs and preferences. Ladies who required assistance to eat were supported to do this with dignity by staff who took time to make sure they were comfortable and ate at their own pace. Other

Is the service effective?

ladies ate in a quiet dining room where distractions were kept to a minimum. This meant that they did not lose concentration and remained as independent as possible at mealtimes.

Ladies told us they had enough to eat and drink. One lady said, "The food is very good and there is always plenty of it". Food and drinks were offered regularly throughout the day and were available if ladies wanted them during the night. Snacks were offered between meals, such as afternoon tea and cakes, which the ladies enjoyed. Staff offered ladies drinks frequently to make sure they did not become dehydrated. They were offered adapted cups, cutlery and crockery to help them eat and drink independently.

Ladies told us they liked the food at the service. One lady said, "Lunch was lovely, it always is". Another lady told us they enjoyed the food at the service and said, "The food is very good and you do get a choice ". A third lady said "The food is very good, especially the puddings which I love", this lady enjoyed their pudding on the day of the inspection. One lady's relative told us "The food is very good and she isn't hungry".

We observed ladies eating the meals and snacks they were offered. Ladies were offered second helpings of things they particularly liked, such as puddings. Their nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet ladies' needs. When ladies lost weight they were quickly referred to health care professionals including the dietician for support and advice. Their advice had been put into action and they had gained weight. One lady's relatives told us that their relative

had not had a good appetite before they moved into The Cumberland and had lost weight. They said that since moving in their relative had gained weight and was now a healthy weight.

Meals were planned to meet ladies' needs and preferences. Ladies who were at risk of losing weight were offered fortified food and drinks including custard and milky drinks made with double cream. Ladies who required a low sugar diet or a reducing diet were offered the same foods as everyone else but made with sweetener rather than sugar. For example, on the day of the inspection the pudding was sticky toffee pudding. Ladies who were on a weight reducing diet received a smaller portion of sponge and custard made with sweetener so they did not feel they were missing out. Some ladies were at risk of choking and required their food to be pureed. Food was presented separately and looked appetising. Meats were minced for other ladies who required a soft diet.

Menus were balanced and included fresh fruit and vegetables. All meals were homemade, including stews, pies and cakes. Sandwiches with a variety of high protein fillings were made throughout the day and ladies could have a sandwich whenever they wanted. Staff knew ladies' likes and dislikes and offered them alternatives if they did not fancy the food they were offered.

Communication between care staff and catering staff was good. Catering staff were told quickly about changes in ladies' needs. The chef on duty during the inspection to us staff told them immediately if ladies' needs change. The also had written information about their needs and preferences to refer to if needed.



Is the service caring?

Our findings

All the ladies we spoke with told us the staff were kind and caring, their comments included, “The staff are very kind and caring, they help me with some personal care and it is always done nicely and well”, “I like it here, people are so kind” and “I like living here everyone is very kind and caring”. One lady’s relatives told us, “The staff are incredibly wonderful, they are unbelievably happy, kind and caring”. Another lady’s relative said, “I am overwhelmed by how good the care is”. A third lady’s relative said, “The staff are so good and very genuine, they talk to them or give them a cuddle and it makes things right”. Ladies’ relatives told us that the kindness and compassion of the staff extended to their families and visitors.

Staff told us there was a strong philosophy of care at the service. One staff member told us, “We want the ladies to be treated as we would like our own mums and dads to be treated”. Staff said that they were supported to build relationships with the ladies and learn how they liked their care provided. They told us that some ladies did not like to be touched, whilst others liked affection and would feel neglected if staff didn’t respond to them affectionately. All the staff we spoke with said that they would be happy for a relative of theirs to receive a service at The Cumberland.

The atmosphere at The Cumberland was calm and welcoming. The ladies and staff were happy and cheerful; visitors told us they felt welcome. One lady’s relative told us, “I am always made welcome and given a cup of tea and offered a biscuit when I come in”. There was lots of laughter and smiling during the inspection and we heard ladies singing or humming or saw them tapping their feet to music.

Staff spoke to us about ladies in a positive way and described them to us in terms of their personality and achievements, rather than their care needs. Staff took time to introduce us to the ladies, again describing them positively. Ladies responded with smiles. Care and support was offered to ladies in a positive way, with a smile, making each activity sound pleasant and enjoyable. For example, at lunchtime one lady told staff she wasn’t very hungry, the staff member smiled at them and replied, “Eat as much as you can, I’ll help you”. The person responded by stroking the staff member’s hand.

Information provided to staff in ladies’ care plans was written in a positive and respectful way. One lady’s care plan described them as, ‘social and bubbly. Enjoys conversation with staff and family. Is well mannered, feminine and dignified’.

Ladies’ care plans contained detailed information about their lives before they moved into the service, including the different places they had lived, their family and jobs they had done. Staff used this information to help them get to know the ladies and provide their care in the way they preferred. Staff were able to anticipate times when ladies may become upset or worried and talked to them to reduce their anxiety. They also offered them things to do which made them forget what was upsetting them. When one lady became upset a staff member went to them immediately. The staff member spoke to the person quietly and offered them reassurance by holding their hand and gently rubbing their back. This calmed the lady, the staff member stayed with them until they were happy and smiling again.

Staff provided the ladies with information about their care and support before it was offered. Some ladies used comfortable chairs on wheels during the day. Staff told ladies they were going to move their chairs before they moved them and checked that they were ready. They continue to speak to ladies as they moved them. Some ladies chairs were easier and safer to move backwards. A staff member usually walked in front of the lady being moved so they could see the staff member and feel reassured.

We observed relaxed chats between staff and ladies, in small groups or one to one, about what they had done in the past. Staff used their knowledge of the ladies to start the conversations and involve others. The ladies enjoyed chatting and sharing their experiences and there was lots of laughing. They told us they always had someone to talk to when they felt like a chat. Ladies who did not feel comfortable to chat in groups chatted to staff on their own and staff made sure they were not isolated.

Staff were highly motivated and inspired by the manager to offer care to the ladies that was kind and compassionate. They showed genuine affection for the ladies and ladies responded in a similar way. We observed one lady comment that the staff member had cold arm. The lady then rubbed the staff member’s arm to warm them up. She chatted with the staff member while doing this and



Is the service caring?

enjoyed being able to take care of the staff member. Staff approached ladies in a gentle way at all times, making sure they were at the same level as them and using their preferred name. Staff used touch, such as holding ladies hands or placing their hand gently on their arm or shoulder to comfort and reassure ladies.

Because The Cumberland only provided a service to ladies and employed only female care staff, ladies always had a staff member of staff of the same gender to support them to meet their personal care needs. Staff had an awareness of their impact on the ladies and way they behaved, they withdrew when ladies demonstrated they did not want them around. For example, some ladies did not like to eat in the company of others and they were supported to eat on their own in different areas of the home. When ladies required staff with them to monitor their safety staff worked together as a team to make sure they were safe and spent their time with a variety of staff who knew them very well.

The philosophy of care at The Cumberland was to support the ladies to maintain their independence and this was included in staff training and development. Care plans concentrated on ladies strengths and included information about what the lady was able to do for themselves. Staff supported ladies to retain their independence in all areas of their life. Ladies told us they wanted to stay as independent as possible and staff supported them to do this. One lady told us, "I don't need help as I am quite independent and able to do things for myself". Another person told us, "The staff are kind and look after me and I am still able to do things myself". We observed a staff member hold a lady's hand to lead her into the lounge. The lady asked them not to hold her hand as she liked to walk by herself. The staff member said, "Oh dear, I forgot, sorry" and the pair laughed about this together.

Ladies were treated with dignity at all times. Staff asked ladies about their needs and offered them support in a discrete way. Ladies who required a hoist to help them safely transfer between one piece of equipment and another were supported to transfer in their bedroom only. This maintained the privacy and dignity.

The ladies had privacy. Staff knocked on their bedroom door before entering. They described to us how they maintained the ladies' privacy while they supported them to wash and dress. Staff told us that ladies were supported

to have privacy whilst using the toilet. Such as waiting outside while ladies used the toilet. Ladies who did not require help were given privacy to meet their own needs. Ladies who shared rooms benefitted from privacy curtains.

Staff treated each lady as an individual and with respect. At lunchtime we observed ladies being supported by staff who sat with them and chatted to them in a friendly way. Support was given at the ladies' pace and gently encouragement was offered. Staff knew that one person had very little appetite and offered them positive encourage including, "Taste this, it lovely. We made it especially for you". Staff smiled at the lady all the time they spoke to them and they ate their meal.

Ladies' choices about how they looked and dressed were supported by staff. A hairdresser visited weekly for the ladies who chose to see her. Ladies were supported to wear makeup and jewellery when they wanted and carried handbags. One ladies care plan told staff they, 'Likes to look well groomed. Meticulous about her clothing and having matching colours'. We observed that that staff had supported the lady to do this.

Systems were in place to make sure that ladies' laundry, including underwear, did not get mixed up and items were returned to the correct person. One person's relative told us, "Sometimes we don't always get her own clothes back but I think that's my fault for not labelling them but she always looks nice and we haven't got anything that isn't hers". Staff did not call the ladies 'dear' or 'love' but referred to them by their preferred name at all times.

There was some flexibility in the routines of the service to respond to changes in ladies' needs and to their requests. For example, staff recognised that being in a room with a lady while they were eating was distracting them and moved out of the room. The lady finished her meal. Other routines were less flexible to help keep ladies orientated to time and place, such as meal times. Staff knew ladies' preferred routines, such as where they liked to spend their time and who with. Some ladies had preferred seats in lounges and dining rooms; staff knew where these were and provided support in the way they preferred. Staff responded to the ladies' requests, such as to stay in their bedroom or eat in a private room; this gave ladies control over their lives and reduced the risk of them becoming anxious or worried.



Is the service caring?

Ladies and their relatives had spoken to staff about the care and treatment they wanted at the end of their life. Some ladies had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. Ladies' preferred place to be at the end of their life had been discussed and some ladies had requested to stay at The Cumberland if they were able to. Staff knew ladies' spiritual preferences; such as if they wanted a priest and plans were in place to make sure these would be met. Other things that were important to ladies, including people, possessions and funeral wishes were recorded.

Personal, confidential information about ladies and their needs was kept safe and secure. Staff had received information about how to maintain ladies' confidentiality. Staff told us at the time of the inspection that most of the ladies who needed support were supported by their families, solicitor or their care manager, other ladies were supported by an Independent Mental Health Advocate and staff consulted with them when they needed to.

Is the service responsive?

Our findings

Ladies had been involved in planning their care, with their relatives when necessary. Some ladies were able to tell staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. One lady told us she did not need with personal care but did need some assistance to have a bath "where everyone is very kind". She said that her independence was important and staff supported her to remain independent.

One lady's relative told us, "I did say that they were giving her medicine before lunch which made her very drowsy so asked if this could be given after lunch. This was done and she is much better". Another person's relative told us, "The communication is very good with the family. We can ask about anything and [our relative] seems to be settling now".

All the ladies' relatives we spoke with told us that staff kept them informed about their relatives care and acted to keep them safe and well. One lady's relative told us that they noted a mark on the lady's face and mentioned it to staff. They said that the staff had already noticed it, a doctor had seen it and the lady was receiving treatment. They told us they were impressed at how quickly the staff had acted and had "everything in hand". Another relative said, "Communication is very good and I am involved with what is going on".

Some ladies were unable to tell staff how they preferred their care provided. Staff referred to information they had about the ladies and their life before they moved into The Cumberland and observed their reactions to the care and support they were offered. They used this to understand the ladies preferences, including any changes in their wishes. This was a constant process as ladies preferences changed as their dementia progressed.

Staff knew about all areas of the ladies' lives and the care and support they required. One staff member told us, "We have happy residents here, we are told about them and we are able to chat and find out much more". They described to us in detail the way that each lady preferred their care to be provided, including the support they required. Staff knew the equipment ladies used to move safely around the service and when they may need extra support. Staff knew

the signs that ladies were becoming anxious or upset and ways to reduce their anxiety and help them remain calm and happy. One lady's care plan stated, 'Can suffer from low moods but responds well to kindness and reassurance from staff'. One lady's relative told us, "I have observed some ladies becoming agitated, but the staff handle it well, usually with a little cuddle then they feel safe and settle down".

Before ladies were offered a service at The Cumberland their needs were assessed to make sure the staff could provide all the care they required. If the lady would be moving into a shared room, how they would get on with the lady already living in the room was considered. A service was not offered to a new lady if the manager was not confident that they would live comfortably with their roommate. Ladies and their relatives were also invited to visit the service before deciding if they wanted to move in. One lady's relatives told us they had called unannounced to the service three times before deciding it was the right place for their relative to live. They told us that staff had been welcoming and helpful and there had been no limits on the time they could spend getting a feel of the service.

Further assessments of ladies' needs, along with discussions about how they liked their care and support provided were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in ladies' needs. This information was used to plan ladies' care and support.

Ladies' care plans contained information about what they were able to do for themselves and how they preferred their care to be provided. Plans contained some specific information about ladies' choices and preferences. One ladies care plan stated, 'Likes to feel independent and this needs to be encourages by involving her in small tasks to give her a sense of purpose and well-being'.

Detailed guidance had not been provided to staff about how to provide care to all the ladies. This had been recognised in the recent care plan review completed by the independent social worker. The manager and senior staff understood the changes that needed to be made to the care plans to make sure staff had all the information they needed. The lack of information in some ladies care plans

Is the service responsive?

did not impact on the care they received. Information had been shared with staff in other ways to make sure that ladies received consistent care, in the way they preferred, to meet their physical, mental and social needs at all times.

Ladies' care plans had been regularly reviewed to make sure they remained up to date. Systems were in place to make sure that staff had up to date information about the ladies, including handovers between shifts. Time was allowed for handovers in the shift plan and included strategies to manage changes in ladies care needs. Daily logs, including changes in ladies' needs, were maintained so staff could refer to them when they returned from leave or days off.

The manager and staff knew that isolation was a risk for people with dementia and planned the routines of the service to reduce the risk of ladies becoming isolated; including social mealtimes and spending time with other ladies and staff they could chat with. Ladies were supported to follow their preferred routines; including spending time on their own if that was what they wanted to do. Some ladies found that sharing a bedroom with another lady reduced the risk of them being isolated or becoming anxious and depressed. One lady told us, "I like it when it's quiet but I do like the company too, it stops me feeling alone". Another lady told us, "There is always lots of company here and I just love being with other people". We observed the lady spending time in the company of other ladies when she chose to.

The ladies had enough to do during the day and spent their days doing activities including reading and listening to music. Two members of the care staff provided a variety of activities to the ladies each day. New activities were introduced gradually, ladies were able to explore and ask questions about them before deciding if they wanted to take part. An armchair exercise session, done by a visiting exercise instructor, took place once a week and ladies could join in if they wanted to.

We observed ladies taking part in the different activities on offer. Some enjoyed a game of bingo, with the support of staff when they needed it. Other ladies made chocolate crispy cakes for tea, mixing the ingredients together and putting them into cases. Staff encouraged those ladies who needed it and praised everyone. Ladies also took part in a quiz. Clues were given at times to help everyone answer the questions. There was lots of laughter and ladies helped each other.

Staff spent time chatting to ladies who did not want or were unable to participate in group activities. Ladies were offered one to one activities with staff if they found being in a group caused them anxiety.

One lady's relative told us that they did not think their relative joined in the activities. They were very surprised and pleased to see their relative enjoying the afternoon activities and taking part. They thought that their relative had joined in because they felt safe and comfortable at the service.

Ladies were helped to stay in contact with people who were important to them. Staff supported them to receive visitors at the service and to visit relatives. Ladies' relatives and friends were able to visit them at any time but were requested to avoid mealtimes to support ladies concentrate on their meal.

Ladies were supported to continue participating in groups outside of the service, such as regular church services, that they had attended before they moved into the service. Services were held at the Cumberland and communion given to those ladies who were no longer able to visit their chosen place of worship. Representatives of different faiths provided the services to make sure that people were able to follow their beliefs. Staff made sure that ladies were supported to attend the correct service.

A process to receive and respond to complaints was in place. Information about how to make a complaint was available to ladies and their representatives. The manager and staff supported ladies and their families to raise concerns or make complaints about the service. No formal complaints had been raised for over a year. The manager told us that any concerns raised were addressed immediately "So they do not escalate". Action had been taken to address concerns or worries to people's satisfaction. Staff recognised when ladies and their relatives had raised concerns about the service and had passed the information to the manager for their action. Ladies and their relatives we spoke with told us they had never had cause to complain about the service they received. One person's relative told us that they had raised a concern with the manager about their relative's bedroom and this had been resolved quickly to their satisfaction.

Is the service well-led?

Our findings

The registered manager was also one of the registered providers and had been working at the service since it opened over 30 years ago. They knew all the ladies and staff very well. Staff told us they felt supported by the manager and senior staff at all times. The manager told us, "It's important that we are kind to staff and the ladies. If we have an issue with a staff members practice we discuss it with them to try and resolve it". One staff member said, "The manager is fair with staff. If you are struggling she will listen and help you through it".

Staff told us they were motivated and enjoyed working at the service. One staff member told us, "The best bit about working here is the lovely ladies and staff. I get job satisfaction". Another staff member said, "I love working here". A third staff member said, "It is so lovely to work here, there is a good atmosphere, it is so different to where I worked before, I just enjoy coming in". Staff said they felt appreciated and were thanked on occasions for the work they did.

The manager had a clear vision of the quality of service she required staff to provide and how it should be delivered. The philosophy of care at The Cumberland was clear and understood by all staff. Staff knew the aims of the service and shared the manager's vision of good quality care and supporting ladies to remain as independent as they could be. Values including privacy, dignity, and independence underpinned the service provided to the ladies each day. Staff had job descriptions and knew their roles. They were accountable and responsible for the service they provided.

Staff worked together as a team to support each other and to provide the best care they could to the ladies. One staff member told us, "I feel confident to speak to staff at all levels. We work very well together as a team". Another staff member told us, "We have good teamwork; we all get on well and help each other". For example, staff planned who was going offer ladies their afternoon tea in each lounge, while other staff supported some ladies to enjoy their cakes and drinks. Staff asked each other for advice and guidance about the best way to complete tasks and made sure that ladies were safe while other staff provided the care the ladies needed in private. All the staff we spoke with told us that the staff worked well together as a team.

Shifts were planned to make sure that the ladies received the care they wanted, when they wanted. Staff told us the service was well organised. The registered manager was present in communal areas of the service during our inspection and demonstrated leadership and support to staff. They told us the managers were approachable and available to discuss any concerns they had. One staff member said, "The manager is always around and I know I can talk to her".

Ladies and their relatives were involved in the day to day running of the service. Systems were in place to obtain the views of ladies and their relatives, including annual quality assurance questionnaires. Annual questionnaires were also provided to staff and visiting professionals. The process for 2015 was due to begin shortly after our inspection. The previous survey had been completed in November 2014 and showed that ladies were happy with the service they received.

Staff had other opportunities to tell manager their views about the quality of the service and make suggestions about changes and developments, including staff meetings and supervisions. Staff felt involved in the development of the service and felt that their views were valued. They told us that they were listened to. Another staff member told us, "Ladies get the care they need and so do the staff".

The manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure ladies received a good standard of care. Staff told us that they told the manager about situations that concerned them, and were confident that they would be listened to and action would be taken. The effective running of the service was possible because of good communication between staff. One staff member told us the communication between staff was "very good". Processes were in place such as handovers to share important information between staff.

The manager constantly monitored the care and support the ladies received to make sure that it was of a consistently good quality. This included observations of support being provided to the ladies and chatting to ladies and their relatives. When areas for improvement were identified, action was taken to address the shortfalls found. Accurate and complete records in respect of each person's care and support were maintained.

Is the service well-led?

The manager kept up to date with the changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that the Care Quality Commissions (CQC) inspected services. Policies were available in the service for staff to refer to when they needed them. The manager had arranged for a consultant to review and amend the policies and procedures to make sure they remained current and gave staff the information and guidance they needed to take the correct action at all times. The review was due to start shortly after our inspection.

The manager worked to constantly improve the service. She had recently commissioned four outside professionals to assess the quality of different areas of the service, such as policies, and provide support to staff to make any necessary improvements. The aim of these reviews was to make sure that the service was provided in line with best practice and current guidelines and was of the highest standard possible.

The manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as a when DoLS authorisations were made.