Care UK Community Partnerships Limited

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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 24 March 2015 and was unannounced. The last inspection of this service was on 10 May 2014 and we found no breaches of legislation.

Cumberland is a care home providing personal and nursing care for people living with dementia. It provides accommodation for up to 56 people on two separate units. There were 54 people living at the home at the time of the inspection.

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

There were procedures for safeguarding adults at risk. Staff were knowledgeable about what they needed to do if they suspected abuse. People received their medicines as prescribed because the provider had appropriate arrangements for the management of medicines.

Summary of findings

There were enough staff on duty to ensure people's needs were met. Staff received appropriate training which was regularly refreshed to make sure they understood standards of best practice.

People had access to healthcare professionals as and when they needed them. People were provided with a diet that met their needs. Their nutritional needs were assessed and monitored, and if it became necessary people were referred to specialists. Professionals told us the service worked with them in the best interests of people.

People were asked their consent before care was provided. If people were not able to give consent, the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to empower and protect people who may not be able to make decisions for themselves. It also enable people to plan ahead in case they are unable to make important decisions for themselves in the future.

People could move freely around the home. The environment was suitable for people living with dementia, although planned works would enhance it further.

Most staff were kind and caring. They helped people to be as independent as possible and to take part in activities of daily living. However, we observed some staff who did not act in a caring way and we received some comments from relatives who said staff were sometimes abrupt.

Care that people received was individualised to meet their needs. There was a range of social activities people could choose to participate. Relatives were free to visit their family members whenever they wished.

The service had measures in place to monitor the quality of the home. Incidents and accidents records were analysed so that the risks of re-occurrences were minimised. Relatives' views about the service provision were sought and people felt their views were important and would be acted upon.

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?

Good

The service was safe. There were policies and procedures for safeguarding people at risk. Staff had been trained and knew what to do if they suspected anyone was at risk of abuse.

Assessments of risk had been undertaken so that people were supported to be as independent way as possible.

There were sufficient staff on duty to meet the needs of people.

People received their medicines safely as were prescribed.

Accidents and incidents were recorded and analysed so the service could minimise possible re-occurrences.

Is the service effective?

Good

The service was effective. Staff sought people's consent before providing care.

Staff were trained and supported to meet people's needs. Training was refreshed regularly to make sure it complied with best practice.

The provider met their requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected.

People were helped to maintain good health, including the provision of meals and drinks.

The environment was suited to people living with dementia, although further improvements were planned to improve this.

Is the service caring?

Requires Improvement

The service was not always caring. The majority of staff treated people with kindness and dignity. However, we observed some staff did little to interact with people. Relatives also reported staff could be abrupt.

Staff respected people's privacy and dignity, and staff encouraged people to be as independent as possible and gave them choices.

There service did not have visiting restrictions and relatives were made to feel welcome.

Is the service responsive?

Good

The service was responsive. People received care that was tailored to their needs.

The service offered a range of activities that met people's interests and preferences.

Summary of findings

There was a complaints policy the service adhered to. Relatives knew how to make a complaint and felt staff would listen and respond accordingly.

Is the service well-led?

Good

The service was well led. Staff felt valued and supported.

There were systems in place for the monitoring the quality of the service to ensure there was continuous improvements.

There was a registered manager in post. He worked well with other professionals to achieve the best outcomes for people.

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 24 March 2015 and was unannounced. The inspection was completed by two inspectors.

Prior to the inspection we reviewed information we had about the service, this included notifications of significant events over the last 12 months.

People at Cumberland Care Home were living with dementia and had complex needs. They were not able to easily share their experiences of living at the home. We were only able to talk with two people directly. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We spoke with six relatives on the day of the inspection and three relatives over the telephone to get their views about the service people received at the home.

During the inspection we also talked with the registered manager and seven staff. We looked at care records for six people. We reviewed how medicines were managed. We checked other records relating to how the service was managed and this included staff training records. We also spoke with three healthcare professionals who were at the service on the day of the inspection – a nurse assessor, an occupational therapist and a physiotherapist.

Good

Is the service safe?

Our findings

People told us they thought the service was safe. One relative described the staff as "attentive" and another explained how they felt they worked in "partnership with the home to all look after my mother."

The provider made sure people were protected from harm. There were policies and procedures in place to safeguard adults at risk. Staff we spoke with were familiar with these and knew how to recognise signs and symptoms of possible abuse. They knew the processes of reporting any incidents of concern. Staff told us and records showed they received regular training relating to safeguarding adults at risk.

The care plans we looked at had individualised risk assessments. This meant people could take part in maintaining their activities of daily living as independently as possible and there were strategies in place to minimise the risks they faced. For example, when someone's mobility was restricted and they were at risk of falls, the strategies used included ensuring the availability of their walking frame and making sure they had appropriate footwear. The risk assessments were kept up to date and reviewed regularly. In this way potential difficulties could be identified earlier to minimise risks.

There were sufficient staff on duty to keep people safe and meet their needs. We saw that there was one registered nurse on duty within a unit, although the provider had assessed the need for two. The registered manager told us they experienced a shortage of registered nurses in general. They had addressed this issue by having an extra care worker on the unit, whilst they tried to recruit additional nursing staff. In addition we saw the manager, who was a registered nurse, was also available to assist when it became necessary.

Relatives were however divided about the staffing levels. On the positive side one relative said "There is always someone around and another told us, "Staff are attentive and there is always someone you can talk to." However, some comments we received indicated there were not always staff in the communal areas. We did not see evidence of this during the inspection as people were not waiting to be seen and there was no delay in their care and support. We observed staff were able to escort people around the building, and to attend to people in an unhurried and professional way. There were also a number of support staff such as cleaning and kitchen staff who were also engaged and talking with people throughout the day.

People received their medicines as prescribed. We saw medicines were stored appropriately within a medicines room. Any medicines that were no longer needed were returned to the pharmacist in a timely manner. There were systems in place that logged all the medicines that were returned. We checked the medicines stock and the Medicines Administration Records (MAR) for four people. There were no gaps in the records and the records were consistent with the amount of medicines stored. Staff told us only nursing staff administered medicines and we saw there was a daily audit so any errors or problems could be rectified immediately. In this way the provider was ensuring people received their medicines correctly.

Any accidents and incidents were recorded and analysed for patterns and trends to see if they could be prevented in the future. The registered manager told us they checked to see if any accidents or incidents had occurred on a daily basis. There was then a monthly review which involved an analysis of the information which was discussed at monthly clinical meetings and staff meetings. As a result of this information, care plans were checked to see if they still reflected people's needs and if not, they were revised accordingly.

Good

Is the service effective?

Our findings

We observed that people were asked for their consent before support was offered. A member of staff told us, "I always ask for permission to start what I need to do". Staff were able to explain how they asked for consent, and for those people who were not able to communicate verbally, how they were able to interpret what people were trying to say through gestures and facial expressions.

People's consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, relatives and other representatives had been consulted so that decisions could be made to reflect people's known preferences and in their best interests. There were also records of people not giving consent for example, when someone had declined a visit to the hairdresser. In these cases their wishes were respected.

People received care that was based on best practice from staff who had the knowledge and skills required to undertake their role. We met with new staff to the service who told us about their induction training which included shadowing a more experienced member of staff. They told us about the on-going training they received much of which was refreshed annually, this included manual handling, safeguarding adults at risk, infection control and fire safety. In addition staff had received specialist training in areas such as dementia awareness, behaviours that challenge and tissue viability. We saw the service kept a computer training matrix which logged when training needed to be updated. Staff would receive reminder letters from the registered manager when training needed to be refreshed so they attend the necessary training.

In addition to formal training there were regular staff meetings and also a handover of information each day at the change of shift. Staff told us they received one to one supervision sessions from their line manager, although the frequency was not always in line with the providers own policy of once every two months. However, staff did feel supported in their roles and felt that they could approach senior staff with any concerns or worries they had.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe way when it is in their best interests. The majority of people at Cumberland have a current DoLS in place. Those that do not are awaiting an assessment from the local authority

People were supported to have sufficient to eat and drink and to maintain a balanced diet. There was a pictorial menu on the dining room tables so they could see what was available to choose from. Staff supported and encouraged people to eat their meals. We saw people were offered hot and cold drinks and snacks throughout the day. People's nutritional needs had been assessed and recorded. People's weight was monitored monthly and more frequently if required. Where people's weight had changed significantly action had been taken so they were referred to the appropriate healthcare professional.

People were supported to maintain good health and had access to the healthcare services they needed. We saw there were a range of professionals who visited the service and these visits were clearly documented. We met with healthcare professionals on the day of our inspection, including a nurse assessor. We also spoke with a physiotherapist and occupational therapist who provided intensive support to people placed in the rehabilitation beds after they were discharged from hospital. Professionals told us they had positive views about the home, in that documentation was always up to date and that staff worked with them in the best interests of people.

Cumberland care home is purpose built with all the accommodation on the ground floor. The décor of the home had originally been designed to meet the needs of people using the service. There were pictures and photographs of 1930's and 40's famous people; there was sensory equipment (designed to give people a sensory experience which could calm and relax) which people had open access to. There were memory boxes outside people's bedrooms that had individualised pictures which a person living with dementia could associate with their room. However, we noted that not all the memory boxes had something in them, so people may not be able to find their rooms easily. Corridors had little definition and so looked very similar and did not provide visual clues for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

One person told us staff were kind and treated them with respect and that they was "happy" with the care. A relative told us they were "very pleased indeed with the home and the staff."

Most staff treated people with kindness and compassion. For example, we saw one person whose behaviour challenged was supported and reassured to calm down, whilst the needs of others was also considered. People were supported to move around the home freely and to spend time wherever they chose. Staff were visible in the communal areas throughout our visit and were checking on people's wellbeing and responding to immediate requests.

Whilst the majority staff were caring we did observe some care practice which was not. During our SOFI observation at lunchtime we saw that two members of staff had very little interaction with people. In addition relatives told us some of the staff could be quite abrupt at times. We discussed the issue with the registered manager who thought it may relate to staffing levels. The manager assured us that staffing levels were under constant review in light of the changing needs of people. The issue regarding the individual staff members would be taken up through supervision sessions.

People were supported to make decisions about their own care and support. We saw people were well cared for and were wearing clean clothes that were suitable for the time of the year. People could make choices which were individual to them and these would be respected. For example on the day of our inspection people were still choosing to have their breakfast until mid-morning and had chosen not to get dressed.

Staff treated people with dignity and respect. Staff were knowledge about the people they were caring for and how best to support them. They knew people's names and how they wished to be addressed. Staff told us what they did to ensure people's privacy and dignity, this included knocking on bedroom doors and seeking permission before entering and keeping doors and curtains closed prior to providing any personal care. Where people had expressed a choice for gender specific care this had been noted on their care plan and was respected when at all possible. We saw some family members were involved in caring for people and the registered manager told us this was encouraged and respected where people had made a positive choice for this.

Relatives told us they visited the home whenever they wished without any restrictions. They said staff were always welcoming. We saw there was a range of information available to people and their visitors displayed on notice boards. This included information about safeguarding adults at risk, activities listed for the week and the food menu so relatives were aware of what was happening in the service. There was also a suggestion box so people could comment on the service anonymously.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were not able to confirm they were involved in deciding how they wanted to be cared for. Although relatives told us staff asked them about their family member and this information was used in developing care plans for people. We reviewed these and saw they were all up to date and revised monthly. The home had a system of 'resident of the day' which was a trigger for the registered nurse to check the care plan and review the information which included 'what people like about me'. There was also a medical check which included making sure the person's weight and blood pressure was measured monthly. In this way the service was ensuring they responded to people's changing needs.

Relatives told us they were invited to annual care review meetings which could be held more regularly if required and were kept informed when there were changes in their family member's needs. A family member told us how the service had responded quickly to their relative falling out bed, "They got bed- rails in place and all the paperwork done."

People within the service each had a named key worker. The role of the key worker was to have responsibility for overseeing and coordinating the care and support received by the individual. Care staff who were assigned these roles could tell us detailed information about the individual they were responsible for. People were involved in a number of social, recreational and leisure activities dependent upon their needs and wishes. There were two activities co-ordinators employed by the service, one for each unit. We saw there was a range of organised activities such as a men's club, film showings and karaoke. On the day of our inspection, there was a current affairs/discussion group that was attended by ten people. We also observed an individual session had taken place using the sensory equipment with someone in their bedroom.

People we spoke with knew how to make a complaint and felt they would be listened to if they had any concerns. People felt the registered manager was approachable and that he responded to any issues they had. The provider had a complaints policy which outlined the process and timescales to respond to the complaints when these were made. The registered manager kept records which showed complaints were dealt with in a timely and appropriate manner. There was evidence the provider had responded to comments and complaints made, this had been through discussions in the team meetings and through changes in procedures. A relative gave an example when they had made a suggestion and changes had been made within the service. They told us people on Sundays had been offered a cooked breakfast and then a roast dinner at lunchtime. Many people were too full after their breakfast to eat much of the lunchtime meal. The relative told us they discussed this with the manager who agreed to change the cooked breakfast to Saturday mornings instead. This shows the service listens to and responds to comments and suggestions made.

Good

Is the service well-led?

Our findings

Relatives told us they felt the service was well managed. They felt comfortable raising issues with the manager and thought their concerns were listened to and acted upon. We observed a number of relatives 'popping into' the manager's office who made himself available to people. Relatives also had opportunities to raise issues at 'Friends and Relatives' meetings which took place every three months. We saw the last meeting was in February 2015 and an action plan had been written so that all the issues would be addressed by the time of the next meeting. We saw also there was an annual survey sent directly to relatives and other stakeholders so people had a further opportunity to express their views of the service. The last survey undertaken in 2014 had been analysed and an action plan devised to address certain areas for improvement.

The service had a registered manager in post. Staff considered the manager to be open and inclusive, all felt they could raise any personal or practice issues with him. We saw the manager work alongside care staff during period of specific shortage. One member of staff told us, "[Manager's name] does what he can do ease the pressure". This meant staff felt valued and supported by their manager.

There were systems in place to audit and check on many aspects of the service. There was the 'resident of the day' which triggered a review of the person's care plans, risk assessments and weight. Medicines were checked daily and then more thoroughly when the medicines were delivered monthly. There were regular weekend and night time checks undertaken by the registered manager, the last one was completed at night in January 2015. This was to ensure the quality of the care provided to people at weekends and during the night remained high.

The provider's head office also carried out a range of comprehensive checks and visits. Every month a particular area was chosen for a full audit, for example health and safety or tissue viability. The service had to reach 85% compliance in the chosen aspect of the service otherwise the particular area would have to be reviewed weekly. Regional directors conducted unannounced visits once every two months and action plans would be completed where areas for improvement were identified to ensure action was taken within a timescale. There was also an annual Regulatory Governance Audit which followed the format of the Care Quality Commission (CQC) inspection process. These checks and audits were to ensure the quality of care provided by the service was monitored and remained consistently high.

The registered manager worked alongside other health and social care professionals to ensure people received care in accordance with best practice. The healthcare professionals we spoke with said they worked closely with the service. The registered manager complied with their statutory duties and notified CQC of significant events in the home in line with the requirements of registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.