

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:

08 May 2018

09 May 2018

Date of publication:

10 July 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Cumberland Court on 8 and 9 May 2018. The first day of the inspection was unannounced. The home has been inspected twice under the current provider. We undertook an inspection in September 2016 to look at the key question 'safe.' This was in response to concerns raised about the safety of the service. We found the provider was in breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this key question was rated inadequate. We inspected the service again in March 2017 where we found improvements had been made and the provider was meeting the regulation. However, further improvements were required to ensure these improvements were fully embedded into practice. At this inspection we also found people's records did not reflect their care and support needs and were not well completed. This had not been identified through the audit system and this was a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated requires improvement. The provider sent us an action plan and told us how they would address these issues.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements, and check that the service now met legal requirements. We found some improvements had been made, however the breach of regulation had not been met. We also identified a further breach of regulation. This is the second time the service has been rated 'Requires Improvement'.

Cumberland 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. Cumberland Court provides accommodation and personal care for up to 20 people in one adapted building. At the time of the inspection there were 17 people living there. People living at the home were older people who had a range of needs associated with old age and their health. Some people were living with the early stages of a dementia type illness.

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

This inspection found risks to people were not always well managed. Although staff understood the risks associated with supporting people not all risks had been identified. Guidance was not always in place to inform staff. People's records did not fully reflect the care and support they required and received. We found improvements were needed to ensure people were able to access a variety of meaningful activities throughout the day.

There was a training and supervision programme in place to help ensure staff had the appropriate knowledge and skills to meet people's needs. Staff had received training in line with the provider's policy.

There was a quality assurance system in place and this had improved since our previous inspection. However, it did not reflect all the shortfalls we found in relation to people's risks, care records and activities.

There were enough staff working during the week. However, there were less staff working at the weekend. We identified this as an area that needs to be improved to ensure enough staff are working each shift. A safe recruitment system was being followed.

People spoke highly of the staff and were positive about the care provided. Staff knew people well and had developed good relationships with them. They had a good understanding of the care and support people needed. This helped to ensure people received care that met their individual needs and choices.

Systems were in place to ensure accidents and incidents were well managed. Action was taken to prevent a reoccurrence. Staff understood the procedures to safeguard people from the risk of abuse. Staff knew what steps to take if they believed someone was at risk of harm or discrimination

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nobody living at the home was subject to a DoLS. Systems were in place to ensure medicines were ordered, stored, administered and disposed of safely. Where possible people were supported to manage their own medicines.

People were supported to eat and drink a variety of food that met their individual needs and preferences. Their health and well-being needs were met. People were enabled to have access to healthcare services, such as the doctor, when they needed them.

A complaints procedure was in place and complaints were responded to appropriately. The provider, registered manager and staff were working to improve and develop the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not consistently safe.

Risks to people were not always well managed.

Systems were in place to ensure accidents and incidents were well managed.

Staff understood the procedures to safeguard people from the risk of abuse.

There were not always enough staff working at the weekends.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received the training they needed in line with the provider's policy.

People were given choice about what they wanted to eat and drink.

The registered manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

Peoples health and well-being needs were met.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring staff.

People were positive about the care provided by staff. Staff knew people well and had good relationships with them.

People were encouraged to make their own choices and had

**Good** ●

their privacy and dignity respected.

### **Is the service responsive?**

The service was not consistently responsive.

People received care that met their individual needs and choices. Staff had a good understanding of the care and support people needed.

Improvements were needed to ensure people were able to access a variety of meaningful activities.

A complaints procedure was in place and complaints were responded to appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

People's records did not fully reflect the care they required and received.

There was a quality assurance system in place and this had improved. However, it did not reflect all the shortfalls we found.

The provider, registered manager and staff were working to improve and develop the service.

**Requires Improvement** ●

# Cumberland Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 May 2018. The first day of the inspection was unannounced. The inspection was carried out by 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' 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.

During the inspection, we spoke with nine people who lived at the home, one visitor, and seven staff members, this included the provider. We also spoke with two health and social care professionals who visited the service.

We spent time observing people in areas throughout the home and were able to see the interactions between people and staff. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who lived at the home. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

# Is the service safe?

## Our findings

At our inspection in September 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people were not always safely managed in relation to environmental and individual risks and management of medicines. At the inspection in March 2017 we found improvements had been made and the provider was meeting the regulations. However, further improvements were needed in relation to 'as required' (PRN) medicine guidance and individual risk assessments.

At this inspection we found improvements had been made in relation to PRN guidance. However, further concerns were identified in relation to individual risks.

We found risk assessments and care plans lacked information and guidance about the risks associated with caring for people. Where risk assessments were in place these lacked detail and were not consistently linked to care plans to provide guidance for staff. For example, risk assessments showed some people were at risk of developing pressure wounds. There was limited guidance about how these risks were managed. We saw these people were using pressure relieving cushions. Staff told us how they regularly checked people's pressure areas and skin condition. However, this information was not in the risk assessments or care plans.

Two people were at risk of choking and required specialist diets and thickened fluids. There were choking risk assessments in place but these did not contain detailed information. For one person it stated they needed a soft/fork mashable/pureed diet but did not actually define what diet it should be. A review of the care plan showed the person had been assessed by a speech and language therapist (SaLT) and to continue with the diet, but did not clarify what type of diet. Both people had been prescribed medicines and staff told us how these people took them. One person took theirs with yogurt another person with thickened drinks. This information was not in the care plan, although guidance from the SaLT was available for one person. There was confusion within the care plan about whether one person required thickened fluids. For the second person, it had been recorded that the person required thickened fluids but did not inform staff of the consistency of the drink or how they should be prepared. There were no choking care plans to guide staff, what actions to take to prevent the person choking, what symptoms may indicate the person was choking or what actions to take if the person did choke. We spoke to staff at length about these people. They were able to give us detailed and consistent information about the care and support these people needed. This included what actions they would take if the person was choking. Although this knowledge helped to reduce the risks to people this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not done all that was practicable to reduce the risks.

Medicines were managed safely. People told us they received medicines when they needed them. One person said, "Medications are always on time." Another told us, "If I need medication it is on time." At the last inspection we asked the provider to make improvements to their medicine procedures, in relation to body creams and to ensure protocols were in place for all medicines that had been prescribed 'as required' (PRN). People took these medicines only if they needed them, for example if they were experiencing pain. At this inspection we found the provider had received support from a local pharmacy team and improvements had

been made. Medicines were now being reviewed through the audit process. Where people had been prescribed body creams there were body maps in place which informed staff where the creams should be applied. PRN protocols were in place and staff had recorded when and why the medicine had been given.

Medicines were ordered, stored, administered and disposed of safely. The medicine administration chart (MAR) showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Only staff who had received medicine training and completed competency assessments were able to give medicines. This helped to ensure they had the appropriate knowledge and skills. There were a range of daily checks completed. This included storage temperature checks. Staff had a good understanding of how people liked to take their medicines and supported them to do this in a way that suited them. Some people were able to manage their own medicines. There were risk assessments in place to ensure they were able to do this safely.

Throughout the inspection we saw that people were attended to in a timely way. Their needs were addressed and staff supported them in an unhurried manner. People told us there were generally enough staff. One person said, "I think there are enough staff." Another told us, "Staff come very quickly if I ring (the call bell)." However, one person said, "They need more staff sometimes." There were three care staff, a cook and a housekeeper working each morning and three care staff in the afternoon. This meant care staff were responsible for preparing and serving people's evening meals and drinks. From the rota we noted the number of care staff reduced to two during the day at the weekend. One person's care needs had recently changed and they now needed two care staff to support them safely. This meant at weekends there was a risk this person may have to wait for support and other people would be left unattended. The provider told us he had identified the need for increased staff at the weekends and was in the process of recruiting more staff to cover this. We discussed this with the provider as an area that needs to be improved and continually monitored.

Accidents and incidents were well managed. Following any accident, incident or fall appropriate action was taken and recorded to ensure people's safety. This included a description of the incident, what action had been taken immediately and any follow up actions to prevent a reoccurrence. Information from incidents was analysed to identify any themes or trends. Information was also shared with staff to ensure they were aware of what had happened and any changes to people's support needs.

People told us they felt safe living at Cumberland Court. One person said, "The staff are wonderful here, we are lucky to have staff like them here, so helpful and kind, they make me feel safe." Another person told us, "I feel safe, I can see what is going on and I go downstairs all day. I have had no problems with my possessions not being safe." People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were able to tell us what actions they would take if they believed someone was at risk of harm or discrimination. They told us how they would report their concerns and understood their own responsibilities. We asked staff if they would be confident to report concerns to the local safeguarding team and they told us they were. Where concerns had been raised these had been reported appropriately to the local safeguarding team.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire checks took place and this included fire drills for staff. There were servicing contracts in place, for example the gas, electrical appliances and water temperature and the lift and moving and handling equipment.

The home and its equipment were clean and well maintained. One person told us, "It's very clean, I can't fault the place."

There was ongoing maintenance and redecoration at the home. Plans were in place to continually improve and develop the environment. There was an infection control policy and other related policies in place. Protective Personal Equipment (PPE) such as aprons and gloves were available and used appropriately during our inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean any soiled washing. Regular infection control audits were completed and these showed where areas for improvement were identified and what action was taken to address these. Security measures were in place and all visitors entering the service signed a visitor's book.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant information to ensure all staff were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work at the home.

## Is the service effective?

### Our findings

Staff knew people well and had the right knowledge and skills to look after them. One person told us, "The staff definitely do know how to look after me." Another person said, "I can pretty well look after myself but they are always there if I need them."

Through discussions and observations staff demonstrated a good understanding of how to care and support people effectively. There was a training programme and training was delivered in line with current legislation, standards and evidence based-guidance. Most of the training was online and the registered manager told us where training included a practical aspect this was provided face to face. Staff told us although they were able to complete this at their own pace they would like the opportunity to have face to face training with a trainer. The training matrix provided an oversight of staff training. This was not available during the inspection therefore the provider sent us a copy following the inspection. From this we saw training had not been completed in line with the provider's policy. We had further contact with the provider who told us they had discussed the training with staff who confirmed told us they had completed further training. However, this had not been reflected in the training matrix we were sent. The provider explained this was due to a technical issue with producing certificates and staff had completed the required training.

Staff who were new to the service completed an induction which included an introduction to the home and time shadowing other staff. This allowed them to get to know people and understanding their care and support needs. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager had identified there was no system to ensure staff received regular supervision. They had developed a programme and supervision responsibilities were now shared between the registered manager and deputy manager. A plan had been developed to ensure all staff received supervision throughout the year and this included attending regular staff meetings. Staff told us they felt supported and were able to raise issues with the registered manager and provider.

People's nutritional needs were met, they were provided with a choice of freshly cooked meals, drinks and snacks throughout the day. People told us they enjoyed the food. One person said, "Food is quite good, I have not had to refuse anything yet. We get a menu, plenty to eat, lots to drink and I can always get another one." Another told us, "Food is very nice, I enjoy my food, you get plenty, it is really beautiful."

Some people had difficulty in swallowing and required thickened fluids. Staff were aware of this and told us how they prepared these drinks. People were weighed regularly and this helped to identify if people were at risk of malnutrition. If people had lost weight or required professional support the GP was contacted for advice. Although information was not always available in people's care plans where they had been referred to a dietician or SaLT their advice was followed. The cook and staff understood people's dietary needs such

as specialist diets and individual likes and dislikes. There was information about people's diets available in the kitchen.

The menu was on display and staff supported people in their choices of meal. We observed staff talking to people about the evening meal, they told them what was available and offered alternatives. We heard the staff member add, "If you don't want that I can always make you something different, you know that." People were able to eat their meals where they chose and most people ate in the dining room. Tables were set with napkins, placemats and condiments. A selection of cold drinks and water were offered throughout the meal. People required minimal support with their meals however staff were available throughout.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health people were referred to see the GP or other appropriate professional. One person told us, "If I needed a doctor it would be arranged, a chiropodist visits and I have my eyes tested once a year." Another person said, "I have been to the dentist." Discussions with staff and records seen confirmed staff regularly liaised with a wide variety of health care professionals. This included the GP, district nurse and SaLT. Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. Healthcare professionals told us referrals made were appropriate and staff ensured people received appropriate support in a timely way.

People's individual needs were met through the design of the premises. Cumberland Court had been adapted to be used as a care home. There was a passenger lift which provided people with level access throughout the home. There were adapted bathrooms and toilets to support people. People were able to move freely around the home as they wished. There was a large decked area with level access from the dining room. There was seating and tables and we saw this was an area that people enjoyed using.

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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached.

People living at Cumberland Court had capacity to make decisions and mental capacity assessments had been completed when necessary to determine this. There was information within the mental capacity assessments about who had the legal right to make future decisions on behalf of people, when they lacked capacity to do this themselves. Throughout the inspection we observed staff asking people's consent prior to offering care and support and respected their decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody required a DoLS. The registered manager told us they were always mindful of people's capacity and continually reassessed to identify if DoLS were required.

## Is the service caring?

### Our findings

People told us they were treated in a kind, caring and patient way. One person said, "I think the staff are caring, they know me and do treat me with respect and dignity." Another person told us, "The staff are caring, they understand me very well." People told us they were happy living at the home. One person said, "The staff are always cheerful here, they come to me whenever I want them to, there is a good atmosphere here."

Staff knew people well, they had a good understanding of their needs, likes and choices and what was important to each person. Staff were able to tell us about the people they cared for and their personal histories. They spoke about people's individual care needs and preferences for example, what time they liked to get up, what they liked to do during the day and food and drink preferences. One person told us, "The staff fully understand me; they are wonderful, best part of this place."

People were able to spend their day as they chose. Interactions between staff and people were positive and kind. Staff chatted and with people as they went about their day to day tasks. We heard laughter and friendly banter. This helped to create a relaxed, homely atmosphere at the home.

People were treated with dignity and respect. One person told us, "Staff are very respectful here, they always watch my dignity, close the door and ask." We observed staff knocking at people's doors before entering. One person, who was very private, liked to spend time in their room. We observed staff knocking at the door, they told the person who they were and why they wanted to come in, for example to give medicines. When staff entered they then asked the person again if it was ok to come in. We heard friendly conversation and laughter when staff spent time with the person. People's bedrooms were personalised with their possessions such as personal photographs and mementos. This helped to make people's bedrooms appear individual and homely.

Peoples' equality and diversity was respected. They were supported by staff to maintain their personal relationships with people who were important to them. Visitors told us they were welcome at the home and staff understood the importance of involving family and friends in people's care. One person told us, "I can go out and about with my family, I am very independent." Another person said they had been out with their family during the morning. People had developed their own friendship groups at the home. We observed people spending time together chatting and eating meals. There was information in some people's care plans about their spiritual and religious choices. One person told us, "I am not interested in religion but it would be arranged if I was"

People were supported to retain as much independence and choice as possible. One person told us, "I am mostly independent but if I need help they will." Another person said, "They encourage my independence whenever possible." Throughout the inspection we observed staff supporting and encouraging people, for example whilst they were walking. People were supported to maintain their own personal hygiene and were well presented in clothes to suit their own choice and style. Where appropriate staff reminded people about dressing appropriately to suit the weather. We observed staff supporting a group of ladies to paint their

finger nails in colours of their own choice.

People's privacy was maintained and their right to confidentiality was respected. Care plans and other records were stored securely in the manager's office.

## Is the service responsive?

### Our findings

People told us staff understood their needs and supported them appropriately. People were involved in deciding how their care was provided. People's comments included, "They (staff) discuss my care with me, especially after I had a fall," "I have a shower regularly, I can get up and go to bed when I want to, I choose my clothes and my room is how I want it," and "I like a shower once a week and a wash every day, my choice, I could have one daily if I wanted to."

Supporting people to take part in a variety of meaningful activities helps them to maintain good physical and mental health. There was an activity programme and this included time each afternoon where staff supported people with activities. Most people told us they had enough to do each day. One person said, "I will do a quiz, I always have something to do like reading or knitting so activities don't bother me." Another told us, "I don't do activities, I sit here and do what I want, I stick to the same times to get up and go to bed." A further person said, "I am not interested in activities, my radio is my comforter and visitors are always made welcome at any time." However, some people told us, they did not have enough to do. Comments included, "We don't have a lot of activities but now and then we do have things," and "We don't get many activities, so we don't have things to do." People that did participate in activities told us they enjoyed them. One person said, "I enjoy activities like quizzes and exercise."

During the inspection we observed people watching television in the lounge and chatting with each other and staff. However, there was limited information in the care plans to show what activities people liked to take part in, how they could be supported to maintain their individual interests and hobbies or identify new ones. Apart from the activity session each afternoon there was nothing to ensure people were continually given opportunities to take part in a variety of meaningful activities throughout the day. For example, as individuals or small groups. We discussed this with the provider as an area that needs to be further developed and improved.

Before people moved into the home the registered manager completed a pre-assessment to ensure the person's needs could be met at the home. Also, to ensure staff had the skills to look after the person. People's care was then planned from that assessment and reviewed and adapted as people's needs changed. We found people's care plans did not include all the information about their care and support needs. However, staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. During the inspection we saw people received the support they needed in relation to their needs and choices. This included support when mobilising. Staff ensured people were using the appropriate mobility aids. When staff walked with people they walked at the person's own pace. Where people needed support to maintain their skin integrity and prevent pressure damage we saw that pressure relieving cushions were used. Staff told us how they monitored people's skin condition when they supported them with their personal care and continence. When people's needs changed staff responded promptly. Staff told us about one person whose needs had changed and they now required more support with their mobility. The registered manager had referred the person to appropriate healthcare professionals to ensure the appropriate equipment was in place to assist the person moving from their bed to the chair. Staff were updated about changes to people's needs during handover at each shift change and throughout the day.

This helped ensure staff had all the information necessary to support people.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training staff understood about people's communication needs. The ensured people who needed to were wearing their glasses or hearing aids. One person had declined and this was recorded. Staff told us about one person who had required a repair to their hearing aids which meant the person had difficulty hearing. They told us staff had developed a communication tool that supported the person to communicate through the use of words and pictures. The cook told us they were in the process of developing picture menus to support people's choices.

People and their relatives were asked for their feedback about the service through quality assurance questionnaires, feedback surveys and regular meetings. Feedback was also obtained daily through discussions with people and visitors and general conversation. People told us they attended meetings. One person said, "We have residents meetings, I always go to them." The meetings were used to update people about changes at the home and identify if they wanted any changes, for example in relation to menu's and activities. One person had requested a key to their bedroom and this had been provided.

There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. One complaint was being addressed at the time of the inspection. People told us they had not had any cause to complain but would talk to staff if they did. One person said, "If I was not happy I would tell them, I might be old but I still have all my marbles!" Another person told us, "I would complain to any member of staff and they would help you. I have never had to complain, we are well looked after and well fed." The provider told us about issues that people had raised previously that were not complaints. He told us how these had been addressed but not recorded. We discussed this with the provider as an area that he may like to develop to ensure smaller issues did not develop into formal complaints.

As far as possible people were supported to remain at the home until the end of their lives. At the time of the inspection no-one required end of life care. However, staff were able to tell us about occasions when they had provided end of life care to people and how they engaged with healthcare professionals to ensure people received the appropriate care and support.

## Is the service well-led?

### Our findings

At our last inspection in March 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured they had systems which operated effectively to assess, monitor and improve the quality and safety of the services provided. They also had not always maintained an accurate record for each person. The provider sent us an action plan and told us they would address these issues by August 2017. At this inspection we found improvements had been made to the quality assurance systems. However, shortfalls in relation to people's records remained. This is a continued breach of Regulation 17.

People's care plans and records did not contain all the information staff needed to support people. Care plans and risk assessments were task based and they were not well thought out. They did not provide information or guidance. Care plans were divided into three sections. They identified the person's need, their goal and then a further section where the care and support needed should be recorded. The care plan for one person identified the need as prone to falls but independent with walking aid. The goal was to ensure the walking aid was in good condition, no obstructions in the hallway and support when needed. The care plan section had not been completed and there was no information about how or when support may be needed, or how to maintain the walking frame. There was similar lack of guidance in relation to people's behaviour, pain, skin integrity and activities.

One person who was at risk of developing pressure wounds had a care plan. This informed staff to, 'follow guidelines to monitor skin' and 'staff to ensure care plan is being followed.' Staff were able to tell us about the support this person needed and received but this had not been recorded for guidance. The lack of information did not reflect the care and support people needed and received.

Risk assessments did not identify the actual risk. One person had a risk assessment for pain, the guidance referred only to pain relief and did not include other information such as ensuring the person was sitting in a comfortable position or offering reassurance. There was no information about where the pain was or what the cause of the pain was. Another person had a risk assessment for smoking. Staff told us the person had smoked in their bedroom but this information had not been recorded. Care plans did not reflect or represent the people we met. It was not possible to obtain an overall impression of the person from the records. Staff told us about people in detail but this level of knowledge was not reflected in the care plans and risk assessments. This lack of information left people at risk of receiving care and support that was not consistent or appropriate.

The risks of relying on verbal information had not been acknowledged. One person had been prescribed a medicine that needed regular blood tests to determine the dose. We saw there was no information about the current dose the person should be taking. Staff told us what the dose should be. The registered manager told us they had received the information by email but had not been able to print it out to inform staff. This was rectified during the inspection.

There was no consistency about what was required within each person's set of care plans. Some people had

risk assessments in place but there were no associated care plans or guidance. One person had been assessed at risk of developing pressure wounds. We saw this person had a pressure cushion in place. Staff told us how they checked this person's skin integrity whilst supporting with personal and continence care. Other discrepancies were identified within the care plans, for example one person had a care plan relating to spirituality but this was not seen for any other person. Advance wishes care plans were in place. These had not been completed and there was no information to explain why they had not been completed. For example, some people may not wish to discuss their end of life care wishes.

There were quality assurance systems in place and care plan audits had been completed but they had not identified the shortfalls we found. In addition the audit system had not identified that improvements were required to ensure people had the opportunity to engage in meaningful activities and that staff had completed training in line with the provider's policy.

These above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns improvements had been made to the quality assurance system. This included a series of checks and audits that were regularly completed by the provider. As part of this the provider regularly met with people and staff to identify areas that needed to be improved. Accidents, incidents and falls had been audited and analysed to ensure appropriate actions had been taken and identify themes and trends across the home.

Quality assurance surveys had been completed. Feedback from satisfaction surveys were used to plan improvements through action plans. The results from a recent survey had been displayed on a noticeboard in the entrance hall.

There was a registered manager who worked at the home most days and the provider visited regularly each week. There was some confusion about who was the registered manager with some people referring to the provider as registered manager. We saw people engaged with both the provider and registered manager throughout the inspection. One person said, "I know the manager, I always talk with him." Other comments included, "I know the manager and owner. It's a good atmosphere here." "I don't know the boss's name but he is very nice indeed," and "I know the manager, she is nice."

There was an open culture at Cumberland Court. The provider and registered manager were honest with us in their discussions. They worked hard to ensure people received person centred care that met their individual needs. They also recognised the importance of providing a kind and caring atmosphere for people. Staff spoke highly of the provider, they told us he was always approachable and any concerns they brought to him he would respond appropriately. A staff member spoke of the registered manager and said, "(Name) will always do the right thing for residents, if something needs to be done then it will be done. We have no worries there."

There were regular staff meetings and minutes for these were available for staff who had been unable to attend. Staff meetings were used to update staff and remind them of their roles and responsibilities, for example completing training courses. It also provided staff with an opportunity to feedback any issues.

The registered manager engaged with local stakeholders and this helped to ensure they were up to date with changes in legislation and best practice. However, neither the provider or the registered manager attended local forums and we identified this as an area that needs to improve.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not done all that was practicable to reduce the risks.12(b)

This section is primarily information for the provider

## Enforcement actions

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

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)(c)(f)

**The enforcement action we took:**

Warning Notice