

Star Sri UK Limited

# Cumberland Court

## Inspection report

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Date of inspection visit:  
23 May 2023

Date of publication:  
05 July 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cumberland Court is a residential care home providing accommodation and nursing care to up to 20 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 17 people using the service.

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

People's care plans and records were not always well completed. The quality of the service was regularly monitored through audits. Where shortfalls were identified these were not always addressed in a timely way. We identified areas where further improvements were needed in relation to people receiving appropriate oral care and the general tidiness of the environment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's risks were managed safely. Staff knew people well and understood the risks associated with their care and support. People were protected from the risk of infection. Staff understood safeguarding risks and procedures and knew what to do if concerns were raised. People were supported to receive their medicines when they needed them. There were enough staff, who had been safely recruited, working in the service.

People were supported to have enough to eat and drink throughout the day. Staff received regular training and supervision to ensure they had the knowledge and skills to support people. People were supported to maintain and improve their health with support from health care professionals.

There was a positive culture at the home. Feedback from people, visitors and staff was good. The provider and care manager were committed to improving and developing the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 27 July 2019).

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this report.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Enforcement and Recommendations

We have identified breaches in relation to Need for Consent and Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Cumberland Court

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by 1 inspector.

#### Service and service type

Cumberland Court 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 Court 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 a new manager who had been in post for 1 month. They had previously been registered manager at the service and were planning to apply to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we reviewed the records of the home. These included recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration records, 4 care plans and risk assessments along with other relevant documentation to support our findings. We spoke with people who lived at the home and got feedback from 4 of them and 3 visitors. We spoke with 5 staff members, this included the provider and manager. We also contacted 3 health and social care professionals for feedback.

We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas, this included the lunchtime meals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were protected from the risk of harm, abuse or discrimination. When concerns had been identified the provider had ensured referrals had been made to appropriate safeguarding authorities.
- Staff told us what actions they would take if they felt that people were at risk of harm from abuse. This included reporting to the manager and external organisations if required. Staff also spoke about providing reassurances to the person involved.

Assessing risk, safety monitoring and management

- Risks to people had been identified, however, there was limited information within some care plans to inform and guide staff. This is discussed in the well-led section of this report.
- Staff were aware of the risks associated with the people they supported. This included risks associated with mobility, skin integrity and emotional responses to situations. Staff were able to tell us, and we observed, how they supported people with their mobility and how they responded when people were distressed.
- Environmental risks were identified and managed. Health and safety checks and fire checks were completed. Servicing contracts included electrical equipment, gas and lifting equipment. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

Staffing and recruitment

- Before the inspection concerns had been raised about the recruitment of overseas staff. At the inspection we found that staff had been recruited appropriately and safely. Appropriate checks had been completed, these included references and criminal record checks from the staff members home country. The provider explained how other external organisations also maintained oversight of the recruitment of overseas staff.
- We were told there were enough staff working each shift to support people. There were 4 staff working during the day. This included the housekeeper and cook. The manager supported people in addition to their managerial work. People were attended to promptly. A person said, "If I ring my bell then someone will come."
- Due to increasing frailty some people's care needs had increased and they required 2 staff to support them with moving and transfers. We discussed with the provider the need to continually review staffing levels to ensure people's needs were continuing to be met in line with their individual preferences. The provider assured us that this was something they were mindful of.

Using medicines safely

- Systems were in place to ensure medicines were ordered, stored and administered safely. Medicines were given to people individually in a way that suited each person. Medicine administration records (MARs) were completed after the medicine had been given. Only staff who had received medicine training and been assessed as competent gave people their medicines.
- Some people were able to manage some of their own medicines independently. Risk assessments had been completed to demonstrate this. These were regularly reviewed.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Records showed these were only given when needed.

#### 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.
- Family and friends were free to visit the home whenever they wished. One visitor told us, "I used to phone and let them know I was coming but now I just turn up."

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff recorded and reported concerns they identified. Information was shared with staff to ensure they were aware of any changes to care and support.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always following the principles of the Mental Capacity Act. Mental capacity assessments had not been completed for some people who were deemed to lack capacity.
- Mental capacity assessments had been completed, however these were not decision specific. They did not include details of what the mental capacity assessment related to. For example, one stated, "[Name] can make some decisions but is unable to retain the information." There was no information within the capacity assessment or within care plans to show which decisions the person could make for themselves. There was no information to show the person or representatives had been involved with the mental capacity assessment.
- Care plans had been signed to demonstrate the person had been involved with, and consented to, the care plan and review. However, care plans were signed by staff who did not have the legal authority to consent on the person's behalf. There was no mental capacity assessment or best interest decision to demonstrate how the person had been involved or how decisions had been made.

These issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw historic mental capacity assessments that had been completed by the manager when they had previously worked at the home. Although these needed to be reviewed, they demonstrated a good understanding of the mental capacity assessment process.
- Staff told us they always asked people's consent or permission before providing care or support. We discussed people who were less able to consent. Staff told us because they knew people well they were able to identify, through people's body language whether they were consenting and agreeing.
- DoLS applications had been submitted for people who did not have capacity and were under constant supervision.

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

- Improvements were needed to some aspects of the decoration of the service. Areas of the home were untidy, for example, bathroom cupboards contained items of clothing, body creams and toiletries. It was unclear who these belonged to. Whilst these did not pose any safety risk to people it did not contribute to a homely living environment. We identified this as an area that needed to be improved.
- Improvements were needed to some aspects of the design and decoration of the service. This included communal areas, bathrooms and managing odours. The provider and manager were aware of this, and plans were in place to complete this work over time. There was an outside seating area and work was due to commence to make this ready for the summer.
- People's bedrooms had been personalised with items of the persons choice, such as photographs and other individual items. There was level access throughout the home through the use of a passenger lift. People were supported to spend time wherever they wished. There were accessible showers and toilets had rails and raised seats to help support people's independence.

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

- We identified that some people did not have toothbrushes or toothpaste. The care plans for these people stated they needed support to maintain their oral hygiene. We raised this with the provider as an area to improve to ensure everyone who needed support with oral care received it. See also the well-led section of this report.
- People were referred to health care professionals when needed and when their health needs changed. A healthcare professional from the GP surgery contacted the home weekly to discuss the needs of people. Staff had regular contact with district nursing teams to help support people where needed, for example, wound care.

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

- Before moving into the home people's needs and wishes were assessed to ensure they could be supported effectively. When people moved in care plans were developed and regularly reviewed. However, the care plans did not always reflect the care and support people needed or received. This is further discussed in the well-led section of the report.
- Recognised tools were used to assess people's level of risk of skin damage and malnutrition.

#### Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people effectively.
- There was a training program and staff received face to face training. When staff started work at the home they completed an induction period to introduce them to the running of the home and time spent getting to know people. All staff completed the Care Certificate. The Care Certificate is an agreed set of standards that

define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they found the Care Certificate helpful. Following training, assessments were completed to ensure staff competencies in relation to moving and handling and medicines.

- A supervision program had been developed and staff has started to receive regular supervision. This helped to identify areas where staff needed to improve or develop their practice. Staff also told us that the provider regularly provided feedback on their practice. One staff member said this was helpful and enabled them to develop. They told us, "I learn something new every day."
- The provider had developed a learning pack for staff to enable them to understand processes at the home. This included template guidance for completing forms.

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

- People were supported to have enough to eat and drink throughout the day to meet their nutritional and health needs and individual choices and preferences. One person told us the food was lovely. They said, "I did have some issues at first, but I spoke with the chef and they have been sorted out." There was information in the kitchen about people's specific dietary needs and meal types and these were provided appropriately.
- Where required people were provided with appropriate support to eat their meals. This included prompting and encouraging to help people maintain their independence.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Improvements were needed to aspects of record keeping. Care plans lacked detail, they were basic and did not include all the information staff may need. Some people did not receive a great deal of support from staff and their care plans reflected their needs appropriately. However, for people who had been admitted with more complex needs or needs had changed since admission their care plans and records did not reflect the care and support they required or received. Some care plans contained conflicting information. The care plan for 1 person stated they needed support from 1 staff member, however care plan reviews stated that 2 staff were needed. The 2nd person's care plan stated the person needed a handling belt or hoist for transfers. An assessment by an external professional identified that a hoist was required for all transfers.
- One person's care plan and daily notes referred to the way the person may express themselves. This presented challenges for staff in supporting the person to maintain their personal hygiene and dignity. There was a lack of guidance about how to support this person consistently.
- Not everyone identified at risk of developing pressure damage had care plans to guide staff. Where care plans were in place there was no information to show that the care had been provided.
- There was a lack of assessments to support care plans. For example, where people required support with mobility or were at risk of falls there was no assessment to demonstrate where the support was needed and what the person was able to do for themselves.
- Daily notes did not reflect the care and support people received each day, they did not detail pressure area checks, oral care, or continence support. We had been told there was currently no activity staff and staff were supporting people with activities. This had not been recorded therefore the provider could not determine if people had enough to do each day.
- Some people required support to maintain their continence, care plans reminded staff to provide this support. This was not detailed and there was limited information to demonstrate that this had been provided.
- There were a range of internal audits in place however these had not identified the shortfalls we found. An audit from an external consultant, completed in January 2023 identified some of the shortfalls we found in relation to mental capacity, care plans and record keeping. However, action had not been taken to fully address these. Audits had not identified the shortfalls we found in relation to oral care or identified the general untidiness in some areas of the home, as described in the effective section of this report.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. Care records were inconsistent and did not always detail the needs of people. This is a breach of

regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a consistent staff team who knew people well and were able to tell us how they supported them. However, the lack of information meant people could be at risk of receiving inconsistent or inappropriate care and support.
- At the time of our inspection there was not a registered manager in post. There was a new manager who had been in post for 1 month as manager. They had previously been registered manager at the service and had also worked at the home in another role. They knew people and other staff well and had a good understanding of the improvements that were needed. They were supported by the provider on a day to day basis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. People told us they were happy living at the home. One person said, "I'm very happy here, I can come and go as I please." We saw people who were less able to express themselves engaging well with staff and were relaxed in their company. One visitor told us, "[Relative] is wonderfully well looked after, eating well, sleeping well, always smells sweet and clean. The staff are lovely." Another visitor said, "Staff are very welcoming, if there's any problems they will address it. I can ring at anytime and if [name] is unwell they will always let me know."
- Staff told us they were well supported and received regular supervision. One staff member told us, "We work as a team, we try our best and we love our residents."
- The provider was mindful of potential cultural differences for overseas staff. He explained how he supported staff to understand, for example, potential nuances within the English language.
- People, relatives and staff were regularly asked for their feedback about the service. This included one to one discussions with the provider and feedback surveys. There had been a recent residents meeting where people had been asked for their feedback about meals and activities. Opportunities were given for people to raise any issues they may have.

Continuous learning and improving care; Working in partnership with others

- The provider was able to identify, and discussed with us the reasons for the shortfalls that were identified. They told us what actions they were taking to prevent this happening again. The care manager had reintroduced audits to review accidents and incidents to identify if there were any themes or trends. Records showed that staff worked with external professionals to improve and develop the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not following the principles of the Mental Capacity Act 2005. 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(b)(c)