Mrs L Gratton

Cumberland House

Inspection report

21 Laton Road
Hastings
East Sussex
TN34 2ES

Tel: 01424422458
Website: www.cumberlandhouse.info

Date of inspection visit:
07 August 2019
09 August 2019

Date of publication:
10 September 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 House is a residential care home providing personal care and nursing care to older people, male and female who are living with mental health needs. Some people have lived with anxiety and depression for many years and others have specific conditions like Korsakoff's syndrome. The service can support up to 18 people and at the time of the inspection there were 11 people living at the home.

People's experience of using this service and what we found
People were safe and were protected from harm and abuse. Staff had received safeguarding training and were able to describe different types of abuse and what they would do in a variety of circumstances. A whistleblowing policy was in place. The home was clean, tidy and free from unpleasant odours. Fire and other safety checks were carried out regularly and accidents and incidents were reported. Staff were recruited safely and there were enough on duty every shift. Staff understood risk and the need to update care plans. People were supported to take their medicines.

Staff received a comprehensive induction which was supported by ongoing training. Training was tailored to address the needs of people living at Cumberland House. People were supported to access health and social care professionals. People were offered a variety of food and drink according to their wishes and dietary needs. Staff sought consent from people and provided people with choice. People were supported in the least restrictive way and best interests' meetings took place according to needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and were shown respect and compassion. Staff understood people and what their day to day care and support needs were. People's privacy, dignity and independence were supported.

People received person centred care and staff knew them well. Most people were independent and could come and go from the home as they wished. At the home there were activities for people to take part in if they wished. A complaints policy was in place and was accessible to everyone. Very few complaints had been made but people and relatives were aware of how to complain and raise issues if needed. People were supported well and with dignity towards the end of their lives.

The registered manager knew people well and provided daily support to people and staff. Auditing processes were in place and Cumberland House had established good working relationships within the community and among professionals such as GP's, district nurses and pharmacists.

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

Rating at last inspection

Good. (Report published 22 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Cumberland House

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 was carried out by one inspector.

Service and service type
Cumberland House 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
The inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought information form the local authority who have contact with the service. We used all this information to plan our inspection.

During the inspection
We spoke to six people that used the service and two relatives about their experience and the care provided. We spoke with six members of staff including the provider, the registered manager, the chef and care

workers.
We reviewed a range of records including four people's care plans and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. We looked at a variety of records that related to the management of the service including accidents and incidents, complaints, compliments and audit processes. We looked at training and supervision records.

After the inspection
We continued to seek clarification from the registered manager to validate the evidence we found. We spoke with three professionals who regularly visit the service.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "I'm comfortable. I'm safe here." People were protected from harm and abuse.
- Staff received safeguarding training and were able to describe different scenarios. We saw training records that confirmed this. Staff told us they would report issues to the registered manager but were aware too that in some circumstances they would go direct to the local authority or the CQC. A staff member told us, "I have reported things to the manager before and I know she has contacted the local authority."
- Staff knew about the whistleblowing policy and told us what they would do if they thought someone was at risk of abuse or harm.

Assessing risk, safety monitoring and management

- During the inspection we heard call bells being activated by people five times. On every occasion these were responded to immediately. A person told us, "I use my bell all the time. They come immediately."
- Fire safety checks had been completed. Weekly fire alarm tests and six-monthly fire drills had taken place. The registered manager told us that she would also instigate a fire drill if someone's mobility changed. For example, a person had recently returned from hospital and required time in bed to recuperate. The subsequent drill carried out ensured that the person could still be moved from the building safely.
- Personal emergency evacuation plans (PEEPs) were in place and the premises was fitted with smoke detectors throughout.
- Safety records and evidence of regular and recent checks were seen. For example, gas, electricity, emergency lighting and plumbing. Any faults were promptly reported.
- The kitchen had been rated highly by the Food Standards Agency, for food hygiene standards and safety. This meant standards of food hygiene were safe.
- Care plans contained risk assessments specific to people. Examples included not smoking in bedrooms, eating and drinking and skin integrity. Each assessment showed clearly what action to take in the event of an issue arising. A staff member told us about a person who was not drinking enough fluids. They said, "I referred to the care plan and increased his daily fluid intake and recorded what action I'd taken."
- Staff were trained in specific areas relating to the needs of people. For example, all had received dementia, diabetes and challenging behaviour training. Staff could request training modules that they felt might be useful.
- There was a communication book in the registered manager's office which staff wrote in with any changes to care or any specific things that had occurred during their shift. We saw a handover meeting where this book was referred to and there was an update on every person living at the home given.

Staffing and recruitment

● Staff recruitment was completed safely. Appropriate checks had been done before staff started working at the service. This included Disclosure and Baring Services (DBS) checks which were done to ensure prospective staff did not have a criminal record or were barred from working with children or adults.

● During the inspection we saw enough staff on duty each shift. The registered manager told us that either she or the provider were available during the day to help if needed. The service was not dependent on agency staff and would call in regular staff to cover periods of sickness or leave.

Using medicines safely

● Systems were in place to ensure medicines were ordered, stored, dispensed and returned safely. Medicine administration records (MAR), were seen for people and had been completed correctly showing the date, time, amount and name of the staff member giving the medicine.

● Staff who were trained to give medicines were supervised regularly by the registered manager to make sure medicines were being given safely.

● Provision of homely remedies and 'as and when required' (PRN), medicines were recorded on the MAR charts but were subject to a separate protocol. A staff member told us, "People have capacity. We provide PRN medicine but if they are needed for more than three days we call the GP." They said, "This is to make sure they are not reacting to any other medicines they are taking."

● Audits of medicines were carried out every week by the registered manager and the service had never had a medicines error. Regular reviews of medicines were carried out by the GP to ensure that medicines prescribed were still required.

Preventing and controlling infection

● The home was clean, tidy and free from trip or other obvious hazards. There were no unpleasant odours and staff had a supply of gloves and aprons available for use during personal care. Staff had completed hygiene and infection control training.

● The home employs a cleaner who has a weekly schedule of tasks. The cleaner has a book for recording issues he may find. The registered manager said, "Our cleaner is in people's rooms every day, he is well placed to pick up on things quickly if needed."

● Some people living at the home were very independent and changed their own bed linen and towels. A person told us, "I'm very independent, the only thing I don't do is cook." An efficient system was in place to manage laundry.

● Water testing was done to prevent legionella disease. Regular checks were completed on water temperatures throughout the home.

Learning lessons when things go wrong

● Accidents and incident forms were completed and were placed into people's care plans. Actions taken were recorded such as, calling the GP, informing relatives and reviewing risk assessments.

● The registered manager said, "Yes we have made mistakes, but we learn from them." She told us about the effect on other residents when a person had died. They now have a protocol for reassuring people in these circumstances and explaining exactly what is going on.

Good

Is the service effective?

Our findings

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 the same. 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

- Most people are referred to the service by the local authority. The registered manager will carry out an assessment of people and consider all aspects of their care and support needs. This assessment will help to develop the person's care plan. The registered manager told us that she is careful to make sure people will fit in with people already living at the home. She stressed that it is their home and it was important that people get along.
- Care and support was provided in line with current legislation and guidance and the registered manager always involved professionals, family members or advocates, seeking views, before accepting a new person into the home. A professional told us, "I've been placing people there for eight years. The manager builds proper relationships with people. No one has ever left."

Staff support: induction, training, skills and experience

- Staff induction was comprehensive and largely took place on site. After induction staff were able to shadow more experienced staff before working alone. A staff member told us, "We covered fire protocols, complaints, safeguarding and were able to shadow before working alone."
- The registered manager carried out spot checks regularly, (unannounced supervision of staff), and evidence of this was seen in staff personnel files. An experienced member of staff told us, "She works alongside us all of the time."
- Personnel files contained records of three-monthly supervision records and annual appraisals. Because the service is small, the registered manager had almost daily opportunities to speak to staff.
- Ongoing training was in place and we were shown the training matrix. Staff told us training occurred regularly and was ongoing and they were told when specific refreshers were due.

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

- People told us that they enjoyed the food and they were offered choice. A person said, "Food is good. You get drinks when you want. Can have more or less anything you want." Another person told us, "You get a choice of dinners. Yesterday I didn't want it, I asked for corned beef." People were given what they asked for.
- People were supported to follow a healthy diet and a range of food and drink options were available throughout the day. The chef told us, "We used to follow a menu, but I now know what everyone likes. I talk to them all every day and they tell me what they want." We saw on the day of inspection a choice of three meats available for lunch and a vegetarian option. The chef provided food suitable for a diabetic diet each mealtime.
- One person had a puree diet. This had been recommended by the speech and language therapist (SALT)

and was reflected in their care plan. The person was still offered choice every mealtime. No one currently using the service required help to eat or drink.

● We saw people being asked where they would like to eat their meals. Some chose to use the dining room, some the lounge and others preferred to eat in their rooms.

● The registered manager told us that they responded to people's wishes. For example, people preferred fish and chips on a Thursday rather than Friday and at Christmas most people preferred buffet food rather than a large roast meal.

● People's weight was monitored and everyone had a nutritional risk assessment. Any unexpected loss or gain identified would result in the GP being called. Food and fluid charts were seen and recorded exactly what was consumed, not what was provided. This enabled staff to identify any trends that may cause weight loss or gain or be linked to people's medicines -

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

● Records were seen during the inspection confirming that people were supported to access health and social care professionals. The registered manager had prepared a single sheet of paper for everyone providing key information should the person need to attend hospital. As well as listing health issues and allergies, it also contained a personal profile of likes and dislikes, even including how they like their tea or coffee.

● The registered manager had a positive relationship with the mental health team at the local hospital. Staff made appointments for people and were taken by staff for hospital and other health appointments.

● A professional told us, "They use the same pharmacist and the same GP surgery for everyone. Consistency is important as we get to know people well."

● The service had close relationships with the community psychiatric team who visited the home often to check on people's mental wellbeing.

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

● At the time of the inspection the lounge had been recently redecorated. We were told that people chose the wallpaper. We were shown several bedrooms and these had been decorated according to people's wishes and contained many personal effects such as photographs and pictures.

● The home is a large house split across three floors. Most people had full mobility and were able to move from their bedrooms to various communal areas as they wished. Bathrooms and toilets were accessible on every level.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Most people had capacity and were able to make decisions themselves. If people needed help with

decisions day to day, then staff would help. The home's front door is kept unlocked during the day so people can come and go as they please. Most people would go out for walks or sometimes catch a bus into town. People had an understanding that they would let staff know when they were going out.

● Staff were aware of the importance of consent. All staff had done mental capacity act (MCA) training. A staff member told us, in relation to giving personal care, "If they refuse I'd leave and try again later. I try and work around issues. I'd say, 'Are you ready to get up?' People don't have to get up if they don't want to." At the handover meeting we heard about a person who had declined a shower that morning. The staff member reported, "They didn't fancy it but you might like to try this afternoon."

● Staff had done deprivation of liberty safeguard (DoLs) training. People can only be deprived of their liberty and have restraints put on their lives with appropriate legal authority. A person's care plan had a court of protection order which placed a restriction on them leaving the home alone. We saw details of a best interest meeting held between the person's advocate, the registered manager, the community psychiatric nurse, GP and the person, where this process had been discussed and decided upon.

● The registered manager assumed people had capacity and best interest meetings were only held if capacity was in doubt.

● Care plans reflected people's capacity and in all cases consent forms were seen pertaining to their care and support needs. For example, people had consent forms for visits to the dentist.

Good

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 has remained the same. 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 all told us they were treated with respect and compassion and that staff were kind. A person told us, "They are very kind here. They know what's good for you and what's not." Another person said, "Staff are very caring, if I need anything I'll go to them. They're never too busy to help." Another said, "They care for me well. My tablets have reduced since I've been here because I'm happier."
- A relative told us, "They are exceptionally good, caring and attentive. Mother is very happy there and we've never had any issues or concerns." An advocate said, "They're her family, she's adopted them and they have adopted her."
- Staff supported people with understanding and patience. Staff made time to sit and talk with people. A staff member said, "I treat them the way you'd want to be treated yourself. They are mostly older people, I treat them with respect."
- Staff had a good understanding of equality and diversity. People were treated equally and given similar amounts of one to one attention. Most people used the communal areas of the home but some preferred to remain in their rooms. This was respected by staff who would still go and speak with people in their rooms.
- People were given the opportunity to maintain and practice their religious beliefs. A person told us, "I go to church every Wednesday morning to pray and have a cup of tea. I go every Sunday as well." This detail was included in care plans where people's protected characteristics under the Equalities Act 2000 had been considered.

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

- People, relatives and advocates were involved in care planning and reviews. Clear evidence was seen of monthly reviews which covered updating care plans and risk assessments. There was a yearly summary which provided a useful, quick reference point, highlighting any significant incidents or changes throughout the previous year. For example, hospital visits and changes in medicine routines.
- People contributed to a 'likes and dislikes' section in the care plans. This detailed preferred food, routines including the time they usually got up and went to bed and how they preferred to spend their day.
- A staff member told us they were involved in care planning. They said, "I'll write in the daily notes any changes and this is picked up at handover meetings." We saw a handover meeting where every person living at the home was discussed and the incoming staff updated.
- Staff were aware of the importance of confidentiality. Documents containing personal information were kept locked away and handover meetings and discussions about people took place in private.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence were respected and promoted by staff. A person told us when talking about personal care, "Everything is private, behind closed doors." A staff member told us, "I'll always knock on people's doors and wait for an answer. I'll cover people when helping them wash. I explain everything and listen if they say 'no'."
● A professional spoke to us about dignity, they said, "Some people are challenging and need individual care. There is no 'one size fits all,' it's very person focussed here." The registered manager told us in respect of giving medication, "I stand back with some people and give them space. They deserve to be treated with respect and dignity, they've been taking pills for years, they know what they're doing."
● A person told us, "I help as much as I can. I keep myself clean and tidy. Life's what you make it." Another person said, "I'm very independent but I let them do some things. They encourage me to be independent." Another said, "There's always things to do. I like to help lay the table for lunch."

Good

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and included details of people's care and support needs. Staff new people well and understood their personal history as well as the daily support that they needed. A staff member told us, "I take her to the shops, we look at clothes and she chooses her own washing products. I know what she likes to do."
- A person told us, "My keyworker comes in for a chat. I can call him anytime or speak to anyone here." "I can tell them if things change and they'll do things for me. We have a good team."
- Most people at Cumberland House care home were independent and went out into the local community each day. A local volunteer attends the service every week and offers to accompany people on visits out. Some people enjoy the company and others are happy to go alone. People voluntarily carry a laminated card with emergency contact details.
- The service has a smoking room and a lounge with a television where people like to sit. Every Sunday people are offered to join in playing bingo. The registered manager told us that everyone enjoys this activity. If people are unwell or chose to remain in their rooms, staff will visit them and spend time talking with them.
- A notice board in the communal hallway had details of things happening during the week at the service, including the weeks menu choices. A person told us, "I can watch TV or sit outside. I could go out but I don't, you can please yourself." A staff member told us, "An aromatherapist and a hairdresser regularly attend."

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.

- People living at Cumberland House care home were able to communicate their needs verbally. Most people had full capacity, but care plans still contained details of how best to communicate with people. It was recorded how people liked to be addressed, for example by their first name or more formally. Whether or not they liked to have a 'laugh and a joke', whether they preferred to hold hands with a carer when talking with them, or not. This information built a picture for staff how to approach people and speak with them.
- When people were unwell sometimes they became less willing to talk. A staff member told us, "You look for signs, often non-verbal. It's important to talk to people."

Improving care quality in response to complaints or concerns

- Cumberland House care home had a complaints policy that was accessible to everyone. A copy is kept in the communal area of the home along with a simple form that people can fill in if they want to raise an issue

in writing rather than verbally.
● A person told us, "I'd go straight to (registered manager) if I had a complaint, or whoever was on duty." Another person said, "I think there's leaflets. I've never had to do that."
● Relatives had access to the policy. A relative told us, "I've never had occasion to complain but know I can speak to the manager if I need to. I'm aware of the forms."
● A complaints register was seen during the inspection but very few issues had been raised recently. The registered manager told us that most issues were minor and were dealt with straight away. The process for dealing with complaints was clear.
● Because there were so few recent complaints there was not enough data to draw any conclusions or identify any themes. Details of any issues raised by people or relatives were kept in people's care plans.

End of life care and support
● People were supported as far as possible to remain at the home until the end of their lives. No one was in receipt of end of life care at the time of the inspection, but staff had recent experience. The registered manager told us, "This is when we are at our best. We are a small team and we have to look after our other residents as well at these times."
● Care plans reflected people's end of life wishes. Wishes were discussed with the person, relatives or advocates and evidence was seen of GP involvement. Details were seen of funeral preferences and music choices. The GP had completed an end of life needs assessment which gave details of what would be required to keep a person at the home towards the end of their life.
● All staff had received end of life training and they told us what was important at these times. A staff member said, "It's important to spend time with people, consider their emotional as well as physical needs." Another staff member told us, "We sit with them. We make sure they have no soreness. We give them food and drink when they ask for it if it's in line with what the GP tells us."
● The registered manager told us about a person who returned from hospital so that they could die at the home. She explained how they had visited them in hospital and assessed their needs together with the hospital team. It was the person's wish to return to Cumberland House. When the person died the registered manager told us they held a wake at Cumberland House. She explained that this was helpful for the other residents to come together at a difficult time and for everyone to support each other.
● Staff told us that the registered manager was always there for them to support them at these times. The registered manager said, "Staff know they can call me or (the provider), anytime and that we'll come back in."

Good

Is the service well-led?

Our findings

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Care plans were person centred and contained details of what was known about people's families and background. Care plans had details of people's interests and how they liked to spend their time.
● The registered manager and the staff demonstrated a positive culture. They were consistently friendly and approachable to people and this was reflected in what people told us. A person said, "I am looked after. Everything here is good, the manager, staff and night staff." A professional told us, "It feels like a family run establishment. People do their own thing just as they would at home."
● People spoke highly of the registered manager. A person told us, "She is very fair. She has time for all of us." Another person said, "The manager is very good."
● The registered manager told how she had worked with a person to help trace her siblings whom they had lost contact with many years ago.
● Staff spoke highly of the registered manager. A staff member told us, "The manager is great, you know where you are with her." Another staff member said, "We have a good relationship. I feel happy voicing any concerns or issues." A professional said, "I feel very comfortable there. It's well run, very person centred."
● The registered manager told us she had worked at Cumberland House for 28 years. The registered manager and the owner (provider) had a system where one of them was always available to staff if they were needed. The registered manager said, "I want to know what is happening with people, I'd rather be called in the middle of the night than come in and be behind."

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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager understood their responsibilities under the duty of candour. Registered managers are legally obliged to inform CQC of significant events that happen at their premises. This obligation had been complied with. Details of the previous CQC inspection were displayed in a communal area.
● People knew the registered manager well and she engaged with all of them during the inspection.
● Staff were kept informed about changes to people and their care and support needs. There were handover meetings between every shift and a 'communication book' where staff recorded important information throughout the day. An example was a person who needed an early breakfast as they had an early GP appointment.
● In the registered manager's office there was a board which kept staff informed of other key information,

for example, forthcoming training or visits from professionals. Staff had defined daily responsibilities but because the home is small everyone helped each other with daily tasks.
● The registered manager carried out regular audits in key areas such as training, medicines including MAR chart accuracy and accidents and incidents. Audits were done on aspects of care contained in care plans. For example, people's nutrition and weight charts. Auditing identified changes that might need a referral to a GP for example.
● The registered manager kept themselves up to date with the latest working practices and recommendations. She subscribed to the registered managers' magazine, attended forums and read the CQC website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were provided opportunities to give feedback about the service. Most of this was achieved verbally but people could also write down their concerns and thoughts. The registered manager and staff listened to the feedback and acted on it if appropriate. For example, people's weekly menu routines had recently changed in response to what people had said. Saturday's regular cooked breakfast was now being served as Saturday lunch at the request of people.
● A person said, "We don't have regular meetings but you can go to anyone here. She (registered manager) is very fair, has time for us all."
● Feedback was also sought from staff. The registered manager had a 'policy of the month' which she selected as being relevant to current practice within the home. Staff members signed to say they had read the policy but this was also the opportunity for them to record any other issues and provide feedback. A staff member confirmed this and told us, "We sign the back of the policy and can then record any issues we like."
● Cumberland House is a small service and staff had opportunities every day to feedback to the registered manager about any concerns. The registered manager started work each day early enough to see the outgoing night staff. Formal meetings were impractical due to the size of the service but all staff spoke to the registered manager daily.
● Verbal and written feedback from relatives and professionals were seen. Opportunities to feedback about the service were provided.
● Several written compliments were seen including a recent letter of thanks from a relative following a person's 90th birthday party.
● People were given the opportunity to practice their religious beliefs and to attend places of worship when they wanted to.
● Strong links with the local community were seen. The registered manager explained that she wants Cumberland House to be a part of the community and not to stand out as a 'care home.' There is no sign at the front of the home indicating that it is a care home, it appears as a large house. Long standing links were seen with local shops where people visited regularly and with the local church.

Continuous learning and improving care
● The registered manager encouraged her staff to develop. Staff were encouraged to learn each other's roles and to learn through training. The staff member employed as a cleaner was beginning to learn how the kitchen worked so that they could help and broaden their own skill set. Another staff member was leaving for university having acquired knowledge and experience working at Cumberland House.
● The registered manager had introduced training relevant to the care and support needs of people and so that Cumberland House could look after people with different needs. For example, people were learning about Korsakoff's syndrome, a form of dementia relating to chronic alcohol abuse.
● Few accidents and incidents had occurred. Those that had had been recorded and outcomes and learning placed in people's care plans. An example was a person who had fallen. A review of the person's mobility

and environmental hazards was carried out and documented.

Working in partnership with others

● The registered manager worked in partnership with other services and professionals for example GPs, district nurses, community psychiatric nurses, pharmacists and advocates. This ensured people's care and support needs were met and best practice followed. A professional said, "She (registered manager) follows NICE guidelines. There is a new way of dealing with medicines that she has taken on." NICE guidelines are evidence-based recommendations about current medical practice.

● Another professional told us, "I've never heard a bad word said." Another said, "She (registered manager) always calls when she needs us. She always makes appropriate contact and has a really positive relationship with the GP.