

Star Sri UK Limited

# Cumberland Court

## Inspection report

6 Cumberland Gardens  
St Leonards On Sea  
East Sussex  
TN38 0QL

Tel: 01424432949

Website: [www.cumberlandcourt.co.uk](http://www.cumberlandcourt.co.uk)

Date of inspection visit:  
01 July 2019

Date of publication:  
29 July 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cumberland Court is a care home providing accommodation and personal care for up to 20 older people, in one adapted building. At the time of the inspection there were 15 people living at the home. People living at the home had a range of needs. People's needs were frailties associated with old age. Some people were living with the early stages of dementia.

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

People received support from staff who knew them well, understood their needs, and were kind and caring. People's care and support needs were assessed and reviewed. This meant people received care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests and friendships. They were able to take part in a variety of individual and group activities that were meaningful, and they enjoyed.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

Staff received training that helped them to deliver the care and support people needed. They received regular supervision. People's health and well-being needs were met. They were supported to receive healthcare services when they needed them. People's nutritional needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

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.

The provider and registered manager had good oversight of the service. They knew staff and people well and provided a supportive environment to live and work. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop 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 requires improvement (published 10 July 2018) and there were two breaches of regulation. We issued a warning notice and met with the provider to discuss the improvements that were needed. The provider completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made, the warning notice had been met and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cumberland Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cumberland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

#### During the inspection

During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits, and policies and procedures along with information about the upkeep of the premises.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

We spoke with eight people, two visitors, and five staff members. This included the registered manager and the provider who was present throughout the inspection. We also spoke with two visiting health and social care professionals. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals. 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 talk with us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found risks to people were not always safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- One person told us, "This is the safest place you can be, staff are around all the time and listening out in case anyone needs help. They check on you regularly even before you think about pressing the call bell. If this does not make you feel safe and secure I don't know anything else that will."
- Risks to people had been identified and risk assessments completed. These provided guidance for staff about the care and support people needed to stay safe. We saw care provided reflected what had been recorded in people's risk assessments and care plans.
- Some people were at risk of developing pressure wounds. There was guidance about how these risks were managed. This included pressure relieving cushions, regular checks of people's skin and contacting the district nurse if any concerns were identified.
- Risks associated with choking were safely managed. There was information about the type of diet people needed, for example, pureed and whether they needed their drinks thickened. People received the care and support described in their risk assessments.
- Some people were living with health-related conditions such as epilepsy. There was clear guidance about how staff should support the person in the event of a seizure. This included how to support the person during and after the seizure.
- Where people may display behaviour that challenged there was clear guidance about measures staff should take. This included how to minimise the risk of an incident occurring and what steps to take to resolve any issues that may arise.
- Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances, the lift and moving and handling equipment.

## Staffing and recruitment

At the previous inspection we found there were not always enough staff working at the weekends. We asked the provider to address this and we found improvements had been made.

- There were two care staff and the registered manager working each weekday. The registered manager provided support for people in the morning and undertook their managerial responsibilities later in the day. At weekends there were three care staff working. This meant there were enough staff each shift to ensure people's needs were met. Some people needed support from two care staff. This ensured a staff member was always available if someone needed assistance.
- Throughout the inspection we saw people were attended to promptly. One person said, "My call bell is right at my bed side, I will call if I need help and the response is quick."
- There were two care staff working each night. In addition to the care staff there was a cook and domestic staff working each day.
- Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

## Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse, harm and discrimination. Staff received safeguarding training and told us what steps they would take to protect people if they believed they were at risk of abuse.
- There was information displayed to remind staff what actions they should take to protect people. This included contact telephone numbers for the local safeguarding team.
- The registered manager was aware of their responsibilities to report safeguarding concerns and work with relevant organisations to ensure appropriate outcomes were achieved.

## Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. Medicine records confirmed people received their medicines as prescribed. One person said, "My medications are always on time and they get to explain to me what I am having and the time and dose."
- Staff who gave medicines had the relevant training and competency checks by a suitably trained senior member of staff.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed, and if it had been effective when taken. One person told us, "If I have any pain and I need a pain killer they will give me one."
- There was a homely remedy policy. A homely remedy is a medicine that can be purchased over the counter and does not require a prescription. They can be used to treat minor ailments such as headaches or coughs and colds. If people needed a homely remedy for longer than 24 hours staff would contact the person's GP, for guidance. This helped to ensure it was safe for them to continue with the medicine or check if a prescribed medicine was needed.
- There were regular audits of medicines and action was taken when any shortfalls were identified.

## Preventing and controlling infection

- The home was clean and tidy throughout. One person said, "The cleaner comes in every day and she is doing her best, my room is perfectly clean."
- Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when needed, for example providing personal care and serving meals.
- There were enough hand-washing facilities available throughout the home.

- There were appropriate systems and equipment to clean soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained protected.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
- The registered manager spoke with the person following an accident or incident and used the person's words to describe their experience of the incident. One person said they had 'panicked' when being supported to move. Staff were made aware of this and extra reassurances were given when supporting the person.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed. Staff were also updated during handover.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained 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 needs were assessed before they moved into the home. This ensured their needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Information from the pre-assessment was used to develop the person's care plan and risk assessments, and these were reviewed regularly.
- Care and support was delivered in line with current legislation and evidence-based guidance and reflected professional's involvement. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Staff were then able to take appropriate action to reduce the risk. This included regular skin checks and the use of equipment such as pressure relieving mattresses to relieve pressure to their skin.

Staff support: induction, training, skills and experience

- Staff received ongoing training and updates that were relevant to their roles. These included training on infection control, moving and handling, mental capacity and equality and diversity. Competency assessments had been completed for staff in relation to medicines and moving and handling.
- People told us staff were well trained. One person said, "The staff look after me well and they make sure I am very comfortable. You can tell they are well trained in the way they handle you." Another person said, "Staff act in a professional way, they know how to take care of me properly."
- Staff also received further training specific to the needs of people living at the home. This included training on epilepsy, dementia and tissue viability.
- The service had introduced 'Champions' for aspects of care. This included nutrition, dignity, infection control, dementia and first aid. Champions are staff who have received training. They play a role in raising the awareness, knowledge and understanding of a subject area amongst other staff and help people and their relatives in planning and developing care.
- The staff member who was a dementia champion told us they had received further training which had provided more insight into the condition. They said the training had helped them understand people who were living with dementia. The training had highlighted the importance of listening to people. The staff member told us, "People know what they like or don't like, we have to listen to them, so we can give them proper care."
- When staff started work at the home they completed a three day induction where they were introduced to the day to day running of the home, people and the support they needed.
- They then completed a six week induction where they received training, read associated policies and

procedures. They completed a workbook which demonstrated their knowledge and understanding of the training received. The registered manager carried out observations of new staff. These further helped to demonstrate staff knowledge and understanding.

- Staff received regular supervision. Staff told us they were supported by the registered manager and could discuss issues at any time.

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

- People told us they enjoyed their meals and had enough to eat and drink. One person said, "The food is first class, I like the curried beef and curried chicken and never miss my fruits. If I don't like what's on the menu I tell them, and they give me another choice." Another person told us, "I think everything about the food is good, we have a great cook. There are drinks on the table if you want and I think every 15 minutes they ask if you want tea or coffee and a biscuit."

- People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflect their choices and preferences.

- People were able to eat their meals where they chose. During the inspection most people ate their meals in the dining room. One person chose to eat in the lounge. One person said, "I always look forward to meal time because that's the only time I like to go downstairs. It's pleasant and sociable."

- Where people required specialist meals, for example pureed or fork mashable, these were provided appropriately.

- People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration, or required a specialised diet. When nutritional concerns were identified, specialist advice was sought through the GP and followed.

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

- People told us they were supported to maintain and improve their health. One person said, "They (staff) ask about your health every day when helping you get up. They call the doctor for you if you are ill."

- Records showed, and people and staff told us people were supported to access health care professionals when their needs changed. During the inspection the staff contacted a person's GP for guidance and advice when people were unwell.

- People received regular healthcare support from dentists, chiropodists and opticians.

- Where people had specific health needs they received support from appropriate healthcare professionals, for example the speech and language therapist and falls team.

- When people had hospital appointments, staff were able to go with them if people wished for the support.

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

- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities.

- There was a lift which provided level access throughout. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.

- There was level access throughout the home and to the outside seating area. People enjoyed using the outside space.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- One person told us, "The staff always ask for my consent before they do anything, they will ask if I will like a wash or shower, or what do I fancy on the menu today. I like that very much, because it makes me feel involved."
- There were no DoLS authorisations in place, however, applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications were available to staff.
- Some people were living with the early stages of dementia but were able to make day to day decisions. Specific mental capacity assessments had been completed and demonstrated that people had capacity to make these decisions.
- Where people lacked capacity, this was also shown through mental capacity assessments and demonstrated how decisions were made in the person's best interest. For example, the reasons why a person was moved to a different bedroom.
- Throughout the inspection staff asked people's consent and involved them in any decisions before providing care and support.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with respect and staff were kind and compassionate. One person said, "I was brought here for a short stay, but I fell in love with the place, the staff are very caring, loving and thoughtful, I decided to stay, I have not regretted, I love it here very much." Another person told us, "The staff make me feel wanted and that makes me happy."
- There was a calm and friendly atmosphere at the home. There was relaxed and easy conversation between people and staff. We heard a lot of laughter and friendly banter. One person told us, "Staff sit with us while they are writing, we share jokes together and laughter, it makes you feel part of the family."
- Staff spoke to people in a supportive and considerate manner. We observed caring and compassionate interactions between staff and people. One person chose not to have their lunch in the dining room. Staff checked this person was happy eating alone and that it was their choice.
- Peoples protected characteristics under the Equalities Act 2010 were highlighted during assessment. This included needs in relation to culture and religion, for example their religious preferences to ensure their needs were supported. One person did not attend a church but liked to attend services at the home.
- Peoples' equality and diversity was respected. Staff talked about treating people equally. They had received training on equality and diversity to support people's differences. For example, supporting people to dress in a way that suited them. People told us they were not discriminated against in any way and one person said, "The staff respect you for who you are."

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

- People told us they were involved with decisions about how they received care including planning and making changes to their care and how they received support. One person said, "The staff support whatever decisions I make, they try to encourage you but will never force you to do anything against your will."
- Staff knew people really well. They were able to tell us about people's personal history, their likes and dislikes and how they liked their care provided. This knowledge helped staff to support people and involve them in making decisions. One person told us, "The staff are respectful and ready to discuss any care plan issues with you anytime."
- Most people made decisions independently or with support from their family and friends. Staff were aware when and how people needed support to make decisions.
- Staff were aware of the importance of confidentiality including documentation and conversations. People's care records were kept in a locked room to ensure they were securely stored.

- People were supported to maintain relationships with those that were important to them. Staff had developed positive relationships with visitors and welcomed them to the home. One person told us, "My daughter can visit at any time and they are always happy to see her, tea and cake or biscuit provided any time."

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Care staff enabled people to have privacy in their own rooms when they wanted it and understood the importance of people having their own personal space. One person told us, "I am a private person and like to stay in my room most of the time and they respect that."
- People's bedroom doors were closed before care or private conversations took place and discussions around care were done discreetly. Staff knocked on people's door and waited for a reply before they entered. One person told us, "The staff treat you with dignity and respect, they knock before coming in, I like my door to be closed half way, and they respect that."
- Staff supported people to be as independent as possible. For example, they assisted with personal care and ensured people felt unhurried and able to do as much as possible themselves. Staff were there to prompt and encourage people when needed. One person told us, "They listen to you and don't give up on you. They keep encouraging you all the time."
- There was information in people's care plans about what they were able to do for themselves and where they might need support. This included encouraging and prompting people, for example to maintain their mobility.
- There was a dignity champion at the home. Their role was to continually promote people's dignity. This role was being developed at the time of inspection.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

At our last inspection we found people were not always supported to enjoy activities that were meaningful. We asked the provider to address this and we found improvements had been made.

- People were encouraged and supported to remain active and have enough to do each day. There was a programme of activities which people could take part in as a group and as individuals. One person told us, "Activities have really improved."
- People's past life, interests and hobbies were assessed to inform the care and support provided. This provided guidance for staff. One person enjoyed watching television and there was information to remind staff to ensure the person's remote control was working.
- There was information about who was important to people, this included family members and pets. Staff used this information and their knowledge of people to engage and talk with them.
- Some people liked to go out independently and assessments demonstrated they could do this safely. One person liked to accompany staff on a weekly shopping trip to the supermarket. The person was then able to do their own shopping.
- There were a range of group and individual activities taking place each day. Throughout the inspection we saw people sitting together in the lounge, watching television, listening to music and enjoying themselves.
- People were supported to take part in activities they enjoyed. During the inspection people were completing jigsaw puzzles. People were helping each other, and staff were also offering support. There was a lot of laughter and chatter throughout the activity and people clearly enjoyed themselves. After the activity, people were still talking and laughing about what they had done.
- Some people liked to remain in their own rooms. They were supported to maintain their own interests and hobbies. These included, reading, cross-words and watching television. One person told us, "I am not interested in their activities. It's not something I would like to join."
- Care plans prompted staff to remind people about activities that were taking place and to support them to join in if they wished. One person said, "I like reading and spend my time reading. Sometimes I feel lonely, then I go for a walk in the garden or go and join everyone for lunch."
- There was an activity champion who was working to further develop an activity programme for groups and individuals.

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

- People received care and support that was person-centred. It met their individual needs and reflected

their choices. One person told us, "The staff just do the right thing at the right time, it couldn't be any better. They know I like to have breakfast in bed before a wash and I like to sit in the armchair before lunch and they make sure I am supported all the way through."

- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff supported people to mobilise safely around the home and ensured their continence needs were met.
- One person lacked confidence walking. Staff made sure they had their walking aids and that there were no obstacles in their pathway. This meant the person was able to retain their independence and confidence.
- Care plans were person centred. They included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. There was also information about people's hobbies and interests and what they might like to do each day.
- Care plans were regularly reviewed and updated with people.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. The provider understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to appropriately.
- People told us they did not have any concerns but if they did they would speak to the staff. One person said, "If I am not happy about something I will call for the manager or the owner, but I have never had anything to complain about."

#### End of life care and support

- As far as possible people were supported to stay at the home until the end of their lives. At the time of the inspection no-one was receiving end of life care.
- Care plans showed that people's end of life wishes had been discussed with them and their families.
- Some people were living with deteriorating health. They had detailed end of life care plans in place. These had been developed with the person, external healthcare professionals and their representative and care staff. This reflected people's wishes and provided clear guidance for staff.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found people's records did not reflect all of their care and support needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this.

At this inspection we found improvements had been made, the provider had met the requirements of the warning notice and was no longer in breach of Regulation 17.

- People's care plans and risk assessments were detailed. They included information about the support people needed, their choices and wishes, and how this should be provided. Risk assessments identified the risk and what measures were in place to reduce the risks. People's daily notes reflected the care they had received and what they had done each day.
- The registered manager knew people really well and had a good understanding of their needs. They were a visible presence at the home and often provided support with daily care. People were able to speak with her at any time.
- The registered manager was supported by the provider who visited the home three times a week. He was also available for the registered manager and staff to contact at any time.
- Staff were aware of their individual roles and responsibilities. For example, in providing care and who they should report any concerns to.
- Staff were updated at handover each shift about changes to people's care and support needs. This meant they were promptly told of any changes.
- There was an on-call system where staff could call a more senior staff member for support in the absence of the provider and registered manager.
- There was an audit system which included audits and checks by staff, the registered manager and the provider. Information from these audits was used to develop and improve the service. Areas for improvement were addressed promptly.

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

- People told us they were happy living at Cumberland Court. One person told us, "The owner and the manager are nice, friendly and approachable. They are people you can easily talk to and have a conversation with." Another person said, "I love everything about this place, and I like it here. It's not like your own home, but it makes me feel homely."
- There was a positive, person-centred culture at the home. The registered manager told us how they were working to further improve and develop this. There had been a number of manager changes in the past few years and the registered manager recognised this had been unsettling for some people and staff. One staff member told us, "It's improved, it's nicer, a more relaxed place to work." Another staff member said, "I think it's getting better, it's very homely, the pressure (to make improvements) is worth it. I hope we will keep improving." One person told us, "The manager is a nice person to talk to and she is ready to listen."
- The registered manager told us how they were working to further improve and develop the culture at the home by providing consistent guidance and support. She had also developed person-centred care plans which reflected each person and staff were now fully involved with daily activities.
- The registered manager ensured people were involved in every aspect of their care. This included talking to people and recording their feedback, using their own words, following an accident or incident.

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

- The provider and registered manager were fully aware of their responsibilities including those under duty of candour.
- The provider and registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the safeguarding team. They submitted relevant statutory notifications to the CQC promptly

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

- People and their relatives were encouraged to feedback about the service. This was done through regular meetings, surveys and daily conversation. People told us they attended meetings. One person said, "We had a meeting some time ago to let us know about the change of manager and we had a letter of information." Another person told us, "I cannot remember when the meetings are held, but they come and tell us about it, I am ok with that."
- The registered manager recognised that people were sometimes reluctant to complete surveys. Therefore, she had developed a simplified survey where people were asked if they were happy with the home, food, staff and activities. People were able to tick if they were happy or otherwise. There was space for people to write detailed comments if they wished. One person had commented that they enjoyed being able to, "do their own thing" and didn't wish to take part in group activities.
- One relative had commented in their feedback survey that they, and their loved one, were, "treated like one of the family."
- Staff were encouraged to share their views and feedback about the service. This was through surveys, meetings and regular supervision. Meeting minutes showed staff were updated about changes at the home and reminded of their responsibilities.
- Staff surveys gave staff the opportunity to feedback about the home. Where feedback had been given the registered manager explained how she had responded. For example, one staff member had expressed concerns about their safety whilst in the laundry. The registered manager had explained the safety measures in place. This included smoke detectors and fire alarms.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager had been working closely with the local authority Market Support

team to improve and develop the service. They told us they had learnt a lot from the experience and would continue to use what they had learnt to continue to improve the service.

- The provider had introduced the Plan, Do, Study, Act (PDSA) model for improvement. This meant they planned the changes to be implemented, carried out the changes, studied the outcomes to identify good effects from the changes, then planned the next change cycle using the information learned. This was displayed as an action plan at the home, so everybody was aware of the planned changes, what had been done and the next steps.
- The provider had also employed an external consultant to help develop the home. The provider told us that they would continue to work with the external consultant. This would help to ensure improvements were maintained and further areas for development could be identified.
- Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event reoccurring. This information was shared with staff to ensure learning and improvements had taken place.
- The provider and registered manager had introduced 'Champion' roles for staff. These roles were continuing to be developed to improve staff knowledge and further improve the care and support people received.
- The registered manager and staff worked in partnership with other services, for example GP's, district nurses, the frailty team and other specialist practitioners. This helped to ensure people's needs were met and best practice was followed.