

Barchester Healthcare Homes Limited

Cumberland Grange Care Home

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cumberland Grange Care Home is a residential care home that provides personal care for up to 66 people aged 65 and over. There were 23 people living there at the time of the inspection.

People's experience of using this service and what we found

Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff. Newly recruited staff were positive about the supportive environment created by the management team and the good teamwork. A staff member said, "Cumberland is a family and I know each and every one of the staff really do care. They really care for the residents living here and it's so lovely to feel that when walking into this home. I hope anyone else walking in has felt that same way."

People received their medicines in the way prescribed for them; further training by the interim manager had improved the competency of staff in medicine practice.

Staff relationships with people were caring and supportive. People commented staff were busy, during the inspection we saw they were attentive and acted upon people's requests. People said, "Yes, it's a splendid new home" and "I'm well looked after, I'm safe, they are good to me." Visitors said they were reassured by how their relative had settled at the home and would recommend the service to others.

Recruitment checks helped ensure staff were suitable to support people. People received effective care and support from staff who were well trained and competent. Staff were positive about the training opportunities available to them.

The service provided safe care to people. People were relaxed with one another and the staff group. People commented on the importance of companionship and their friendships within the home. Activity staff tailored their approach to people's individual needs, recognising people's strengths and interests. The garden was popular as a meeting place for people and their guests; a café in the foyer provided food and drinks for these occasions.

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's equality, diversity and human rights were respected. People's rights were protected because the service followed the appropriate legal processes. Care plans were personalised to reflect people's personal preferences.

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

People's views and suggestions were provided with the opportunity to feedback on their experience, which was taken into account to improve the service.

Visitors and people living at the home commented on the cleanliness and the well-maintained environment. Staff followed current hygiene practice to reduce the risk of infections. Health and safety checks of the premises and equipment were carried out at regular intervals.

Staff spoke positively about communication from the interim manager and deputy manager who were new in post. During the inspection, work was undertaken to ensure processes and information were more person centred and easy to access. A number of methods were used to assess the quality and safety of the service, including feedback from people living at the home who had made positive contributions to the experience of moving to Cumberland Grange.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 July 2021 and this is their first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cumberland Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was unannounced on the first day. It was announced on the second day. On the third day, a medicines inspector visited and the fourth day we gave feedback to the management team on a Microsoft Teams call. An inspector, an assistant inspector and a medicines inspector visited the service.

An Expert by Experience visited the service and spoke with people living at the home. A second Expert by Experience called relatives to gather their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cumberland Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cumberland Grange Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was an interim manager who started working at the home in July 2022 until the care home they had been appointed to manage was ready to open in another county. In November 2022, we were advised that a new manager had been appointed to run Cumberland Grange Care Home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the home had been registered. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on their care.

During the inspection, we spoke with 12 members of staff which included the interim manager and the regional director. 16 staff members completed questionnaires sent out by CQC. We spoke with 10 people who lived at the service and observed interactions between people and staff. During our site visit we spoke with two visitors and spoke with nine visitors on the phone. We also spoke with a visiting health professional.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. People were at ease and looked comfortable in the company of staff and each other. They said, "Definitely feel safe" and "I'm well looked after, I'm safe, they are good to me." Relatives said they would recommend the service to other families. For example, "I would recommend them from the bottom of my heart, I know my mum is happy...Gets on well with the staff."
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.
- There were systems to monitor referrals by the service to the local safeguarding team. The interim manager demonstrated their safeguarding knowledge by the actions they had taken to safeguard an individual living at the home.

Assessing risk, safety monitoring and management

- Before people moved to Cumberland Grange Care Home an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being.
- People's care needs were reviewed, and where necessary updated to ensure they reflected the person's current needs. Where necessary, care records identified risks in relation to falls, nutrition and continence.
- Staff told us they were updated on each shift through verbal handovers and written records if people's care needs had increased, which enabled them to provide appropriate monitoring and support.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, for example, equipment, fire safety, and hot water temperatures.

Staffing and recruitment

- The staff team met people's care needs. Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff, and where necessary, arranged agency cover to fill temporary vacancies.
- However, people were concerned about changes in the staff team and some felt more needed to be recruited. We saw staff were attentive, for example checking on people's comfort and providing reassurance. We did not see an impact on the care of people living at the home, instead the changes of staff made some people feel unsettled.
- Visitors and relatives observed the staff team were busy and noted there was regular changes in the staff group. However, they complimented the skills of the staff team. For example, stating there was "a good atmosphere, good culture...we are very happy: it's the right place for my parents."
- The staff team had worked hard to ensure staffing levels were suitable to meet people's needs. Staff had covered shifts at short notice due to sickness and worked well as a team. One relative commented that

despite the changing staff group, their relative had been provided with consistent care and "...carers themselves have been very wonderful."

- Relevant checks were completed to ensure staff were suitable to work in a care setting.

Using medicines safely

- There had been some supply issues and delays in obtaining some medicines. The interim manager was arranging meetings with the supplying pharmacy and GP surgery to try to overcome these problems.
- There have been some medicines issues and errors reported. These had been investigated and measures put in place to reduce the risk of a recurrence. These have reduced recently as medicines management improved. Staff received training and had competency checks to make sure they gave medicines safely. These had all been recently updated as a result of these incidents.
- Staff recorded on Medicines Administration Charts (MARs) when people's medicines were given. Current records showed that people received their medicines in the way prescribed for them.
- Creams and external preparations were recorded on separate sheets when they were applied. These had directions and body maps to guide staff where they should be applied, however some products didn't have full directions recorded, which we were told would be addressed.
- When people were prescribed medicines 'when required' there was person-centred guidance for staff as to when these would be needed.
- People were supported to look after some of their own medicines if this was safe for them. There was a regularly reviewed risk assessment for one medicine, however these were not in place for two people who looked after some of their medicines, as required by the home's policies.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security. The temperature in the fridge was monitored, but not the maximum and minimum range to give assurance that these medicines were stored at suitable temperatures. We were told this would be addressed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting. During our inspection there were a number of visitors to the home who were greeted by staff and supported with infection control measures, including having their temperature taken.

Learning lessons when things go wrong

- There were systems in place that ensured accidents, incidents or near misses were reviewed by the service

management and remedial action was taken to reduce any identified or emerging risk.

- Where necessary, the service had escalated concerns to professionals, including safeguarding, to help reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they started to use the service. During the inspection, the management team were clear about the importance of their roles to ensure the service could meet people's care and emotional needs.
- Information from assessments were used in planning and delivering care in a way which met people's individual needs. Staff reviewed people's assessments and ensured any changes in needs were recorded and catered for.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their individual roles through a range of comprehensive training, supervisions and competency checks.
- Staff said they had the level of training they needed, or there was training planned to ensure they could care for people safely. Staff said they were encouraged to learn new skills and roles to advance their knowledge.
- Staff gave positive feedback on their induction experience which showed they felt well supported and prepared for their role. New staff also commented on a warm welcome from their colleagues when they arrived for their induction.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. However, people expressed frustration around the management of food in the home. Their relatives said when the home opened the meals had been good, but this had changed.
- Some people living at the home were disappointed by the quality and choice of food saying "The food is not what it was" and "There have been issues about the food since the chef left"; others said, "Food is perfectly OK" and "Food on the whole is good." People were frustrated by some food not being available due to not being ordered. The interim manager explained one of the two permanent chefs had left; they had been popular with people living at the home. Consequently, agency chefs had been booked but this could lead to stock not being ordered in a timely and consistent manner.
- Following the inspection, the interim manager said the vacancy for a permanent chef had been filled which they said would address the concerns shared during the inspection.
- The dining room was a welcoming place to eat; each table was attractively set, and menus were clearly displayed.
- During our inspection, we saw a range of drinks were readily available, which people and visitors confirmed. Staff knew people's preferences but still checked with individuals to ensure they had choice and

their drink was prepared in their preferred way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals when their needs changed, for example dentists and GPs. This was confirmed by their care records. People told us they were well cared for by staff, but health professionals visited when necessary. During our visit, a health professional raised communication issues between the surgery and staff at Cumberland Grange. We introduced them to the regional manager who was visiting the service during our inspection; a subsequent meeting with the interim manager and the GP led to this issue being addressed.
- Staff worked with relevant health professionals to provide specialist support to people, for example to maintain their nutrition and hydration. People were weighed, and their health monitored, with action being taken where necessary, for example fortified meals for unplanned weight loss.
- Visitors told us there had been good communication and information sharing when their relative had moved from another care setting. Staff confirmed they recognised the importance of gaining an accurate picture of people's care needs whether from the individual and a hospital or care home setting.

Adapting service, design, decoration to meet people's needs

- People told us they appreciated their surroundings, including the size of their bedrooms and the quality of the furnishings and décor. For example, "Oh yes, it's like a 5 star hotel without the swimming pool!" and "Oh yes, it's a beautiful place."
- There was an attractive secure garden with a range of plants, raised flowerbeds, with a choice of paths and seating areas. We saw people using this area, chatting to one another or just enjoying being outside. Some people's rooms had doors onto the garden and people had personalised the space outside with bird tables or their own preferred plants.
- There was a choice of communal spaces to spend time, one group of people met together in the café in the foyer, reading the newspapers and sharing their views. There were a range of lounges, including a cinema room. The choice enabled family celebrations to take place in a private room and the third floor was available for community projects.
- The interim manager acknowledged there had been issues with the performance of the lifts with engineers called out to address faults, but this had not impacted on people's movement. There were two lifts in the home, and they had not been out of action at the same time. Most people's rooms were based on the ground floor and those on the first floor had not had their access restricted.
- A Barchester dementia specialist advisor had visited and environmental changes were planned for 'Memory Lane' on the first floor, which the interim manager said would enhance people's independence and well-being.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when

needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- An urgent DoLS application had been made to ensure an individual's rights were protected but an assessment of their capacity to make a decision about an individual risk had not been completed. This was quickly rectified by the interim manager.
- People's legal rights were usually protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Peoples capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Positive and caring relationships had formed between people and staff.
- People were positive about the skills of the staff group in maintaining their dignity. For example, "The staff are caring, they treat me with respect" and "They are very polite and kind. They are respectful to me." This included when staff supported them with personal care.
- We saw the staff group worked well as a team, which benefited people as their care was provided with a focus on their dignity and individuality. A staff member said, "It is a good close knit supportive team and we all have the interests of the residents at heart."
- Staff in different roles in the home recognised their role included providing a caring response, for example one staff member said, "I love supporting the residents and being somebody they can speak to and rely on or to simply have a laugh with to make their day." During our inspection we saw a person living at the home sit alongside this staff member to arrange a medical appointment. They were treated as an equal by the staff member and there was a good rapport between them.

Ensuring people are well treated and supported; respecting equality and diversity

- People commented on the importance of companionship and their friendships within the home. We saw how staff recognised these relationships and in discussions they clearly understood the importance of these connections. Staff shared examples where relationships had been supported and we saw examples of this practice during our inspection.
- People were interested in the experiences of others, and their life history, which showed their sense of well-being was supported by the culture and atmosphere of the service. People lingered after their lunch to chat with one another and the atmosphere was relaxed.
- Visitors said the staff group were kind and accommodating, trying to meet people's individual care needs and interests. For example, one relative said, "To be honest I am very pleased with Cumberland Grange, works well, staff happy, (and) residents. Excellent environment."
- Staff were respectful in their manner, including when discussing people's changing needs with each other or sharing information with us. They were inclusive in their language and recognised when people needed additional support. A relative commented, "She is not very good in activities, she is very shy, (activity coordinator) does invite her to do activities she is very good at that, she needs encouragement...they are very good."
- There were strong caring role models in the team; the activities coordinator was an advocate for celebrating people's individuality and abilities; this approach was highlighted in their records through recognition of the impact of an individualised approach. For example, following an involvement in an external community project, they wrote the person "felt empowered, helpful and useful, which is her natural

way of living life, her identity was reinforced. She was very happy for the whole day. It was a good topic of conversation for many days afterwards."

- Staff recognised some people living with dementia took comfort from touch and tactile objects. We saw an individual had been provided with an interactive object which we saw gave them reassurance. Their relative described the person as "warm, kind and loving" and commented the staff "are, well, loving too and that means more than activities."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people and their relatives to be involved in making decisions about their care.
- People living at the home had decided they wanted to run their own residents' meeting, this was chaired by one individual to facilitate the group and take minutes. The group then met up with the interim manager to share their feedback and suggestions. This was now a regular event, and ideas from the group were being adopted, for example to personalise the welcome pack and create a buddying system for new people moving to the home.
- Visitors were generally positive regarding their relative's care plan. For example, describing how their relative had been involved in their care plan and how information they had been provided had also been incorporated. Several others said this process could be improved to ensure all relevant information was included.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew the people they supported well. This was demonstrated through their approach and our conversations with them and through our conversations with people living at the home. People were pleased the staff team was beginning to stabilise and commented positively on new appointments.
- Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. Any missing information was immediately rectified by the interim manager and we could see reviews had become more robust and regular. These had picked up on changes to people's health and well-being, with appropriate referrals made to health professionals, where necessary.
- Appropriate assessments were completed and up to date, from initial planning through to on-going reviews of care. This helped staff provide personalised care and support.
- People's care plans covered areas such as skin care, mobility, personal care and eating and drinking. For example, suggesting different types of food preparation to increase a person's independence when they found using cutlery difficult.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with their friends and family. During our inspection, there were numerous visitors, and people entertained their guests in communal areas and the garden.
- There was a broad range of social events, including a weekly exercise group, which took place outdoors in good weather. A minibus was in regular use for group trips and spontaneous visits for individuals, such as shopping at Waitrose. Staff were careful to ensure social activities met people's individual abilities, including those choosing to stay in their rooms. An interactive mobile 'Magic Table' could be used to engage with people cared for in bed to spark conversations and engagement. The 'Magic Table' is an interactive projection which can stimulate, calm or create a creative challenge for people living with dementia.
- People were supported to continue with activities that were meaningful to them. One person was able to continue with their love of playing the piano, and a music group had been instigated by people living at the home. A poetry group had also been set up by people living at the home and had become a place to share memories and accompanying feelings.
- People said the range of social events fulfilled them, for example "I don't get bored. I like reading, I do gardening. Everyday there is an activity, something for everyone." Despite this some people said they were bored, which included people who felt too tired to join in.
- Relatives commented positively on the social events. For example, one said "She has done a few activities which has surprised me, she has gone on some trips out, the activities coordinator is very lovely. It's has been very good. She has access to the garden, and she goes out to it."

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise concerns in relation to the care at Cumberland Grange. The interim manager and the area manager said they would address feedback from people who said there was not always a consistent response to complaints or concerns.
- There had been a previous unrecorded complaint, which came to light when we spoke with a visitor. They said they were still waiting for a formal acknowledgement of the concern they had raised which related to a safeguarding issue. The interim manager said they would follow this issue up with the individual which happened prior to their appointment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff explained how they supported people with sensory loss, for example, reduced vision. This included reading letters to people out loud or menus with the person's agreement.
- Staff were observant, and when necessary, subtly stepped in to support people whose verbal communication was impacted by dementia. This ensured they felt understood and included

End of life care and support

- Nobody was receiving end of life care at the time of our inspection. Staff told us they had worked closely with the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way.
- Staff described how they changed their approach to support people with palliative care, for example the way food and drink was offered and prepared.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had not been consistency in the management of the home. There had been one manager who was registered with CQC in July 2021. They left the service in approximately October 2021. Since then another permanent manager left the service after approximately five months and there had been several interim managers. This included the interim manager who had been overseeing the service since July 2022. We were told following our inspection that a new permanent manager had been recruited and was due to start their induction.
- People living at the home were aware there had been changes of manager. Comments included, "The current manager is delightful, very approachable. Previous managers didn't stay long", "I don't know who the manager is", "I know the manager, she's fairly new" and "The manager is lovely, but they can't do marvels. There was no one at the helm for a while." The current interim manager had attended a residents' meeting in their first month, which was well attended.
- All of the relatives told us the changes of management had not been well communicated by Barchester. For example, "It was not communicated well that there was a new manager starting, I actually don't know who she is, I haven't had any direct contact with her" and "Communication has been poor, in fact no formal communication on managers changing..." A relative survey in 2021 echoed concerns about the lack of continuity of manager and staff.
- Other relatives said they only knew of changes of manager because the care staff had informed them. All relatives felt communication on the running of the home could be improved. However, some commented they had not seen a decline in the running of the home with the changes. The current interim manager had met with a number of relatives at the home's Garden Party, but their interim role had not been formally communicated by the organisation. A health professional who regularly visited the service also expressed frustration around the changes of manager in respect of building an on-going relationship.
- Staff were clear about their own roles and responsibilities but also how the larger staff team connected for the benefit of people living at the home; this was encouraged by a regular heads of department meeting. The staff team were dedicated to their roles and good teamwork. For example, how they shared information to ensure risks to people's health were managed and changes in people's well-being were monitored.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- We identified the recording of complaints required improvement so they could be audited to show how concerns and complaints had been addressed. This was based on feedback from people living at the home

and visiting the home, and a lack of records relating to previous formal complaints. Patterns and themes from ongoing concerns were lost as staff responses were in people's daily records rather than being recorded in a way to provide an overview of how issues had been resolved.

- When required, relatives or those acting on people's behalf were usually informed as soon as possible of any adverse incident. However, some relatives that they had not been informed in a timely manner, for example about falls.
- During the inspection, the interim manager explained how they had not been confident with the quality of some previous inductions for staff, which had now been addressed by additional training and competency checks. This included medicine training. Staff were positive about the current quality of training. During the inspection, action was taken by the interim manager to address gaps in the induction of laundry staff.
- There was a range of effective quality monitoring and governance systems both on a local, regional and national level. This meant the risks of poor care being received were reduced. However, there were some issues not identified by the audit system which were addressed during the inspection. For example, how complaints were recorded and resolved.
- There was a clear management structure with a series of audits at each level to demonstrate to the provider their internal governance was effective.
- The management team had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at ease in their home and their community. They expressed their views to one another and staff. Staff sensitively ensured people were included and responded tactfully or with gentle humour, depending on the person, when there was a misunderstanding or a misplaced item.
- Staff were positive about the impact of the current interim manager and the deputy manager who had been in post since May 2022. Staff said they were an approachable team and provided a high level of support and leadership.
- Staff commented on the positive working atmosphere, "All in all Cumberland Grange is a well led care home and I feel happy to be part of the team caring for some of the most interesting people I've ever met" and "Knowing that (manager) and (deputy manager) will always make time for me if I need them for anything at all – their doors are always open."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems to ensure feedback could be sought from people, relatives and staff to help improve the service.
- People were offered the opportunity to attend meetings to share their social and care experiences in the service and make suggestions for improvements. Minutes showed people felt safe and empowered to express ideas and suggestions.
- Staff confirmed supervision had improved and felt supported in their job.
- Key messages were communicated to staff on the needs of people living at the home which ensured staff were promptly aware of any changes.

Continuous learning, improving care; Working in partnership with others

- There were systems in place to improve care and reduce risk through the accident, incident and safeguarding evaluation. We saw examples of where action had been taken to reduce risk.
- Governance records showed the service had continually evolved in response to the changing legislation and guidance during the Covid-19 pandemic.

